

Re-entry to practice - nursing and midwifery

Consultation Submission Template

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Submission type: <i>Personal, on behalf of organisation or group – please specify</i>	On behalf of the Australian Nursing and Midwifery Federation
Can this submission be published on the Nursing and Midwifery Board of Australia website: yes or no	Yes

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In your opinion will the National Board’s preferred option (option 2) improve current re-entry practises and better support individuals returning to the profession/s, whilst continuing to provide protection to the public?

The ANMF supports the NMBA’s proposal for making provisional registration available to individuals who are seeking to re-enter the nursing and midwifery professions. The inclusion of nationally consistent guidelines for supervisors, the increased use of supervised practice, and the opportunity for employment, are all welcomed. However, there are several issues which require clarification in order for us to fully endorse Option 2 as outlined in the Re-entry to practice public consultation paper.

Are there any jurisdiction specific issues relating to this proposal for you or your organisation/group? If so which and why?

The ANMF has concerns about consistency across the country. Our particular concern is the powers that appear to be vested in the “state and territory Boards” with repeated emphasis throughout each of the draft documents accompanying the Re-entry to practice public consultation paper. Our understanding had been that the role of the state and territory offices of the National Board was to provide local administration of certain functions of the Board. Our chief concern is that over the life of the National Registration and Accreditation Scheme (NRAS) there appears to have been an increase in areas of decision making by jurisdictions. This potentially perpetuates inconsistencies inherent in the pre-NRAS arrangements of state and territory based Boards with decision making affecting nurse and midwife registrants.

An example of the consultation paper’s emphasis is:

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The Re-entry to practice policy makes it clear that it is the relevant state or territory board or registration committee of the NMBA that, on the merits of each case, makes individual decisions, about whether a person applying for re-entry to the profession who has not practised for a period of between five and ten years, need to be directed to a Board approved period of supervised practice or to a Board-approved re-entry to practice program. (p.1. Principles for assessing nursing and midwifery applicants for re-entry to practice)

While the draft *Re-entry to practice policy* refers to ‘the National Board’ the remainder of the draft documents focus on the ‘state and territory boards and registration committees of the NMBA’. Although the principles have been developed to assist the state and territory boards’ decision making, there is little assurance of consistency in their individual interpretation of the principles and assessments of re-entry applications. This is contradictory to the stated intent of re-entry to practice policy which is to create greater consistency across Boards under the NRAS.

In an effort to provide flexibility, the NMBA’s proposed policy may be compromising consistency through devolving decision making to the state and territory boards. This may create the scenario where applicants will choose a different state or territory (that is, “shop around” states and territories) in order to facilitate the re-entry process.

Would you suggest any alterations to the suite of re-entry to practice documents? If so which document, what would you alter and why?

The ANMF makes the following alterations, comments and questions on the suite of re-entry to practice documents:

Draft Re-entry to practice policy:

- the ANMF supports opening the Provisional register to the nursing and midwifery professions and thereby making this consistent across the National Boards.
- assessment is based on 'qualifications' (p.2.) – does not ask for any other qualifications which may have been gained outside of nursing or midwifery studies that could be equally relevant to a person's area of practice such as business management, research, public health, or health policy.
- focus on return to clinical practice – a nurse or midwife may want to re-register to return to nursing or midwifery policy/research/education/management positions (refer to NMBA definition of 'Practice'). These applicants should not be encouraged to transfer to the non-practising register as they meet the definition of practise as defined by NMBA.
- the ANMF reiterates the point made in previous submissions on the re-entry to practice policy on exercising discretion for applicants who have been absent from the register/practice for ten years or more. We request consideration for individual assessment as to the appropriate pathway for re-entry. There is no other national Board with such a discriminatory policy.

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Draft Principles for assessing nursing and midwifery applicants for re-entry to practice:

- The ANMF does not see any benefit in requiring information as to reason/s for desire to re-enter the profession/s.
- Exemplar 1, point 8, (p. 4.) – we consider it not appropriate for the applicant to provide evidence of an offer of employment at the start of the process. We request removal of the dot point “Able to provide evidence of an offer of employment”.
- Exemplar 2, point 8, (p. 4.) – similarly we consider it not appropriate for the applicant to be assessed on inability to provide evidence of an offer of employment at the start of the process. We request removal of point 8 “Unable to provide evidence of an offer of employment”.
- Exemplar 3, (p. 4.) – the one criterion for assessment is inflexible as all nurses or midwives out of the workforce for a period greater than 10 years should not be judged as being the same. Consideration should be given to the nurse/midwife who has maintained connections with their profession through for example, subscription to and reading of professional literature, attendance at seminars/forums/conferences, membership of a professional association, or even certain types of employment in the health/aged care sectors, as well as personal caring responsibilities (children, elderly family members or those with a disability).
- *Definitions:*
 - Recency of practice: clarification is sought on the meaning of ‘suitable connection’
 - Supervised practice: elsewhere the 450 hours of recency of practice has the additional qualifier of ‘within five years’ (for example, p.2. of the Policy).

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- The focus for supervised practice is on clinical experience and clinical placements – this serves to restrict return to the professions to clinical practice only, rather than to the chosen area of practice for the individual nurse/midwife which could be in a non-clinical field.

