

**RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 (Cth)**

Feedback on draft Registration Standards, Nursing and Midwifery Board of Australia

Criminal history registration standard	Comments
Should criminal history information be specified or flexible?	nmbSA suggests that it should be flexible – this provides for a larger scope for enquiry into relevant applicants and also provides for more discretion with respect to an applicant’s individual circumstances.
Should the words ‘or client’ be inserted where there is reference to patients?	Yes.
<p>Requirements</p> <p>The nature and gravity of the offence and relevance to health practice.</p> <p>The period of time since the health practitioner committed, or allegedly committed, the offence</p> <p>Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence still pending.</p> <p>The sentence imposed of the offence</p> <p>The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly</p>	<p>nmbSA supports the statement relating to this requirement.</p> <p>nmbSA agrees with the statement relating to this requirement</p> <p>nmbSA agrees that in considering the relevance of the criminal history information....the following information are considered in descending order of relevance:</p> <ol style="list-style-type: none"> 1. Convictions 2. Findings of guilt. 3. Pending charges. However this needs to be considered carefully; there is a presumption of innocence. Weight needs to be given to the seriousness of the alleged charges and its relevance to the professions. What is the outcome if action is taken against someone’s registration and charges are later withdrawn, dismissed or found to be false allegations? Where does the Board legally stand in this scenario? 4. Non – conviction charges – what does this mean? The above categories of convictions and findings of guilt cover the outcomes that can occur in court. The Board would not have jurisdiction to investigate charges that have been withdrawn. Further explanation is required as to what ‘non – conviction charges’ are. <p>nmbSA agrees with the statement relating to this requirement.</p>

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<p>committed, the offence</p> <p>Whether or not the conduct that constituted the offence or to which the charge...., or allegedly committed, the offence.</p> <p>The health practitioner's behaviour..., or allegedly committed, the offence.</p> <p>The likelihood of future threat to a patient of the health practitioner</p> <p>Any information given by the health practitioner.</p> <p>Any other matter that the Board considers relevant</p>	<p>nmbSA questions if the Board is able to consider offences committed as a youth, except where the offence is of a very serious nature?</p> <p>Agree with the statement that more weight is placed on offences where the victim is 18 years or younger.</p> <p>More information is required. It may depend on the type of offence that was decriminalised.</p> <p>Agree.</p> <p>Agree.</p> <p>Agree.</p> <p>Agree.</p>
<p>Review</p> <p>The Board will review this standard within three years of operation</p>	<p>nmbSA proposes that the standard be reviewed 'as required' or within three years of operation</p>

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English language skills	Comments
<p>Whether the definition of ‘international student’ is adequate and whether this standard should apply to entry-to-practice students and postgraduate students.</p>	<ul style="list-style-type: none"> • Definition of ‘international student’ needs refining. nmbSA has recently introduced a definition of ‘international student’. nmbSA defines an ‘international student’ as: <i>‘a student who is enrolled in, or has successfully completed, a nmbSA approved course leading to registration or enrolment and was not born, and educated at primary and secondary level in Australia or New Zealand’.</i> <p>nmbSA may consider an exemption to the definition where the international student can provide satisfactory evidence that they were born and educated at primary and secondary level in one of the four English speaking countries recognised by the Australian Department of Immigration and Citizenship i.e. Canada excluding French speaking provinces such as Quebec and New Brunswick, the Republic of Ireland, the United Kingdom and the United States of America.</p> <ul style="list-style-type: none"> - evidence has shown that English language skills are learnt and defined at an early age, therefore nmbSA has found it necessary to include all twelve years of education in the definition. - the nmbSA definition of ‘international student’ is tight however evidence has shown that this is necessary, as previous rescinded waivers to English language requirements were open to ambiguity and relied too heavily on assumptions, thus causing great difficulty for nmbSA. - the option is always open to the applicant to provide evidence to nmbSA that they should be exempted from the English language requirements. • The Standard should only apply to entry-to-practice students, and to post graduate students who are from overseas, not on the Australian register and seeking registration for study purposes in Australia. - nmbSA proposes that the Board have the discretion to request a reinstatement applicant to meet the English language requirements. This is proposed on the basis that nmbSA recently received a reinstatement application from a Thailand educated registered nurse. The RN previously held registration with nmbSA nearly ten years ago however for the past nine years the RN had been practising in Thailand. As a result the RN’s English language proficiency was not at the level set by the Board. Nevertheless the Board did not have any power to

