

ANMF Submission to NMBA consultation on

RE-ENTRY TO PRACTICE FOR NURSES AND MIDWIVES POLICY AND FACT SHEETS

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INTRODUCTION

The ANMF is Australia's largest national union and 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 more than 275,000 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 Federation welcomes the opportunity to provide a response to the Nursing and Midwifery Board of Australia's (NMBA) consultation on the advanced copy of the policy and factsheets relating to Re-entry to practice for nurses and midwives, namely:

- Provisional registration: Information for nurses and midwives,
- Provisional registration: Information for health services and employers, and
- Re-entry to practice.



General Comments

The ANMF provides the following general comments for consideration by the NMBA with the introduction of the updated re-entry policy and fact sheets:

- Access to re-entry programs or a period of supervised practice, is of significant concern. ANMF members across the country have experienced difficulties in accessing either of these pathways. There are very few re-entry programs approved by the NMBA, and many states and territories do not have any such approved program. Likewise, accessing supervised practice is difficult, as many employers will not employ an applicant for a period of supervised practice for a number of reasons, including that the NMBA requirements are burdensome for employers. The ANMF contends that the NMBA has an obligation to ensure those applicants wanting to return to the nursing and midwifery professions have accessible pathways to re-enter. It is important that the NMBA finds the balance between the regulation requirements of protecting the public and the accessibility of pathways leading to registration. Further consideration could be given to independent performance assessments as part of the assessment process as an indicator of nurse/midwife competence prior to making a decision as to their required pathway, therefore a re-entry program or supervised practice program.
- The use of the defined terms 'clinical' and 'non-clinical' is creating confusion amongst the nursing and midwifery professions. This separation of employment destinations would appear to be an unintended consequence of an NMBA policy decision to enable a nurse or midwife seeking to return to a role within nursing or midwifery which is not a direct care setting. The ANMF supports this intention, as it is unreasonable to require a nurse or midwife returning to a role such as policy or research (non-direct care) to undertake a period of practice in a direct care role, when this is not relevant to their scope of practice. However, the terms 'clinical' and 'non-clinical' are additional terminology that nurses and midwives need to understand. The NMBA already has a definition for practice that is consistent across the National Boards. This definition should be used to identify the type of re-entry pathway an applicant is required to complete, not the terms 'clinical' and 'non-clinical'. The ANMF understands this would require a change in the registration standard but considers it to be important in reducing confusion for nurses and midwives, as well as preventing any 'function creep' of these terms being applied in other areas of regulation. Therefore, the ANMF does not support the continued use of the terms 'clinical' and 'non-clinical'. The pathway to renewal of registration should be tailored to the applicant's intended area of practice.



- The ANMF has never supported the rigid adherence to a cut off period for applicants requesting to re-enter the register at 10 years with the requirement they complete an NMBA approved program of study leading to registration. We are unaware of any evidence that would give credence to this approach and have previously requested the NMBA exercise discretion for applicants who have been absent from the register/practice for ten years or more. These applicants require individual assessment regarding the appropriate pathway for re-entry, as has been identified in the previous NMBA *Policy for re-entry to practice for nurses and midwives* (2015). Individual assessment enables these applicants to demonstrate if they meet the level required for a re-entry program or a period of supervised practice. Individual assessment needs to be included for this category of applicants in the revised policy document.
- It is essential that the re-entry policy and factsheets are consistent with the registration standard: *Recency of Practice*.

Policy: Re-entry to practice for nurses and midwives

The ANMF maintains it is unreasonable that there is a difference in the registration type for the following three categories for application and assessment:

1. People who are no longer on the register and have not practised for a period of between five to 10 years
2. Nurses and midwives holding non-practising registration who have not practised for between five to 10 years seeking general registration as a registered nurse, enrolled nurse or midwife.
3. Persons holding general registration who have not practised for between five to 10 years.

