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Submission to the Nursing and Midwifery Board of
Australia (NMBA) consultation on a draft policy for re-entry
to practice for nurses and midwives'

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

The ANF has membership of over 200,000 nurses, midwives and assistants in nursing who are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The return to employment within the nursing and midwifery professions has, for many nurses and midwives, been fraught with conflicting advice and inconsistent decisions on re-entry requirements. The ANF therefore welcomes the development of a re-entry to practice policy by the Nursing and Midwifery Board of Australia (NMBA) which will provide a nationally applicable standard. It is critical, however, that the establishment of national policy in this area is based on evidence.

2. General Comment

The ANF fully supports the role of the NMBA in providing for protection of the public through its registration and accreditation approval activities legislated under the *Health Practitioner Regulation National Law (2009)* (the National Law). In particular, the ANF upholds the core role of the NMBA of "ensuring that any person who is registered is safe and competent to practice". The nationally agreed professional standard is that "the nurse or midwife is able to demonstrate that he or she meets the relevant professional competency standards". As will be outlined in this submission, the ANF does not consider the current draft proposed standard allows the re-entering nurse or midwife the flexibility to demonstrate their competence.

As predominantly female professions, nursing and midwifery experience significant movement of registered individuals out of the workforce for extended periods of time, chiefly for child-rearing reasons. Where there have been absences from nursing or midwifery employment of five years or more it is reasonable to have policies governing assessment for return to practice. It is right and proper that the returning nurse or midwife be assessed against the relevant competency standards, to give assurance of being safe and competent to resume practice. The ANF contends that these policies must demonstrate transparent processes so as to ensure fairness and equity in judging the competence of the individual nurse or midwife.

Individual nurses and midwives, and the community, have invested significantly in their educational preparation which has led to initial registration and their license to practice. It is estimated that the exit of every nurse who leaves the profession represents a loss of public funds of AUD\$150,000 (conservatively).¹ When nurses and midwives wish to re-enter the health or aged care workforce after a period of absence (which could include registration lapse), we should create an environment conducive to returning, which assists in identifying individual competence to practice. This is clearly in the interests of protecting the public with competent clinicians, providing safe numbers of clinicians for the workforce, and showing fiscal responsibility in use of public funds.

It is for the reasons outlined above that the ANF can not support a rigid adherence to cut off points based on time out of practice, such as the requirement for completion of an entry to practice pre-registration program for a nurse or midwife out of practice for 10 years or more. The ANF is unaware of any evidence that would endorse this approach. Given the dire predictions on workforce shortages in nursing and midwifery (by Health Workforce Australia, amongst others) it is not acceptable to propose a policy that is not based on evidence and that further restricts entry to the professions. It is totally unacceptable to expect nurses and midwives who have not practiced for 10 years to complete another initial qualification without the opportunity to demonstrate their competence for practice.

In relation to availability and access to re-entry to practice programs the ANF notes with concern that there are currently a limited number of programs across the country. This presents a barrier to return to the workforce for many nurses and midwives. In addition, existing programs have quite expensive course fees. It is acknowledged that the NMBA can not mandate cost of re-entry to practice programs. Nevertheless the ANF uses this submission to voice condemnation of the high end expensive programs on offer. These serve as a disincentive to nurses and midwives returning to their professions and contributing their expertise to the health and aged care workforce.

Likewise the NMBA can not directly take action regarding the availability of re-entry to practice programs. The ANF will continue to advocate that the Government take measures to improve the number of providers of re-entry to practice programs, across the country, and mechanisms for controlling the fees required of individual nurses and midwives. The essential point that we wish to make here is that given the dearth of programs and cost, the NMBA policy must incorporate processes which do not channel people down a pathway to re-entry which is not necessary.

3. Specific Comments

3.1 Scope of application

The draft proposed standard provides a clear outline as to the scope of application for the re-entry to practice policy. There is however, an additional group who should be included in the group to whom the policy does not apply. It needs to be stated that this policy does not apply to those nurses and midwives who can demonstrate recency of practice but are no longer registered. Were these nurses and midwives to seek re-registration they would complete an application for general registration.