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	<p>refuse the application on this basis as the RN had previously been on the Register, therefore had already met the requirements of English language proficiency at the time of initial registration.</p>
<p>Whether OET should be accepted as a test of English Language.</p>	<p>Yes – OET should be accepted. Evidence is available to suggest that OET is a more than adequate test. In fact some applicants prefer the OET as it is profession based.</p>
<p>Whether IELTS (or approved equivalent) more than two years old should be accepted as current.</p>	<p>No – IELTS older than two years is not appropriate. There are too many assumptions and variables to suggest that the applicant has maintained the English language proficiency level over an extended period of time.</p> <ul style="list-style-type: none"> - In April 2009 Fel Bisiani, OET Manager, attended the Registration Standards Committee held at the Australian Nursing and Midwifery Council in Canberra. The question was asked of Ms Bisiani as to the two year validity of English language tests. Ms Bisiani indicated that the two year timeframe was established by regulatory authorities. Ms Bisiani was of the view that if the applicant remained in and was integrated into an English speaking environment then the two year timeframe would seem adequate, however if the applicant returned to a non-English speaking environment then it may be that a one year timeframe would be more appropriate. The reason being that the applicant's English competence would soon diminish if they are not residing in an English speaking environment. It may be the Board would like to consider this when deciding on the two year validity of the test.
<p>Whether the references under 1(a) should be amended to</p> <ul style="list-style-type: none"> - clarify the secondary education to ensure that English is the medium of instruction - remove the list of countries 	<ul style="list-style-type: none"> - All education needs to have been undertaken in English. Primary, Secondary and Tertiary. - List of countries to be refined to include only DIAC recognised countries: UK, USA, Ireland and Canada (English speaking). In March 2009 nmbSA put forward a paper to Board regarding the recognition of South Africa as an English speaking country. nmbSA had previously recognised South Africa with respect to English language requirements and education standards. Research undertaken by the Nurses Board of Victoria indicated that South Africa had 11 official languages and English only ranked fifth as a home language. This evidence coincided with increasing concerns regarding the assessment of overseas applications for South African educated nurses and midwives. As at 16 March 2009 nmbSA rescinded the waivers relating to South African educated nurses and midwives. Applicants from South Africa are now required to meet nmbSA English language requirements and must

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	<p>undertake an nmbSA approved bridging program prior to being considered for registration.</p> <ul style="list-style-type: none"> - To alleviate any concerns that may arise from other countries nmbSA has aligned its recognition of countries with the Department of Immigration and Citizenship (DIAC). DIAC continues to assess entry requirements and keep abreast of any issues that arise with countries of interest, therefore if DIAC were to remove a recognised country then nmbSA would follow suit.
<p>Requirements</p> <ol style="list-style-type: none"> 1. The applicant must have achieved a minimum score of 7.... 2. Alternative English proficiency tests that will be accepted are: <ol style="list-style-type: none"> (a) completion and an overall pass in the OET... (b) other tests as approved by the Board... 3. Results must have been obtained within two years prior to applying for registration. 4. An IELTS (or approved equivalent) Test Report Form more than two years old.... 	<p>nmbSA supports this requirement.</p> <p>nmbSA agrees with (a) and (b)</p> <p>Agree.</p> <p>Disagree – please see relevant response above.</p>

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<p>5. Results from any of the abovementioned English language examinations must be obtained in one sitting.</p>	<p>Agree.</p>
<p>6. The applicant is responsible for the cost of English tests</p>	<p>Agree.</p>
<p>7. The applicant must make arrangements for test results to be provided directly to the Board...</p>	
<p>Exemptions</p>	<p>Agree.</p>
<p>1. The Board may grant an exemption where:</p> <p>(a) the applicant provides evidence of successful secondary education in English</p>	<p>Please see relevant response above.</p>
<p>(b) an applicant applies for limited registration in special circumstances, such as:</p>	<p>nmbSA agrees with all actions proposed under (b) presuming that the registrant will have no clinical contact with patients or clients.</p>
<p>2. The Board reserves the right at any time to require an applicant who has been granted an exemption to undertake a specified English language test</p>	<p>Agree.</p>
<p>Review</p> <p>The Board will review this standard within three years of operation.</p>	<p>nmbSA proposes that the standard be reviewed 'as required' or within three years of operation.</p>

