



8<sup>th</sup> February 2018

Associate Professor Stephen Gough ASM  
Chair  
Paramedicine Board of Australia  
c/- Australian Health Practitioner Regulatory Agency  
By email: [paramedicine@ahpra.gov.au](mailto:paramedicine@ahpra.gov.au)

Dear Associate Professor Gough,

The Australian Nursing and Midwifery Federation (ANMF) appreciates the opportunity to provide feedback to the Paramedicine Board of Australia (PBA) public consultation on registration standards for paramedics. The ANMF maintains that statutory regulation should apply to all health and aged care workers with direct care responsibilities and, therefore, welcomes the inclusion of paramedics under the *Health Practitioner Regulation National Law Act 2009*.

The ANMF is Australia's largest national professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of 269,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF has chosen not to respond to questions posed by the PBA. Rather the focus of our submission is on members of the nursing and midwifery professions, currently registered with the Nursing and Midwifery Board of Australia (NMBA), who also work/are studying to work, as paramedics. In most instances, these nurses and midwives will have retained their registration with the NMBA, and will also become registrants of the Paramedicine Board, once paramedicine joins the National Registration and Accreditation Scheme, in late 2018.

Many registered nurses, enrolled nurses and/or midwives have over past years joined the paramedic workforce through completion of separate studies on paramedicine. In addition, in more recent years, nurses and midwives have been able to undertake a double degree program, offered by several universities across Australia - Bachelor of Nursing/Bachelor of Paramedicine (however titled). As nursing and midwifery are already regulated professions, these nurses and midwives, and the graduates of the dual degree programs, will already be aware of the mandatory requirements of registrants, with the advent of statutory regulation for paramedics. Meeting the requirements for English language skills, criminal history, professional indemnity insurance arrangements, recency of practice and continuing professional development is a part of the initial and ongoing renewal of registration obligations for nurses and midwives.



The ANMF has reviewed the proposed registration standards for the paramedicine profession and note that these mostly mirror the mandatory registration standards for the nursing and midwifery professions. The adoption of these registration standards by the Paramedicine Board should not, in principle, prove a difficulty for nurses and midwives who are also paramedics. However, some issues have been raised by our nursing and midwifery members who also practice paramedicine, which have not been problematic until now, but which now require clarification and/or action, leading up to statutory regulation of paramedics. These issues are flagged below, as well as concerns raised by our members through experiences with application of the registration standards, for the benefit of the PBA.

We are aware that the Queensland Nurses and Midwives Union (QNMU), the Queensland Branch of the ANMF, has also made submission to this consultation process, and support their feedback.

### ***Registration standard: English language skills***

- Under initial registration options (p.6 of 17): the word ‘continuous’ should be removed from option 3, as it relates to ‘... at least six years (full-time equivalent) ... education...’. The ANMF has significant concerns with the definition of six years (full time equivalent) continuous education. The definition provided is inflexible and does not accommodate any unexpected changes that may occur in a student’s life such as personal illness, illness of a family member or significant life events, requiring additional periods of leave. The current definition does not even enable a student to be unwell for a period of two weeks as it states that the student needs to have continuous education over a period of six consecutive calendar years without a break from study apart from the education institution scheduled holidays. We consider this is unreasonable and unachievable. The word ‘continuous’ therefore needs to be removed and the definition of six years (full time equivalent) education amended to enable more flexibility for short term unavoidable illness or life events. In addition, a statement about the process for special consideration for exceptional individual circumstance requiring a break in study, should be included in the standard.
- Under Test results (p.8 of 17): there is a point of difference from the nursing and midwifery registration standard on the obtaining of test results, point 1.3 (p.8 of 17) ‘...which commenced within 12 months of the **date of the test** ...’ whereas the NMBA standard allows ‘...which commenced within 12 months of the **date of the test result** ...’. This subtle difference could in fact be a significant difference for the person undergoing the test if the two dates are wide apart.
- Review date disparities: At the start of the standard the review date is ‘limited time of three years...’, then at end of the document it states the standard ‘..will be reviewed at least every five years. The statement at the beginning should be repeated and then add, ‘subsequently every five years’.

### ***Registration standard: Criminal history***

ANMF members have experienced decisions made by state/territory AHPRA offices differing from those implied in the national registration standard. In some instances this has frustratingly been due to varying interpretations of the national standards. However, it has also arisen from differing state/territory legislation on criminal offences, which can impact on implementation of the national criminal registration standard applied by the Board. One example of this is that in Tasmania nurses and midwives have been considered as having a criminal history if they had a parking or speeding fine and had admitted to this offence by paying the fine. In all other states and territories minor traffic infringements are generally those offences which do not carry a penalty of



imprisonment or there is no court appearance and no conviction recorded, and therefore, are not considered to be part of a criminal history.

