

Nurse Practitioner Authorisation to Prescribe Scheduled Substances

Guideline

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Approval

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V 2.0 January 2017	Sam Halliday	Deputy Chief Pharmacist	Updated contact details, terminology and references.
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INTRODUCTION

This guideline applies to nurse practitioners either working in private practice (e.g. employed by a private health service or self-employed) or in the Tasmanian public sector.

Nurse practitioners are registered nurses who are endorsed by the Nursing and Midwifery Board of Australia (NMBA) to function autonomously and collaboratively in an advanced and extended clinical role. Nurse practitioners are regulated through the National Registration and Accreditation Scheme for health professionals under the authority of the NMBA. A nurse practitioner has advanced and extended role preparation, three years full-time practice in a specific area of clinical practice and is required to complete a NMBA approved nurse practitioner qualification at Master level (or education equivalence) to meet the requirements of the initial endorsement as a nurse practitioner by the NMBA¹. Individual nurse practitioners must have clearly defined scopes of practice as determined by the clinical specialty in which they are educated, competent and authorised to practice.

In Tasmania nurse practitioners must be authorised under Section 25B of the *Poisons Act 1971*² to possess, prescribe and supply scheduled substances. The Chief Pharmacist and Deputy Chief Pharmacist, Department of Health (DoH) are the appointed delegates of the Secretary for Health and may authorise nurse practitioners under Section 25B of the *Poisons Act 1971* to possess, prescribe and supply scheduled substances (Schedules 2, 3, 4, 4D and 8) under specified conditions and circumstances. The nurse practitioner, working in either public or private practice, applies to the Chief Pharmacist for authorisation to possess, prescribe and supply scheduled substances within their scope and context of practice. The Chief Pharmacist may revoke authorisation or may vary the substances, circumstances or conditions of the authorisation.

PURPOSE

The purpose of this guideline is to outline the process by which nurse practitioners apply for or amend authorisation under Section 25B of the *Poisons Act 1971* to possess, prescribe and supply scheduled substances in Tasmania.

GUIDELINE STATEMENT

A nurse practitioner is an autonomous practitioner and is responsible and accountable for practicing within their legal scope of practice.

This guideline reflects the legal, regulatory and DoH policy requirements for obtaining authorisation under Section 25B of the *Poisons Act 1971*.

- All nurse practitioners must be authorised by the Chief or Deputy Chief Pharmacist to possess, prescribe and supply scheduled substances.
- Nurse practitioners must only possess, prescribe and supply scheduled substances in accordance with their scope and context of practice and in compliance with their Section 25B authorisation.
- Nurse practitioners must not possess, prescribe and supply scheduled substances other than for the clinical treatment of persons under their care and then only after taking all reasonable steps to ensure that a therapeutic need exists.

¹ NMBA Endorsements and Notations – [Link](#)

² *Poisons Act 1971* - [Link](#)

- An authorised nurse practitioner is not to write a prescription for the supply of a Schedule 4 or 8 substance for any purpose other than in the course of nurse practitioner treatment [Poisons Regulation 20(7)(g) and 45(5)(d)(iv)]. Quality Use of Medicines Principles³ must apply.
- All scheduled substances possessed, prescribed and supplied by nurse practitioners must be in accordance with the *Poisons Act 1971* and *Poisons Regulations 2018*.⁴

KEY DEFINITIONS

Nurse practitioner – means a person registered under the *Health Practitioner Regulation National Law (Tasmania) 2010* as a registered nurse whose registration has been endorsed by the NMBA as a nurse practitioner under Section 95 of the National Law.

Scope of practice – is that in which nurses are educated, competent to perform and permitted by law.

Context of practice – refers to the elements that define an individual’s nursing practice. These include the type of practice setting, location of practice, characteristics of the consumer group, focus of nursing activities, degree of autonomy, and supporting resources (including access to and agreements with other health care professionals).

Administer a medication – the process of giving a dose of medication to a patient or a patient taking a medication.

Possess – means to have control over or to have as property.

