



**ethnic
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victoria**

ECCV Submission To the Nursing and Midwifery Board of Australia October 2013

Introduction

The Ethnic Communities' Council of Victoria (ECCV) is pleased to present this submission to the Nursing and Midwifery Board of Australia.

As the state-wide peak advocacy body that advocates and lobbies all levels of government on behalf of Victoria's multicultural communities, ECCV welcomes the opportunity to raise two important issues if the proposed expanded endorsement of registered nurses and midwives to supply and administer scheduled medicines under protocol is endorsed.

For over 30 years ECCV has remained the principal liaison point between ethnic communities, government and the wider community and has been a key player in building Victoria as a successful, harmonious and multicultural society.

ECCV is a multicultural consumer advocacy body, and as such cannot provide a clinical opinion as to whether the proposed expansion of endorsement of nurses and midwives to supply and administer schedule medications, is safe and in the best interests of consumers. Appropriate institutions, for example, the Royal Australian College of General Practice, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australian Medical Association, the Australian Nursing and Midwifery Federation and the Pharmacy Guild of Australia are best placed to provide advice on such matters.

If the proposal to broaden the scope of current approved arrangements proceeds, the ECCV would like to see cultural competency educational requirements included in the scheduled medicines endorsement registration standard. Further, the ECCV would like the Board to consider an important implementation issue, access to fee free interpreting services.

Recommendations

If the proposal to broaden the scope of current approved arrangements proceeds the ECCV recommends that the National Board considers:

1. including cultural competency in the educational requirements for the scheduled medicines endorsement registration standard; and
2. the implementation issues of nurses and midwives who are endorsed to supply and administer scheduled medicines, specifically having access to fee free interpreting services.

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1. Including cultural competency in the educational requirements for the scheduled medicines endorsement registration standard to ensure language service provision

1.1 In Victoria alone, there are 1,235,436 persons who speak a language other than English; of these, 212,633 have low English proficiency and may require language assistance when accessing services provided by health practitioners (OMAC, 2013).

1.2 Good language service provision, is not just about 'interpreting', it is a multifaceted service with a focus on cultural competence, which is fundamental in the health context. Cultural competence requires a cultural shift within the health service context; a full recognition that we are a diverse society with diverse needs, and that a 'one size fits all' approach is counterproductive. Cultural competence goes hand in hand with patient centred care and requires a whole of organisation responsiveness to the diversity of contemporary Australian society.

1.3 A Cochrane Review into cultural competency health care provider educational interventions found cultural competence training shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals (Mary Catherine Beach, et. al, 2011).

1.4 Many health professional codes of conduct require health professionals to engage credentialed interpreters to meet the language needs of consumers, acknowledging that communication is integral to patient safety and quality of care (for example: The Medical Board of Australia, 2009; The National Health and Medical Research Council, 2004).

1.5 The importance of health practitioners being aware of these requirements when supplying and administering medicines is critical. As the Pharmacy Guild noted:

In 2009, private prescriptions represented 7.2% of community prescriptions. In addition to this there are many non-prescription and complementary medicines available through pharmacies and other retail outlets. While regarded as lower risk, these medicines can interact with prescription medicines and may also be contraindicated in people in people with certain health conditions, such as diabetes, asthma, heart disease or blood pressure. Many on these medicines should not be used in pregnant or lactating women....It is important that pharmacists have access to fee-free interpreting services for all medicines and professional pharmacy services (cited in Foundation House, 2013).

1.6 As such, if nurses and midwives are supplying and administering medicines to people with low English proficiency, it is common-sense that

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they learn to engage interpreters as a matter of course and know how to work with them within a cultural competency framework that fosters practitioner cultural competence; to ensure clear communication, avoid contraindications and understand why some clients may even prefer to decline certain medications.

2. The implementation issues of nurses and midwives who are endorsed to supply and administer scheduled medicines, specifically having access to fee free interpreting services.

2.1 If the Nursing and Midwifery Board of Australia considers implementing cultural competency and language service provision in the educational requirements, and the scheduled medicines endorsement registration standard proceeds, one key issue will be access to fee free interpreting for nurses and midwives supplying and administering medicines.

2.2 Foundation House provides comprehensive information on the funding of interpreter services in the health settings at the state and federal level. According to this research, it would appear that nurses and midwives would have access to fee free interpreting services in state funded community health centres and hospitals. However, for nurses and midwives working in private practice, it would appear that no Commonwealth funding would be available (Foundation House, 2013).

2.3 Generally, the Department of Immigration and Border Protection, funds fee free interpreting for GPs and pharmacists working in private practice (Department of Immigration and Border Protection).

2.4 It would be unlikely that nurses and midwives would be working with a GP who has access to fee free interpreting, as the purpose of the endorsement is to enable nurses and midwives to supply and administer medications unsupervised by a GP. This is to ensure the sustainability of the Australian health workforce, by expanding the scope of practice of the existing workforce.

2.5 As such, the Nursing and Midwifery Board would need to ensure that fee free access to interpreting services were available to nurses and midwives, working in private practice and supply and administering medicines to ensure patient safety and quality of care through clear communication to those with low English proficiency.

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