



quality use of medicines

Medicines¹ make a significant contribution to the treatment of ill health, prevention of disease and improving health outcomes. They can also, however, cause harm. Medicines are only one therapeutic strategy for promoting and maintaining health, managing ill health and alleviating discomfort and disease.

Nurses and midwives, as regulated professionals, have a key role and responsibility to ensure the quality use of medicines. Likewise, nurses and midwives have responsibility and accountability in accordance with the drugs and/or poisons legislation (however titled) of the state or territory in which they work.

Quality use of medicines is defined under the Australian Government's *National strategy for quality use of medicines*² as:

- *selecting management options wisely by: considering the place of medicines in treating illness and maintaining health; and recognising there may be better ways other than medicine to manage many disorders;*
- *choosing suitable medicines if a medicine is considered necessary so that the best available option is selected, taking into account: the individual; the clinical condition; risks and benefits; dosage and length of treatment; any co-existing conditions; other therapies; compliance issues; and costs for the individual, the community and the health system as a whole; and,*
- *using medicines safely and effectively to get the best possible results by: monitoring outcomes; minimising misuse, overuse and under-use; and improving people's ability to solve problems related to medicines, such as adverse effects or managing multiple medicines/polypharmacy.*

Quality use of medicines requires that the appropriate drug be prescribed, that it be available at a price people can afford, and that it be dispensed and administered correctly.³

It is the position of the Australian Nursing Federation that:

There must be timely access to the medicines that consumers need, at a cost individuals and the community can afford.

Medicines must meet appropriate standards of quality, safety and efficacy.

Medicine information that is easily understood should be readily available to nurses, midwives and consumers.

Appropriately qualified nurse practitioners and eligible midwives may prescribe medicines under the Pharmaceutical Benefits Scheme as of 1 November 2010.

Nurses and midwives have a responsibility to:

- assist people to make informed decisions about medicines by providing evidence-based information, education and discussion;
- be aware of the risks and benefits of medicines, the possibility of non-medicine options and the importance of a healthy lifestyle;
- use objective information, resources and services to make decisions and take actions that enable medicines, when required, to be chosen and used wisely; and
- maintain contemporaneous knowledge and skill to utilise medicines appropriately and to their optimal effect.

Registered nurses and midwives, in consultation with pharmacists and medical practitioners, are the most appropriate health professionals to administer medicines to persons who are unable to perform this function unaided.

Enrolled nurses who are endorsed or authorised to do so, may also administer medicines with the supervision of registered nurses or midwives.

Appropriate legal, statutory and educational frameworks must support the role of registered nurses and midwives in relation to the administration, initiation, prescribing, supply and adjustment of medicines.

All health and aged care services must have clear policies and procedures in relation to responsibilities for the prescription, supply, administration, storage and disposal of medicines. Nurses and midwives must be involved in the development, implementation and evaluation of such policies and procedures.⁴

All health and aged care services must have systems and resources available and accessible to nursing and midwifery staff to enable them to implement and adhere to legislation, policies and procedures, and to identify and resolve problems in relation to the prescription, administration, initiation, and adjustment of medicines.

All health and aged care services must provide education opportunities to support nurses and midwives to utilise medicines appropriately and avoid medicine administration errors.

Nurses and midwives must have ready access to current information relating to all therapeutic substances used in relation to their practice.

Consultation mechanisms should be established between medical practitioners, pharmacists, consumers, and nursing and midwifery organisations to promote the quality use of medicines.

endorsed June 1998

reviewed and re-endorsed November 2005

reviewed and re-endorsed November 2009

references

1. Medicines refers to substances listed in the state and territory poisons schedules 2, 3, 4, 4D and 8
2. Australian Government. 2002. *The national strategy for quality use of medicines. Executive Summary.* Available at: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/nmp-pdf-execumbro-cnt.htm>
3. Australian Government. 2000. National Medicines Policy. Available at: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/National+Medicines+Policy-2>
4. Australian Government. 2002. *The national strategy for quality use of medicines. Executive Summary.* Available at: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/nmp-pdf-execumbro-cnt.htm>