Prescribe – the provision in writing (or verbally followed by an order in writing) by an authorised prescriber, of instructions for the dispensing or administration of medicine for that specified patient. Legal authority to prescribe is required.

Prescription – is a written instruction by an authorised prescriber authorising supply of a scheduled substance to be taken by, or administered to, a particular person for clinical effect.

Supply – as defined in the *Poisons Act 1971* includes:

- administer a substance, whether orally, subcutaneously, or by any other means;
- dispense a substance on prescription; and
- offer or agree to supply a substance.

Scheduled substance – as defined by the *Poisons Act 1971* means a substance specified in any of the schedules to the *Poisons List*.⁵ In this document scheduled substances refers to those substances in Schedules 2, 3, 4 and 8; these substances are used in medical, nursing and pharmacy practice (with the remaining schedules being poisons or prohibited substances).

Schedule 4D substances (declared restricted substances)⁶ – A Tasmanian specific list of substances in Schedule 4 which due to a higher risk of misuse and dependence than other Schedule 4 substances include additional controls of their prescribing and possession.

Unscheduled substances – includes medications that are not listed in the *Poisons List* and are often available within supermarkets and general stores (e.g. Mylanta®, small packets of paracetamol and ibuprofen).

³ Australian Government, Department of Health, *The National Medicines Policy*, 2000 – [Link](#)

⁴ *Poisons Act 1971* and *Poisons Regulations 2018* - [Link](#)

⁵ *The Poisons Standard (SUSMP)* - [Link](#)

⁶ *Poisons (Declared Restricted Substances) Order 2017* - [Link](#)

PROCESS

A nurse practitioner seeking to possess, prescribe or supply scheduled substances must apply for authorisation by submitting an application form ([Appendix I](#)) to the Chief Pharmacist.

The nurse practitioner must describe their individual scope of practice that reflects the position requirements, the nurse practitioner's expertise and competence and the context of their practice. While the scope of practice may be similar for nurse practitioners working in the same clinical specialty, it must reflect the capabilities, expertise and competence of the individual.

The scheduled substances requested in the application shall be consistent with the nurse practitioner's scope and context of practice and the treatment of conditions that fall within that scope.

The application for authorisation requires the nurse practitioner to:

- Provide a description of their individual scope and context of practice for each position in which they practice; and
- List the specific Schedule 4D and 8 substances (if applicable) that they are seeking authorisation to prescribe, with accompanying rationale.

An application ([Appendix I](#)) is required when:

- Requesting a new authorisation.
- Amending scope and / or context of practice.
- Requesting renewal of authorisation prior to expiry.
- Requesting addition of substances to a current authorisation.

A formal Section 25B authorisation will be issued by the Chief Pharmacist authorising the nurse practitioner to possess, prescribe and supply scheduled substances, subject to the conditions as may be specified, and in accordance with the nurse practitioner's scope and context of practice.

Authorisation is generally for a period of three years; however, this timeframe may be amended at the discretion of the Chief Pharmacist and in consultation with the nurse practitioner.

Renewal of authorisation:

- Expiry of authorisations will fall on 31 May of the year of renewal (i.e. 31 May every three years), and coincides with the annual registration renewal period for Nursing and Midwifery Board of Australia.
- The nurse practitioner must submit a new request for re-authorisation no less than one month prior to the end of their authorisation period to ensure they are re-authorised prior to the expiry date.
- The Department will endeavour to remind nurse practitioners through general communication avenues of their obligation to submit a renewal application, however the responsibility remains with the individual nurse practitioner to monitor expiry date of their authorisation and submit a renewal application as required.
- The nurse practitioner must submit a new request at any time there is a change to the scope and / or context of practice.

PRESCRIBING REQUIREMENTS

Authorised substances

Nurse practitioners are only able to possess, prescribe and supply scheduled substances in accordance with their Section 25B authorisation.

Only scheduled substances that are Therapeutic Goods Administration (TGA) registered medicines (Aust R)⁷ can be prescribed by nurse practitioners. Unscheduled medicines or TGA Listed (Aust L) medicines can both be prescribed by nurse practitioners and are not included in a Section 25B authorisation.