### ***Registration standard: Professional indemnity insurance arrangements***

In each state and territory ANMF Branches provide Professional Indemnity Insurance (PII) for their members, which gives coverage exclusively for nursing and midwifery practice. As nursing/midwifery and paramedicine are distinct fields of practice, any nurse/midwife who is also a paramedic would need to hold separate PII cover for their work in paramedicine.

### ***Registration standard: Continuing professional development***

- In the *Registration standard: Continuing professional development* for nurses and midwives the statement is made that ‘the standard applies to enrolled nurses, registered nurses and midwives who are on leave from work, for example, maternity leave’. This is particularly relevant as these are predominantly female professions. Given there are female paramedics, some of whom are also nurses and midwives, the ANMF considers it appropriate the CPD standard for paramedicine also gives specific acknowledgement to this type of leave. At present this would appear to only be covered by the words ‘exceptional circumstances’ and we do not agree that maternity leave should be categorised as an ‘exceptional circumstance’. Female paramedics need to be aware that they must maintain their CPD while on maternity leave. Likewise other types of lengthy leave, such as extended sick leave or long service leave, should be mentioned in the standard, or at the very least, in the accompanying guidelines document.
- While some CPD activities may be relevant to both nursing/midwifery and paramedicine registrations, these are separate professions. Paramedics who are also registered nurses, enrolled nurses or midwives, will need to complete CPD requirements for both registrations. Acknowledgement of this should be included in the Registration Standard for paramedics, as it is for nursing and midwifery (which are also separate professions).
- Also, the NMBA *Registration Standard: Continuing Professional Development* (p.3), in reference to registrants who are both nurses and midwives, states “if your CPD activities are relevant to both the nursing profession and the midwifery profession, you may count those activities for both nursing and midwifery CPD.” Similar wording could be used in the paramedicine Registration Standard where the person is a registrant of the PBA and the NMBA.

### ***Registration standard: Recency of practice***

- On regulation of paramedicine, this standard is the one which has the most potential to cause difficulties for nurses and midwives who retain their NMBA registration and who also practice as a paramedic. We request that acknowledgement be made in the Frequently Asked Questions (FAQs) regarding recognition of nursing and midwifery practice and/or paramedicine practice hours as evidence of meeting the requirements for recency of practice.
- Some of our members with dual registration of nursing and midwifery have experienced difficulty demonstrating recency of practice in both professions, although this perhaps has not related to the registration standard per se, but rather interpretation of the standard, by state/territory AHPRA office personnel. We cite the following example from one of our members to highlight recency of practice difficulties for dual registrants practicing across health professions:



*...one member with dual registration as a registered nurse and midwife, worked in a maternity unit for several years, but, when audited by the NMBA, experienced difficulty with the AHPRA officer accepting her recency of practice for her nursing registration, despite the maternity unit frequently caring for women and their babies postoperatively or with illness or disease. The AHPRA officer required the member to provide and keep a diary of the midwifery work and nursing work performed on each shift. The ANMF Branch considered this requirement to be excessive, far too onerous and were of the opinion that this AHPRA decision on recency of practice was probably not made by a clinician who understood nursing and midwifery work.*

The ANMF wishes to circumvent any such complications for our nurse and midwife members who are also paramedics, and consider that dual registrants should be treated on a case by case basis if they can demonstrate that they are using their nursing/midwifery skills and knowledge while working as a paramedic (and vice versa).

### **Registration standard: Grandparenting**

The ANMF considers it is only right and fair there be provision for 'grandparenting' pathways into registration as a paramedic, to accommodate those applicants whose educational preparation pre-dates the current qualification requirements for paramedics. While this may not include any nurse or midwife who is a paramedic, we nonetheless support a period of grace of three years for the grandparenting provisions for registration in paramedicine. This provision should be accompanied by comprehensive information dissemination amongst paramedics, as well as encouragement and support (financial and study time) to undertake additional education programs to meet the new registration standards.

In concluding, the ANMF is committed to making sure that statutory regulation processes provide a just and equitable system for health practitioners while ensuring protection of the public through safe and competent practice. The foregoing comments have been provided with the intention of assisting in the development of registration standards which will achieve that aim for paramedics and the people for whom they provide care. Our comments have focused on those paramedics who also hold registration as nurses and/or midwives.

We appreciate the opportunity to participate in this consultation process on behalf of our membership. Should you require further information on this matter, please contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 9602 8500 or [julianne@anmf.org.au](mailto:julianne@anmf.org.au).

Yours sincerely

**Annie Butler**  
A/Federal Secretary