



**THE UNIVERSITY
OF QUEENSLAND**
AUSTRALIA

School of Nursing and Midwifery

Submission to the Nursing and Midwifery Board of Australia (NMBA) in response to the *Consultation paper on registration standards and related matters (2009)* by the School of Nursing and Midwifery at the University of Queensland (UQSONM).

The UQSONM would like to make the following comments:

1. Criminal history – the inclusion of an order of relevance may be limiting, and therefore it would be more flexible to simply list the types of criminal history information.

The term “client” is always contentious, but so too is the use of “patient”. UQSONM has consulted with consumer groups who have indicated a preference for “consumer” or simply “individual”. Midwives use “woman” and “infant”. Certainly, “Patient” should definitely **not** be used alone as it is not an appropriate term in so many areas in which nurses and midwives work, for example primary health care settings, and mental health.

2. English language skills – UQSONM has found that unless the definition of “international student” is clear, there can be many difficulties. For example, students may be permanent residents who have undertaken secondary school study in Australia some time ago, and yet not have adequate English language skills for clinical practice or academic pursuits, or have undertaken their secondary education internationally, and because they are permanent residents, they will not be identified as an international student by universities.

OET should be accepted as an equivalent indicator of English language skills.

IELTS (or any other test) older than 2 years should not be accepted.

It would be preferable to include reference to English as the medium of instruction in the section on secondary school education.

Having a list of countries is questionable, as it includes countries where English is not necessarily the first language or language of instruction – for example: Canada, where some provinces are French speaking; and South Africa. It also excludes countries such as Singapore where it could be argued that English is the language of instruction, business and day to day life for the majority of the population.

3. Professional Indemnity – no comment.
4. Continuing Professional Development (CPD) – UQSONM supports the intent of the CPD standard, however is concerned that a minimum hours approach has been taken when there is little or no evidence to support the assumption that participating in, for example, 20 hours of CPD in three different types of activities will maintain competence.

The audit process will also need to be managed extremely well to ensure that the burden of conducting the audit does not become prohibitively expensive. If portfolios become the preferred means of demonstrating continuing professional development, even auditing only 1% of registrants each year in nursing and midwifery would mean that there could be approximately 3000 portfolios to review – a workload that would involve many workers to complete in a timely way.

5. Recency of Practice – once again, it is of concern that a period of time has been identified (minimum of six months full time equivalent within 5 years) with little or no evidence as to the

efficacy of such a timeframe in maintaining competence – which would seem to be the ultimate purpose of requiring evidence of recent practice. This is also in excess of current requirements.

UQSONM is pleased to see that the definition of practice is very broad.

Board-specific standards -

- Nurse / Midwife Practitioners – UQSONM notes that midwife practitioners have been identified in the consultation document and supports the concept of a midwife practitioner with similar extended scope of practice as a nurse practitioner. In that regard however, it is of concern that one of the requirements for endorsement as a midwife practitioner would include *1(b) ... encompassing the full scope of midwifery*. This would seem to militate against the potential for a midwife practitioner to specialise in a particular area of midwifery practice, for example post natal depression.
- Proposals for endorsement – it is of concern that the name of the endorsement has been changed from **Rural** and Isolated practice to **Remote** and Isolated Practice endorsement. The endorsement was broadened to enable the use of the endorsement in small rural settings that did not qualify under the isolated areas categories, yet nevertheless, had medical and pharmacy workforce issues that made the use of the endorsement by authorised nurses appropriate.