Nurse practitioners should be familiar with the TGA registered indications for the medications they prescribe. Should off-label prescribing (i.e. prescribing a medication to be used in a manner not specified in the approved TGA product label) be warranted, this should only occur in accordance with local standard treatment pathways, guidelines or procedures.

Prescribing scheduled substances

As an independent prescriber, nurse practitioners are responsible and accountable for the assessment of patients with both undiagnosed and diagnosed conditions and for decisions regarding appropriate clinical management including prescribing.

As per Regulation 20 and 45 of the *Tasmanian Poisons Regulations 2018* a nurse practitioner must not write or issue a prescription for a Schedule 4 or 8 substance for any purpose other than in the course of nurse practitioner treatment.

Prescriptions for all Schedule 4 (including Schedule 4D) and Schedule 8 substances must contain the following information:

- name, address and telephone number of the prescriber
- the name and address of the patient for whom the prescription is intended
- the date on which the prescription was written
- the signature of the prescriber and
- full particulars of the medication to be supplied including the medicine name, strength, appropriate directions for the patient and a statement of the quantity to be supplied

Prescriptions for Schedule 4D substances must also include:

- where a repeat supply is prescribed a minimum interval for dispensing endorsed by the prescriber

Prescriptions for Schedule 8 substances must also include:

- where a repeat supply is prescribed a minimum interval for dispensing endorsed by the prescriber
- prescription details written in the prescriber's own handwriting (name of Schedule 8 substance, dosage, quantity, number of repeats, minimum repeat interval and adequate directions for use)
- only one Schedule 8 substance and no other substances should be included on a single prescription

It is recommended that the nurse practitioner's area of practice is indicated on the prescription alongside the prescriber's name and address.

⁷ Australian Government Department of Health, Therapeutic Goods Administration, Australian Register of Therapeutic Goods (ARTG) - [Link](#)

Nurse practitioners are required to comply with the National Strategy for the Quality Use of Medicines⁸ as part of the overarching National Medicines Policy⁹ and ensure prescribing practice is evidence-based and in accordance with professional standards, relevant legislation and organisational policy.

Nurse practitioners are required to comply with State and Commonwealth legislation, guidelines, restrictions and approval mechanisms.

Administration and prescribing of Drugs of Dependence (Schedule 8 and Schedule 4 Declared Substances) the requirements of Section 59 of the *Poisons Act 1971*

Schedule 4D and 8 substances have the potential to cause dependence and can be subject to misuse. There is limited evidence to support the use of opioids and / or benzodiazepines in chronic medical conditions, and there are significant documented harms associated with these substances. Injudicious prescribing of these substances may increase the risk of sedation, respiratory depression, falls, accidental poisoning and preventable death.

All nurse practitioners authorised to prescribe Schedule 4D and Schedule 8 substances must be aware of the requirements of Part VA of the Tasmanian *Poisons Act 1971*. Special attention needs to be given to the following:

- In general, where the prescribing of a Schedule 8 substance to a specific patient exceeds a period of two months, authorisation from the Secretary is required. Contact should be made with Pharmaceutical Services Branch who administer this provision.
- Authorisation is required before prescribing for a person who has been declared drug-dependent in Tasmania.
- Where an authorisation has been given to a prescriber to prescribe a Schedule 8 substance to a specific patient, this precludes prescribing by persons at other practices.
- Prior approval from a delegate of Pharmaceutical Services Branch is required for the prescribing of Schedule 8 substances listed in Regulation 24 of the *Poisons Regulations 2018* for a specific patient. Authorisation to prescribe substances in this regulation are generally limited to specialist medical practitioners only (e.g. palliative care specialists).
- Special provision is made to allow treatment without authorisation of a person as an inpatient at a hospital or treatment centre or where a person is receiving emergency treatment as an initial response to a trauma or an acute condition.
- The use of the Tasmanian online Real Time Prescription Monitoring database, DORA, giving details of Section 59E authorisations and dispensing history for Schedule 8 substances and Schedule 4D opioids, is recommended to prescribers. Information regarding access is available from Pharmaceutical Services Branch - contact Ph: 6166 0400.