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Professional indemnity insurance registration standard	Comments
Summary All registered nurses and midwives must be covered....	nmbSA agrees with this statement.
Scope of application The following health practitioners; and student <i>nurses</i> and <i>midwives</i> , unless exemptions	nmbSA suggests that the word student nurses and midwives be changed to student of nursing and midwifery .
Requirements	nmbSA agrees with all seven statements listed under <i>Requirements</i> and suggests the following editorial changes: 2. The last sentence in this statement – Privately practising nurses and midwives must provide full disclosure 5. Delete “Different” at the beginning of this sentence. The sentence should read: Nurses and midwives in different practice settings will require different levels of
Additional Feedback	nmbSA suggests that the use of the word “union” in dot point 3 under <i>Requirements</i> may be replaced with a more suitable word such as industrial organisation.

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Feedback on draft Accreditation Standards for nursing and midwifery, Nursing and Midwifery Board of Australia

Continuing professional development registration standard	Comments
Summary CPD must be relevant to the nurse or midwife's practice.	CPD must be directly relevant to the nurse's or midwife's context of practice .
Requirements <p>4. Nurses and midwives mustdemonstrates evidence of completion of a minimum of 20 hours of CPD per year.</p> <p>Documentation of self-directed CPD....</p> <p>(a) identified and prioritised learning needs....ANMC competency standards</p> <p>5. Participation in mandatory skills such as.... or manual handling should not be counted...unless active learning of new higher level knowledge or skills has taken place.</p>	<p>Overall the proposed requirements are congruent with the CPD component of the ANMC Continuing Competence Framework (2009).</p> <p>Nurses and midwives mustdemonstrates evidence of completion of a minimum of 20 hours of CPD per year or a 'minimum of 60 hours every three years', to allow flexibility for achieving this standard; the reference to self-directed learning program could include self-directed learning activities to provide a wider scope to CPD.</p> <p>The evaluation of practice could encompass competency or practice standards of professional organisations.</p> <p>Examples of mandatory skills could be expanded and the statement strengthened with use of word "will". Hence the statement could read:</p> <p>Participation in mandatory skills such as ...or manual handling, fire safety, drug calculation, elder abuse or child protection.....will not be counted....unless active learning of new and higher level knowledge and skills has taken place</p>
Any additional feedback	The exclusion of mandatory skills acquisition as CPD is contentious. It has been proposed that they should be considered as CPD, since nurses and midwives are required to participate in these mandatory activities in order to maintain their competence.

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Recency of Practice	Comments
<p>Requirements</p> <p>1. Nurses and midwives must demonstrate sufficient practice in their professions within the preceding five years to maintain competence.</p> <p>2. Nurses and midwives will fulfil the requirements demonstrate at least one of the following:</p> <p>(a) practice in their profession within the last five years</p> <p>(b) Successful completion of an approved re-entry to practice program</p> <p>(c) Successful completion of a supervised practice experience approved by the Board</p> <p>3. Practice hours are recognised if:</p> <p>(a) the nurse or midwife held a valid registration...when the hours were worked;</p> <p>(b) the role involved the <u>use</u> of nursing skills <i>in some capacity</i>, or</p> <p>(c) the time was spent undertaking post-graduate education</p> <p>4. Extended time away from practice due to illness <i>may</i> not be counted as practice.</p>	<p>nmbSA supports this requirement.</p> <p>nmbSA .agrees with statement 2(a), (b) and (c) albeit there are a couple of unknowns in relation to supervised practice experience. This needs to be clearly defined as to whether be this in the legislation or Board policy.</p> <p>Practice hours are recognised if evidence is provided to demonstrate:</p> <p>nmbSA .agrees with statement (a)</p> <p>nmbSA would propose that the word 'use' be replaced with the word 'application', and delete "<i>in some capacity</i>"</p> <p>nmbSA agrees with statement (c)</p> <p>nmbSA proposes that the word 'may' be replaced with the word 'would'.</p>