The policy states (under point (c) of the Scope of application): “nurses and midwives from NSW only who may still hold registration but do not meet the recency of practice requirements; this is a transitional measure and will cease on 31 May 2012”. The ANF considers that this may be too short a timeframe and that a more realistic period of grace for nurses and midwives in NSW would be 12 months from the implementation of the national policy.

3.2 Requirements

The ANF suggests the following changes to strengthen the 'Requirements' as shown in bold below:

*A nurse or midwife who no longer holds **general** registration or holds non practising registration who:*

*a) has not practised within the last five (5) years and, **therefore**, does not meet the recency of practice standard ...*

The ANF takes a firm stance that the requirements must include a flexible approach by giving consideration to the individual profile of the returning nurse or midwife. Nurses and midwives who have not practiced for between five to ten years should be given the opportunity to demonstrate competence prior to the application of a requirement for a re-entry program. Of particular concern to the ANF is the requirement at point c) "has not practiced for ten (10) years or more must demonstrate successful completion of a Board approved entry to practice pre-registration program". This is professionally unacceptable.

There must be flexibility to individually assess the competence of the nurse or midwife, their experience history, the length of time they spent in practice prior to registration lapsing and the degree to which they have maintained links with their profession, (for example, through continuing professional development), during their period of absence from the workplace. There is huge variance in these factors for nurses and midwives returning to the profession. It is not therefore sufficient to apply an arbitrary 'ten year' cut off point in isolation of the individual profile.

The approach of rigid exclusions based entirely on a pre-determined time limit with respect to recency of practice is out of step with the other regulated health professional groups governed by the National Law. The aim of the policy should be to provide guidance to nurses and midwives seeking to re-enter their professions and the workforce, rather than a deterrent. It is the assessment process of the individual nurse or midwife which will determine competence to practice and the necessary pathway for re-entry and reinstatement to the register.

The comments above apply likewise to the "Specific requirement for nurses who are not eligible for general registration". Individual assessment becomes even more important for these nurses with specific requirements.

3.3 Successful completion of a programme approved by the Board

The ANF seeks clarification as to what process will be used by the "accredited education provider" (mentioned in point (b)) to "determine how much recognition of prior learning the applicant will be given". We caution that if there are no nationally applied principles for determining prior learning, then subjective and vastly differing measures will be applied across the country. The result will be a perpetuation of differences in return to work programs at the same time as NMBA is trying to institute national standards in this area. There needs therefore to be a standardised process for recognition of prior learning to ensure equity and consistency in assessment of prior nursing or midwifery experiences.

3.4 Requirement proposals

There are precedents to alternative requirements to those outlined in the draft proposed re-entry to practice standard document. These include:

- Individual assessment and the flexibility to undertake modules of theory and/or practice depending on the outcome of the assessment. This approach has been used in Queensland in the past and accommodates the factors mentioned previously of: experience history, length of time spent in practice prior to registration lapsing, and degree to which they have maintained links with their profession, (for example, through continuing professional development).
- Development of a plan for re-entry to practice. This approach is used by other health professional groups regulated under the National Law.
- A diverse range of re-entry to practice pathway options. Work in this area should be progressed in conjunction with Health Workforce Australia and note taken of approaches used by other health professional groups.

4. Conclusion

The ANF concurs with the need to develop a policy on re-entry to practice. However, the proposed draft policy is not supported. It is professionally unacceptable to apply rigid requirements which do not take account of the individual profile of the nurse or midwife seeking to be re-registered.

The re-entry to practice policy must be framed around flexible and individual assessment, in line with the other health professional groups regulated under the National Law.

The ANF requests that a redrafted re-entry to practice policy be circulated to stakeholders for review prior to finalisation and recommendation to the Australian Health Workforce Ministerial Council. We offer our assistance in that work in order to frame a policy which will be acceptable to the nursing and midwifery professions and the broader community.

Reference

1. Australian Nursing Federation. 2007. Nurses' paycheck: a comprehensive analysis of nurses' wages. 7 (1) December 2007-February 2008.