Best practice prescribing principles

Nurse practitioners should be competent¹⁰ to prescribe and adhere to best practice prescribing including:

- Prescribing only for a patient whom the nurse practitioner has assessed as having a genuine clinical need for pharmacological treatment
- Taking into account the patient's medication and medical history before prescribing

⁸ The National Strategy for Quality Use of Medicines – [Link](#)

⁹ The National Medicines Policy Document – [Link](#)

¹⁰ Refer to NPS: Better choices, Better health, *Competencies required to prescribe medicines: putting quality use of medicines into practice*, Sydney: National Prescribing Service Limited, 2012 – [Link](#)

- Communicating and documenting prescribing decisions and the reasons for them
- Being clear to patients about the reasons for prescribing or not prescribing
- Taking into account the patient's situation, concerns and expectations
- Obtaining informed consent
- Writing unambiguous prescriptions using correct documentation
- Minimising misuse, over-use and under-use
- Prescribing within the limitations of knowledge, skills and experience
- Taking into account other factors that might alter the benefits and risks of treatment
- Utilising relevant evidence-based guidelines to support decision making
- Understanding the issues associated with prescribing for high-risk patient groups such as: the elderly, infants and children, pregnant and breastfeeding women, patients with renal or hepatic impairment, treatment of persons for drug dependency (including any effects on the individual's wellbeing and the community).

Supply of scheduled substances

Nurse practitioners can administer the medication they prescribe.

A registered health professional other than a medical practitioner (e.g. registered nurse, nurse practitioner or pharmacist) may only administer immunisations whilst an Authorised Immuniser under Regulation 82 of the *Poisons Regulations 2018* in accordance with a Vaccination Program approved by the Director of Public Health.

In cases where direct supply of medication is necessary by the nurse practitioner and without pharmacy involvement, (i.e. out of hours, in remote areas where a pharmacy may be inaccessible, or through agreed clinic services), this should only be done in accordance with local policy or guidelines. Where possible this should be supported through the availability of suitable pre-pack medications.

Any medications supplied to a patient by a nurse practitioner must be appropriately labelled and packaged according to legislation.

Pharmaceutical Benefits Scheme

The Australian Government's Pharmaceutical Benefits Scheme (PBS)¹¹ subsidises the cost of certain medicines that are necessary to maintain the health of the community. This scheme is entirely independent from the Tasmanian *Poisons Act 1971*. Nurse practitioners wishing to possess, prescribe and supply scheduled substances in Tasmania require authorisation under Section 25B of the *Poisons Act 1971* regardless of whether they have obtained a PBS prescriber number.

Nurse practitioners should be familiar with the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010*.¹²

To be eligible to become an authorised PBS prescriber under the *National Health Act 1953*¹³ a nurse practitioner is required to have a collaborative arrangement in place with a medical practitioner(s). The collaborative arrangement provides for:

- Consultation between the nurse practitioner and a medical practitioner

¹¹ Australian Government Department of Health, Pharmaceutical Benefits Scheme, Nurse Practitioner PBS prescribing - [Link](#)

¹² *National Health (Collaborative arrangements for nurse practitioners) Determination 2010* - [Link](#)

¹³ *National Health Act 1953* - [Link](#)

- Referral of a patient to a medical practitioner
- Transfer of a patient's care to a medical practitioner

To issue a prescription for PBS subsidised scheduled substance the nurse practitioner is required to be an approved PBS prescriber and have a PBS prescriber number. To obtain a PBS prescriber number the nurse practitioner is required to complete a PBS application and submit to Medicare.

Nurse practitioners working in the Public Health Sector

A nurse practitioner is required to have a collaborative arrangement in place with one or more medical practitioners.