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Definitions	<p>nmbSA supports the definition of 'Practice' as it incorporates different areas of nursing and midwifery, not just the clinical component. nmbSA would like to suggest some minor amendments to the statement as highlighted below:</p> <p>'Practice can include any role in which the individual uses their nursing or midwifery skills and knowledge and their practice are informed and applied within the nursing and midwifery context. It should be noted that for the purposes of the registration standard, practice is not restricted to the provision of direct clinical care only. Being 'in practice' includes using nursing or midwifery knowledge in a direct relationship with clients, and working in nursing or midwifery related field of management, administration, education, research, professional advice, regulatory or policy development roles, and any other roles that impact on safe, effective nursing or midwifery service delivery.</p>
Review The Board will review this standard within three years of operation	<p>nmbSA proposes that the standard be reviewed 'as required' or within three years of operation.</p>
Any additional feedback	<p>The proposed 5 year timeframe for recency of practice is in line with the SA legislation.</p>

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Feedback on Registration Standards for nursing and midwifery, Nursing and Midwifery Board of Australia

Requirements for nurse practitioner	Comments
Requirements 1 (b) advanced nursing practice in a clinical leadership role in the area of practice in which they intend to practise as a nurse practitioner, within the last five years	Should be amended to: advanced nursing practice in a clinical leadership role in the area of practice in which they intend to practise as a nurse practitioner, <i>with the completion of 5000 hours of advanced practice appropriate to the relevant nominated special practice area</i> within the last five years.
Qualifications mean a master's degree approved by the Nursing and Midwifery Board of South Australia.....	The qualification requirements are in alignment with nmbSA's which states: Evidence of satisfactory completion of an approved nmbSA Master of Nurse Practitioner course (i.e. academic transcript and certificate of qualification).
Any additional feedback	The Board comment stated under 3.3 Assessment against the Procedures for Development of Registration Standards (dot point 3 on page 18) listed below, is not congruent with this standard. Consistency and clarity needs to be provided under the Requirements Section of this Standard as a benchmark has not been set.

3.3 Assessment against the Procedures for Development of Registration Standards

The development of the proposal takes into account the COAG principles for best practice registration

Board comment

Dot point 3 last sentence - The standards set a benchmark of minimum experience prior to qualifying as a nurse practitioner or midwife practitioner.

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Requirements for midwife practitioner	Comments
Summary	<p>The nmbSA has undertaken extensive consultation on the matter of midwife practitioners and advises that this standard should not be established by the Nursing and Midwifery Board of Australia.</p> <p>The nmbSA's response to Bill B did not support the adoption of endorsement of midwife practitioner.</p> <p>All midwives should practice at a level that requires expert clinical knowledge and complex decision making skills and thus there should not be two different levels of midwives. As stated by the Australian College of Midwives (ACM) 2005 Midwives are practitioners in their own right who are licensed to practise midwifery at entry point of qualification and registration, according to the role and sphere of practice of a midwife. This is recognised in the International Definition of a Midwife which states that the midwife practises 'on her own responsibility'</p> <p>ACM believes it inappropriate to categorise, authorise or endorse this fundamental role with the title of Nurse Practitioner (or Midwife Practitioner), as is currently being suggested or defined in some state and territory nursing regulations.</p> <p>A more robust approach is the implementation and recognition of adequate educational and legislative frameworks to support the internationally defined role and scope of practice for all midwives. http://www.midwives.org.au/AboutUs/ACMPositionStatements/MidwiferyandtheNursePractitioner/tabid/263/Default.aspx.</p> <p>The midwife works in partnership with women, on her own professional responsibility, to give women the necessary support, care and advice during pregnancy, labour and the postpartum period up to six weeks, to facilitate births and to provide care for the newborn.</p> <p>The midwife understands, promotes and facilitates the physiological processes of pregnancy and childbirth, identifies complications that may arise in mother and baby, accesses appropriate medical assistance, and implements emergency measures as necessary. When women require referral midwives provide midwifery care in collaboration with other health professionals.</p>

