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FREEDOM OF INFORMATION ACT 1982 (Cth)

**Submission in response  
to consultation paper  
on registration standards  
and related matters  
November 2009**

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		Response
Common standard (all boards)	Criminal history	<p><b>Types of criminal history</b></p> <p>The standard should be broad and flexible. Optimally the standard should align with the definition of criminal history found in section 5 of the <i>Health Practitioner Regulation National Law 2009</i>. Therefore, the specifications would list conviction, plea or finding of guilt, and charges (pending and non conviction). The standard should be developed with the end user in mind (health professional, employer, educational facility, and consumer), therefore long descriptive lists should be avoided.</p> <p>The 'order of relevance' is not applicable, as the relevance very much depends on the charge or the crime. Eg. A charge for a sexual crime would be of more relevance than a conviction for drunk and disorderly conduct. Likewise, a recent finding of guilt for shoplifting would be more relevant than a conviction for a political protest. Relevance is best left to individual assessment.</p> <p><b>The word "client"</b></p> <p>The word 'client' is not used in the <i>Health Practitioner Regulation National Law 2009</i>. Throughout the document there is reference only to "patients and other persons" (Schedule 5(e), section 220(b)). However, nurses and midwives are employed in a diversity of settings where the descriptor 'client' may be more appropriate. Moreover, the descriptor will also be more applicable when nurses and midwives achieve direct Medicare billing rights. Thus, consideration to both current and future nurse and midwifery practice should be applied when determining relevant terminology.</p> <p>It is noted that there is a lack of consistency throughout the draft standards in relation to the use of the words client or patient.</p>
	English language	<p><b>Definition of 'international student'</b></p> <p>The term international student should be expanded to require all secondary schooling outside of Australia, not just completion of this schooling. However, using the term 'English as a second language student' may capture a broader group. A minor problem may arise in using the latter term where an Australian born student who predominantly speaks a non-English language may be captured.</p> <p>English language testing should definitely apply to this entry-to-practice group to ensure safe practice. The QNC experience is that completion of a domestic academic course in no way guarantees English language proficiency for safe nursing and midwifery practice.</p>

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		<p>Consideration must be given to capturing refugees in this group, who are not listed as international students by universities and TAFEs, but are always from a non-English speaking background.</p> <p><b>OET</b></p> <p>OET should be accepted as a test. However, it should be noted that a very small number of applicants use this test to demonstrate English language proficiency. The overwhelming majority undertake IELTS (academic).</p> <p><b>IELTS timeframe</b></p> <p>An IELTS (or approved equivalent) more than two years old should not be accepted as current under any circumstances.</p> <p><b>Reference to 1(a)</b></p> <p>The extensive work undertaken by the ANMC resulting in national standards for international applications should be noted. There is currently no waiver for English language testing for internationally-qualified applicants, which ensures consistency and fairness to all applicants.</p> <p>With current trends in globalisation and multiculturalism, a list of countries that have traditionally used English as a first language is becoming less relevant. Therefore, the list of countries should be removed.</p> <p>Anecdotally, QNC receives a significant number of unsatisfactory English languages test results from the list of proposed exempted countries, including the UK and particularly South Africa.</p> <p>If the list is not removed, it is totally inappropriate to consider South Africa as an English speaking country, as there are 8 generic languages. Similarly, Canada has a significant number of French speaking citizens. The reference under 'Exemptions 1(a) should be amended to clarify the secondary education to ensure that English is the medium of instruction.</p> <p><b>Reference to 1(b)</b></p> <p>This list should also be removed as all of these tasks require satisfactory English language proficiency to ensure safe practice, even if there is no patient contact. These tasks will eventually result in patient contact and it is not appropriate for a profession to make exemptions in this regard.</p>
Specific	Professional	The term 'genuine employment' is vague and should be clarified to reduce uncertainty among nurses and midwives

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standard	indemnity insurance	<p>in relation to determining whether or not they are covered by professional indemnity.</p> <p>Similarly, the term 'appropriate' indemnity insurance is unclear and could be inconsistently applied throughout the state offices. This definition needs to be tightened. The application and extent of professional indemnity relevant to each class of nurse and midwife should be clarified.</p> <p>The level of professional indemnity applied to a nurse or midwife should be included in their employment contract or work agreement.</p> <p>'The term 'full scope of practice' needs to be clarified within any relevant policy document. Nurses and midwives must be very clear about professional indemnity requirements and individual legal responsibility.</p> <p>Specific guidelines to assist nurses and midwives in assessing whether they have appropriate professional indemnity arrangements within their practice setting should be developed to complement and support the standard.</p> <p>A minimum period of time for run-off cover could be specified</p>
	Continuing professional development	<p>Point 3 equates one hour of active learning with one hour of CPD however, there does not appear to be any equivalence for theoretical learning. This needs to be clarified, particularly in relation to postgraduate and/or certificate courses.</p> <p>Point 4 should include examples of the 'different types of activities', for example, academic study, self-directed learning, research activities, conference/seminar/workshop attendance, and active participation in interests groups. There should be some provision for evidence of verification of activities that contribute towards professional development.</p> <p>Point 6 – need to clarify whether all nurses and midwives will be subject to an audit or whether random audits will be conducted.</p>
	Recency of Practice	<p><b>Statement 'scope of application'</b></p> <p>This statement needs some clarification as to what will happen if an applicant graduated more than 2 years ago.</p>
	Endorsements	<p>QNC agrees with these standards, and supports no endorsement for mental health nursing.</p>