Nurse practitioners within the public sector must only prescribe within the scope of practice approved by the applicable Tasmanian Health Service (THS) Credentialing and Defining the Scope of Clinical Practice Committee. The nurse practitioner is required to submit a Credentialing and Defining the Scope of Clinical Practice application to the applicable committee.

Nurse practitioners credentialed within THS are able to possess, prescribe and supply scheduled substances from the approved Tasmanian Medicines Formulary in accordance with their approved scope and context of practice and their Section 25B authorisation. If a nurse practitioner wishes to prescribe scheduled substances not included on the Tasmanian Medicines Formulary these must be approved by the Tasmanian Medicines Access Advisory Committee (TMAAC).

Nurse practitioners are required to comply with existing DoH / THS policy, restrictions and approval mechanisms including but not limited to:

- Antibiotic restrictions policies / antibiotic stewardship
- Medication checking procedures
- Tasmanian Medicines Formulary and TMAAC policies
- High risk medication policies
- Medication Management for Nurses and Midwives - Guideline

PRACTICE REGULATORY FRAMEWORK, CLINICAL GOVERNANCE AND AUDIT

Practice regulatory framework

The NMBA sets the standards to support and guide the practice of nurses and midwives in Australia. The NMBA has published and made available on its website the following documents specific to nurse practitioners¹⁴:

- Registration Standard: Endorsement as a nurse practitioner
- Safety and quality guidelines for nurse practitioners
- Nurse practitioner standards for practice

These should be read in conjunction with¹⁵:

- Code of conduct for Nurses
- Code of ethics for Nurses
- National framework for the development of decision-making tools for nursing practice.

Changes to scope of practice

The NMBA *Safety and quality guidelines for nurse practitioners* provide guidance on changes to scope of practice:

¹⁴ NMBA Registration Standards, Endorsement as a nurse practitioner - [Link](#)

¹⁵ NMBA Professional Code and Guidelines - [Link](#)

“The scope of practice for a nurse practitioner may change over time. If a nurse practitioner decides to expand or change their scope of practice to meet the needs of their client group, then the nurse practitioner will need to complete further postgraduate education and skill development to meet those needs.

Nurse practitioners planning to change scope are required to use the NMBA’s National framework for the development of decision-making tools for nursing and midwifery practice. This will ensure that the nurse practitioners are competent in their proposed expanded or new scope of practice. It is the responsibility of the nurse practitioner, and where employed, an employer, to ensure that, should a nurse practitioner be required to expand or change their scope of practice to meet the needs of a client group, that they have completed the relevant education and skill development”

If a nurse practitioner changes their scope and / or context of practice, they will need to re-apply for authorisation using [Appendix I](#) to include the changes.

Clinical governance framework

The Australian Commission on Safety and Quality in Health Care (NSQHS Standards) *National Model Clinical Governance Framework* (Nov 2017) ¹⁶ states:

“Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services”

The Framework encourages clinicians to maintain a culture of patient safety and quality improvement through:

- Implementing an open disclosure response consistent with national and local standards.
- Ensuring that incident management and investigation systems can provide adequate surveillance to recognise major safety failures or risks.
- Implementing corrective action in response to identified patient safety risks and failures.
- Establishing complaint management systems that include a partnership with patients and carers.
- Ensuring a robust and positive safety culture.
- Clearly understanding the roles and responsibilities of boards, the executive, clinical teams and clinicians in clinical governance.

Nurse practitioners are required to practise within a clinical governance framework regardless of whether they are employed in the public or private setting, or are self-employed.

Clinical Audit

Nurse practitioners should regularly analyse their practice to determine if they are prescribing effectively and safely.

It is recommended that the nurse practitioner’s clinical practice and use of medicines should be audited at least annually using a peer review process to assess the appropriateness of practice. The nurse practitioner should initiate this review in consultation with their collaborating medical practitioner(s).

¹⁶ Australian Commission on Safety and Quality in Health Care. *National Model Clinical Governance Framework*. Sydney: ACSQHC; 2017 - [Link](#)

RESPONSIBILITIES/DELEGATIONS

The Chief Pharmacist is responsible for authorising nurse practitioners to prescribe in accordance with Section 25B of the *Poisons Act 1971* and this guideline.