Recency of practice/Re-entry to practice Self Assessment Tool:

- It is noted there are to be separate self assessment tools for registered nurses, registered midwives and enrolled nurses. Will stakeholders be given the opportunity to view the self assessment tool for registered midwives and enrolled nurses?
- The dual title could prove confusing to re-entry to practice applicants. We suggest reducing the title to 'Re-entry to practice Self Assessment Tool'. For clarity we suggest two separate assessment tools be developed: 'Recency of practice' and 'Re-entry to practice'
- We suggest removing the word 'questionnaire' as this is a tool to assist the individual registered nurse to assess their capabilities on re-entry to the workforce rather than a questionnaire.
- We support the use of the term 'confidence' as the central issue in the self assessment tool.
- The explanations on the first page of the self assessment tool do not provide sufficient clarity for the nurse/midwife re-entering the workforce.
- Last question (p.3 of 3): suggest reword to read: "Do you think you are ready to return to work **within your preferred area of nursing practice?**" Then remove the bracketed section after 'Please explain your response' which says (*provide reasons for ...your intended practice*). Then allow the applicant to explain the focus of their prior practice so they will address how they can confidently resume practice in their chosen area. Alternatively, they can explain why they might want to make a change of practice area.

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Fact Sheet:

- Point 3, p.2 of 5: Changing from general registration to provisional registration – this point is confusing as it stands.
- Point 2, p.3 of 5: Recency of practice/Return to practice Self Assessment Questionnaire – as mentioned previously we suggest changing 'questionnaire' to 'tool'.
- The 'Optional documentation at the time of application' is both misplaced and misnamed. It would appear this documentation is not really 'optional' but a 'requirement' to be submitted. If this relates to Provisional registration then it belongs under Point 1, p.3 of 5: Application form for provisional registration as a third dot point.

Supervision guidelines for nursing and midwifery:

- First dot point under 'The purpose of these guidelines...': replace 'persons supervising nurses and/or midwives with 'the registered nurse or registered midwife' supervising nurses and/or midwives', as these should be the only categories of health professional supervising the re-entry to practice of nurses and/or midwives.
- Under the heading Importance of supervision replace 'patients' with 'The public' has the right to expect
- Third paragraph, p.2: Reword to read - 'Flexibility...diverse settings, complexity, individual capabilities and expectations are accommodated' (that is, remove 'different cases'). Complexity is not only related to 'cases' but workplace demands, protocols, professional boundaries and relationships, for example.

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- Point 7, p.3: Reword to read – ‘...the supervisee – in conjunction with the supervisor - must complete...’ The onus here should be on the supervisor. The two week timeframe may not be long enough for some to get their plans completed, given that these nurses/midwives may have been absent from the workforce for some time. However, for others, who could be ‘fast tracked’ (see General Comments) due to demonstration of meeting practice standards, two weeks may be sufficient.
- Table 1, p. 5: It is not clearly stated who undertakes the reporting – both progress and summative.
- Requirements and responsibilities of supervisors, Section 4, p. 6: The *National Competency Standards for the Enrolled Nurse* (the EN Standards) state that the enrolled nurse must practice nursing under the direction and supervision of a registered nurse. These standards provide no scope for an enrolled nurse to supervise nursing care or to assess competence. When reading the EN Standards together with those for the registered nurse, it is clear that the NMBA reserves the supervision of nursing practice exclusively to the registered nurse. It is not appropriate for the supervision guidelines to encourage an enrolled nurse to breach the scope of practice of enrolled nursing.
- Point 5, p.7: we suggest ‘make sure’ is not the appropriate wording here as the supervisor can facilitate a conducive environment to encourage this, but can’t actually ‘make sure’ understanding of concepts.
- Point 7, p.7: we suggest reference to ‘the Australian Nursing Council’, which no longer exists, and the *Principles for the Assessment of the Competency for the Registered and Enrolled Nurse* be deleted, and replaced with *the NMBA Framework for assessing national competency standards for registered nurses, enrolled nurses and midwives*, which has recently been developed.
- Reference is made to appendices which have not accompanied the consultation papers.

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General comments:

Costs:

The costs currently shown in the consultation paper reflect those applied across the National Boards. Our members and potential members contacting the State and Territory Branches will want to know the exact costs.

These fees should not exceed current application and registration fees for nurses and midwives.

Other cost issues are:

- The progression of registration applications. It seems the progression for Provisional registration is: apply for Provisional registration → register on Provisional register → apply for General registration → register on General register, with significant fees attached to each of these points. Nurses and midwives should be charged at the lowest end of the fee range because they are generally returning to the workforce for financial reasons.
- There is no doubt skills and practice experience of Provisional registration applicants will vary enormously. However, it is conceivable that some nurses/midwives returning to practice in Australia, may be assessed as fit to re-enter the register far sooner than others. These nurses/midwives could be “fast tracked” through the re-entry assessment process. Would full cost of both registrations apply?

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Assessment options:

The ANMF refers to Section 52 (1) of the National Law providing for eligibility for General registration. We seek clarification as to how this fits with the draft re-entry to practice policy and accompanying documents which are drafted around introducing Provisional registration as the route to re-entering the register. With reference to the concept of “fast tracking” mentioned above we can conceive of applicants being expedited through re-entry programs.

Timeliness:

We wish to stress the importance of timeliness in processing of applications to avoid disadvantaging applicants. Given that Provisional registration is time-limited to 12 months and can only be obtained twice by any one applicant, slow processing may involve further cost or create an inability to complete the re-entry process in the time allowed. Our concern derives from experiences of inconsistency in processing timeframes at the state and territory levels.