All applicants in these categories have not practised their profession for 5-10 years, however if an applicant has not continued to pay their registration for as little as 12 months, then they will be disadvantaged by having to apply for provisional registration. Not only does this registration type expire after 12 months (without an option for renewal), applicants will have to pay the first fee for provisional registration and then pay another fee to transfer to general registration. The nurses and midwives in categories (2) and (3) will not have the same expiry date for their general registration with conditions and will have to pay less than those in category (1).

The ANMF has consistently highlighted the need for timeliness, particularly in dealing with applications, in relation to re-entry to practice in many previous submissions. The timeliness in processing applications for provisional registration is essential. 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 requirements in the time allowed. Our concern derives from experiences of inconsistency in processing timeframes at the state and territory levels. This has included ANMF members who have experienced significant



difficulties in accessing both a re-entry program and a period of supervised practice. The cost of re-entry programs is another barrier for these applicants getting back on to the register. The ANMF, therefore, recommends that to ensure consistency and equity, applicants who are applying for registration under all categories be required to have general registration with conditions.

If the NMBA chooses to continue with provisional registration for these applicants, these applicants should not have to pay another fee once they have completed the required program. Re-entry programs will also need to be included in the definition of provisional registration.

The requirement for all applicants to provide mapping against the relevant NMBA standards for practice could be difficult for a number of applicants and the ANMF suggests the NMBA provides extensive resources to support applicants in completing this task.

The policy should include a statement alerting applicants to the possibility of being able to access an alternate pathway if they cannot access the pathway the NMBA has required be completed. For example, if an applicant is required to complete a period of supervised practice, and after reasonable effort, they have been unable to access such a program, then they should be able to request the NMBA review the original decision and change the requirements as necessary.

On page two under the section, titled *Application and Assessment Categories*, comments suggesting that the applicant might apply for Recognition of Prior Learning (RPL) from the education provider are misleading and should be deleted. RPL for education that has been completed more than 10 years ago is not generally granted.

Factsheet: Provisional registration: Information for nurses and midwives

- On page 2 in table 1, in the textbox titled *initial and subsequent qualifications*, the requirement for an applicant to provide evidence of their initial qualification leading to registration where possible should only be required if the NMBA/AHPRA does not have this documentation in their digital system.
- On the same page, in the last textbox, the last dot point statement requires applicants to:

*Submit the standards for practice mapping document, to demonstrate how you met the nursing and/or midwifery standards to practice in the past **10 years**.*

It is unclear why applicants would need to provide this mapping for 10 years and it seems onerous and even unnecessary depending on an individual's circumstances. The ANMF suggests the statement should be re-worded as follows:

Submit the standards for practice mapping document, to demonstrate how you met the nursing and/or midwifery standards to practice in the past 5-10years.



Factsheet: Provisional registration: Information for health services and employers

The ANMF has nothing further to add to this fact sheet at this time.

Factsheet: Re-entry to practice

- On page 2, in table 1, in the textbox titled *initial and subsequent qualifications*, the requirement for an applicant to provide evidence of their initial qualification leading to registration should only be required if the NMBA/AHPRA does not have this documentation in their digital system.
- On page 3, in the last textbox, the last dot point statement requires applicants to:

*Submit the standards for practice mapping document, to demonstrate how you met the nursing and/or midwifery standards to practice in the past **10 years**.*

Again, it is unclear why applicants would need to provide this mapping for 10 years and it seems onerous and even unnecessary depending on an individual's circumstances. The ANMF suggests the statement should be re-worded as follows:

Submit the standards for practice mapping document, to demonstrate how you met the nursing and/or midwifery standards to practice in the past 5-10years.

- There are a number of typographical errors in the dot points under the section *Re-entry to practice pathways* on page 3.

CONCLUSION

The ANMF welcomes the opportunity to provide feedback through this submission to the Nursing and Midwifery Board of Australia's consultation on the advanced copy of the Re-entry to practice for nurses and midwives policy and the accompanying factsheets. Once these documents are finalised, we look forward to further assisting the NMBA to communicate the revised documents to our members.