The nurse practitioner has individual responsibility for the provision of safe services to patients. This includes:

- Applying to be authorised to prescribe in accordance with this guideline;
- Practicing in accordance with this guideline;
- Practicing in accordance with State and Commonwealth legislation, guidelines, restrictions and approval mechanisms; and
- Auditing and reviewing their prescribing practice at least annually.

RELATED DOCUMENTS/USEFUL REFERENCES

Health Practitioner Regulation National Law Act 2009 - [Link](#)

Poisons Act 1971, Poisons Regulations 2018, and Poisons (Declared Restricted Substances) Order 2017 - [Link](#)

Poisons Standard (the SUSMP) - [Link](#)

National Health Act 1953 - [Link](#)

National Health (Collaborative arrangements for nurse practitioners) Determination 2010 - [Link](#)

Nursing and Midwifery Board of Australia Professional Practice Framework - [Link](#)

- NMBA, *Registration standard: Endorsement as a nurse practitioner* June 2016
- NMBA, *Safety and quality guidelines for nurse practitioners*, June 2016
- NMBA, *Guidelines for nurses applying for endorsement as a nurse practitioner* June 2016
- NMBA, *Fact sheet endorsement as a nurse practitioner* June 2016

NPS: *Better choices, Better health, Competencies required to prescribe medicines: putting quality use of medicines into practice*, Sydney: National Prescribing Service Limited, 2012 - [Link](#)

Australian Commission on Safety and Quality in Health Care, *Recommendations for terminology, abbreviations and symbols used in medicines documentation*, 2016 - [Link](#)

Australian Commission on Safety and Quality in Health Care. *National Model Clinical Governance Framework*. 2017 - [Link](#)

Australian Government Department of Health, Therapeutic Goods Administration, Australian Register of Therapeutic Goods (ARTG) - [Link](#)

Australian Government Department of Health, Pharmaceutical Benefits Scheme, Nurse Practitioner PBS prescribing - [Link](#)

Australian Government, Department of Health, *The National Medicines Policy*, 2000 - [Link](#)

Australian Government, *The National Strategy for Quality Use of Medicines*, 2002 - [Link](#)

APPENDICES

- I Application form – nurse practitioner authorisation to prescribe scheduled substances



APPLICATION FORM
NURSE PRACTITIONER AUTHORISATION TO PRESCRIBE SCHEDULED SUBSTANCES

SECTION A – IMPORTANT INFORMATION

- Nurse practitioners must be authorised to possess, prescribe and supply scheduled substances in Tasmania. The Chief and Deputy Chief Pharmacist issue authorisations as the delegate for the Secretary of the Department of Health under Section 25B (S25B) of the *Poisons Act 1971*.
- This application form is to be used by nurse practitioners working in public and / or private sectors.
- This application form is to be used for:
 - new applications for authorisation
 - renewal of authorisation
 - amendment to the authorised substances
 - amendment to scope and / or context of practice
- Authorisations are issued for a nurse practitioner for their scope and context of practice. A new application is required to amend the authorisation if there is a change to scope and / or context of practice.
- Please forward completed application forms to the Chief Pharmacist at pharmserv@health.tas.gov.au
- For further information or assistance please contact Pharmaceutical Services Branch on 6166 0400 or email pharmserv@health.tas.gov.au

SECTION B – APPLICANT DETAILS

APPLICANT DETAILS	FAMILY NAME/SURNAME:
	GIVEN NAME:
	DATE OF BIRTH:
	AHPRA REGISTRATION NUMBER:

CONTACT DETAILS	WORK PHONE:
	EMAIL ADDRESS:

<p>NURSE PRACTITIONER POSITIONS INCLUDED IN THIS APPLICATION</p> <p>Please include all current nurse practitioner positions (e.g. both private and public) on this form.</p>	EMPLOYMENT POSITION ONE:
	PRACTICE ADDRESS:
	AREA OF SPECIALTY:
	EMPLOYMENT POSITION TWO:
	PRACTICE ADDRESS:
	AREA OF SPECIALTY:
	EMPLOYMENT POSITION THREE:
	PRACTICE ADDRESS:
	AREA OF SPECIALTY:

Appendix I

SECTION C – SCOPE AND CONTEXT OF PRACTICE DEFINITIONS

The Nursing and Midwifery Board of Australia (NMBA) *Nurse practitioner standards for practice (2014)* describe **scope of practice** as ‘that in which nurses are educated, competent to perform and permitted by law.’

The NMBA *Safety and quality guidelines for nurse practitioners (2016)* advise that **context of practice** refers to the conditions that define an individual’s practice and includes practice setting, location of practice, characteristics of consumers, focus of nursing activities, degree of autonomy and supporting resources.

SECTION D

Do you have a current (in-date) S25B authorisation?

- Yes – **Go to next question below**
- No – **Go to [Section G](#)**

Has there been a change to your scope and / or context of practice?

- Yes – **Go to [Section G](#)**
- No – **Go to next question below**

Is your authorisation due to expire soon (i.e. within the next two months)?

- Yes – **Continue to [Section E](#)**
- No – **Go to [Section F](#)**

SECTION E – RENEWAL OF AUTHORISATION

- I am requesting to renew my S25B authorisation to possess, prescribe, and supply scheduled substances in Tasmania; and
- I confirm my scope and context of practice is unchanged from my previous S25B application.

Continue to [Section F](#)

SECTION F – AMENDMENT TO SCHEDULED SUBSTANCES REQUESTED

Do you wish to request amendment of your S25B authorisation to include additional Schedule 4D (declared restricted substances) and / or Schedule 8 substances?

- Yes – **Continue below**
- No – **Go to [Section J](#)**

I am requesting the additional Schedule 4D and / or Schedule 8 substances listed below be included in my S25B authorisation (in addition to those substances included in my current authorisation):

Go to [Section I](#)

Appendix I

SECTION G EMPLOYMENT POSITION ONE

HEALTH SERVICE/BUSINESS:

AREA OF SPECIALTY:

POSITION NUMBER (FOR TASMANIAN HEALTH SERVICE POSITIONS):

SCOPE OF PRACTICE:

Please provide a description of your scope of practice. This should include your area(s) of specialty, educational qualifications, and experience at advanced practice level.

Please detail the disease states and conditions you commonly manage within this scope.

CONTEXT OF PRACTICE:

Please provide a description of your context of practice. This should include your practice setting, location of practice, consumer group, nursing activities, degree of autonomy, and supporting resources.

Please provide a description of the health professional team that you collaborate within, and provide a list of health professionals (include names) you collaborate closely with on a regular basis.

Complete Employment Position **TWO** if applicable.
If only **ONE** employment position, go to [Section H](#)

Appendix I

SECTION G – continued EMPLOYMENT POSITION TWO

HEALTH SERVICE/BUSINESS:

AREA OF SPECIALTY:

POSITION NUMBER (FOR TASMANIAN HEALTH SERVICE POSITIONS):

SCOPE OF PRACTICE:

Please provide a description of your scope of practice. This should include your area(s) of specialty, educational qualifications, and experience at advanced practice level.

Please detail the disease states and conditions you commonly manage within this scope.

CONTEXT OF PRACTICE:

Please provide a description of your context of practice. This should include your practice setting, location of practice, consumer group, nursing activities, degree of autonomy, and supporting resources.

Please provide a description of the health professional team that you collaborate within, and provide a list of health professionals (include names) you collaborate closely with on a regular basis.

Complete Employment Position **THREE** if applicable.
If only **TWO** employment positions, go to **Section H**

Appendix I

SECTION G – continued EMPLOYMENT POSITION THREE

HEALTH SERVICE/BUSINESS:

AREA OF SPECIALTY:

POSITION NUMBER (FOR TASMANIAN HEALTH SERVICE POSITIONS):

SCOPE OF PRACTICE:

Please provide a description of your scope of practice. This should include your area(s) of specialty, educational qualifications, and experience at advanced practice level.

Please detail the disease states and conditions you commonly manage within this scope.

CONTEXT OF PRACTICE:

Please provide a description of your context of practice. This should include your practice setting, location of practice, consumer group, nursing activities, degree of autonomy, and supporting resources.

Please provide a description of the health professional team that you collaborate within, and provide a list of health professionals (include names) you collaborate closely with on a regular basis.

Continue to [Section H](#)

Appendix I

SECTION H – SCHEDULED SUBSTANCES REQUESTED

Specify the scheduled substances to be requested in the S25B authorisation. Tick all applicable boxes.

SCHEDULES 2, 3 AND 4 WITHIN MY SCOPE OF PRACTICE

SCHEDULE 4D (DECLARED RESTRICTED SUBSTANCES)

List each individual Schedule 4D substance you are requesting be included in your authorisation (or write nil). Link to current Schedule 4D list available at https://www.dhhs.tas.gov.au/psbtas/legislation_links

SCHEDULE 8

List each individual Schedule 8 substance you are requesting be included in your authorisation (or write nil).

Continue to [Section I](#)

SECTION I – SCHEDULE 4D AND 8 PRESCRIBING

Have you requested inclusion of any Schedule 4D or Schedule 8 substances in this application?

Yes – **Continue to next question below**

No – **Go to [Section J](#)**

SCHEDULE 4D AND 8 PRESCRIBING

Schedule 4D and 8 substances have the potential to cause dependence and can be subject to misuse. There is limited evidence to support the use of opioids and / or benzodiazepines in chronic medical conditions, and there are significant documented harms associated with these substances. Injudicious prescribing of these substances may increase the risk of sedation, respiratory depression, falls, accidental poisoning and preventable death.

For EACH individual Schedule 4D and Schedule 8 substance requested in this application, please detail:

1. In which nurse practitioner employment positions you are requesting to prescribe the substance
2. Your education, training and experience relevant to prescribing this substance
3. The clinical indication(s) for which you would prescribe the substance
4. Contemporary evidence-based clinical guidelines you utilise when considering prescribing the substance
5. Collaboration or case-consultation you routinely perform when considering prescribing the substance
6. Risk mitigation strategies you employ to minimise risk of harm when prescribing the substance
7. Monitoring, re-assessment and de-prescribing strategies you utilise when prescribing the substance

Please note that for substances listed in Regulation 24 of the Poisons Regulations 2018, authorisation under Section 59E of the Poisons Act 1971 is required for each patient prior to prescribing. Authorisation will only be granted where there is endorsement from a relevant medical specialist.

Continued next page

Appendix I

SCHEDULE 4D AND 8 PRESCRIBING - continued

Continue to [Section J](#)

SECTION J – NURSE PRACTITIONER DECLARATION

I declare:

1. The information provided in this application is true and correct.
2. I have read and understood the *Nurse Practitioner Authorisation to Prescribe Scheduled Substances Guideline*.
3. I have provided accurate detail of my scope and context of practice, and will re-apply for authorisation if my scope and / or context of practice changes.
4. I practice within an established clinical governance framework (please refer to page 10 of the guideline).
5. I use best practice prescribing (please refer to page 7 of the guideline).
6. I understand and comply with the legal and regulatory prescribing frameworks that impact on my practice including but not limited to:
 - a. Collaborative arrangement(s) with a medical practitioner(s) for each of my scope and contexts of practice for the purposes of consultation, referral and transfer of care of clients, as per the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010*;
 - b. The *Poisons Act 1971*, *Poisons Regulations 2018* and *Poisons (Declared Restricted Substances) Order 2017*; and
 - c. Nursing and Midwifery Board of Australia professional standards for practice, policies, codes, guidelines and frameworks.
7. That I will only possess, prescribe and supply scheduled substances in accordance with my scope of practice and in compliance with conditions of my Section 25B authorisation as issued.

APPLICANT NAME	
APPLICANT SIGNATURE	
DATE	