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	<p>Midwives have an important role in health and wellness promotion and education for the woman, her family and the community. Midwifery practice involves informing and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of women's health, family planning and infant well-being.</p> <p>The midwife may practise in any setting, including the home, the community, hospitals, or in any other maternity service. In all settings, the midwife remains responsible and accountable for the care she provides.</p>
Scope of application	The endorsement of midwife practitioners is not supported by nmbSA
Requirements	The endorsement of midwife practitioners is not supported by nmbSA
Definitions	<p>The nmbSA supports the ICM Definition of a Midwife:</p> <p><i>A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.</i></p> <p><i>The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.</i></p> <p><i>The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for</i></p>

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	<p><i>parenthood and may extend to women's health, sexual or reproductive health and child care.</i></p> <p><i>A midwife may practise in any setting including the home, community, hospitals, clinics or health units.</i></p> <p>Adopted by the International Confederation of Midwives Council meeting, 19th July, 2005, Brisbane, Australia</p> <p>Supersedes the ICM "Definition of the Midwife" 1972 and its amendments of 1990</p>
Any additional feedback	<p>A midwife has an essential role in promoting and maintaining health. She facilitates normal childbirth, and seeks to enable women to make informed choices about their care. She recognises when childbearing falls outside the parameters of normality, and secures and participates in appropriate referral.</p> <p>Part of the midwife's role is to support the woman and her family through social, relational and personal problems during the time of childbearing. All midwives contribute to the well-being of women and babies.</p>

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Endorsement in relation to scheduled medicines (registered nurses)	Comments
<p>Scope of endorsement</p> <p>The endorsement applies to a class of registered nurses.....</p> <p>Registered nurses who have completed at least three years of practice.....</p> <p>An approved program of study...</p>	<p>The nmbSA does not support a statement that refers to “a class of registered nurses”.</p> <p>The endorsement could be applied to a defined cohort of the profession who meets requirements determined by the Board or registration standards for the purpose of this endorsement.</p> <p>The endorsement should be applied to each individual registered nurse and not a class of registered nurses; dependent on the registered nurse meeting the requirements relating to approved qualifications and compliance with the registration standard relevant to endorsement.</p> <p>The minimum clinical practice and education requirements for the purpose of this endorsement are appropriate.</p>
<p>Class of scheduled medicines</p> <p>The endorsement relates to limited Schedule 2, 3, 4 or 8 medicines appropriate to the nurse’s scope of practice</p>	<p>In South Australia nurses are legislated to prescribe while acting in the ordinary course of his/her profession. Hence the endorsement needs to relate to schedule medicineslisted under relevant drug therapy protocol, standing order or health service permit and drug formulary that has been approved for the registered nurse’s scope of practice or specified practice area, and compliant with state legislation.</p>
<p>Endorsed actions</p> <p>The endorsement relates to administering, obtaining, possessing, supplying and using....</p>	<p>The endorsement relates to administering, obtaining, possessing, supplyingand prescribing of scheduled medicines by a registered nurse while acting in the ordinary course of his/her profession.</p>
<p>Any additional feedback</p>	<p>This standard does not reflect the intent of the national law. The national legislation and the new SA legislation provide the power for the Board to endorse the registration of nurses who may or may not be nurse practitioners, with an authorisation to prescribe. The registered nurse must hold the qualifications approved by the Board and meet any requirements determined by the Board or comply with the registration standard relevant to endorsement. In both national and state cases, the authorisation to prescribe is provided under the Controlled Substances legislation. Hence it is recommended that the national board seeks the approval of the Ministerial Council under section 14 to endorse the registration of a registered nurse who holds approved</p>

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	qualification and meet the requirements determined by the Board and/or comply with the registration standard relevant to endorsement, with an authorisation to prescribe schedule medicines while acting in the ordinary course of his/her profession.
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Endorsement in relation to scheduled medicines (midwives)	Comments
<p>Scope of endorsement</p> <p>The endorsement applies to a class of registered midwives.....</p> <p>Registered nurses who have completed at least three years of practice.....</p> <p>An approved program of study...</p>	<p>The nmbSA does not support a statement that refers to “a class of registered midwives”.</p> <p>Any registered midwife is eligible to have her or his registration endorsed if the midwife satisfies the Board that she/he has qualifications approved or recognised by the Board for the purposes of the endorsement. If the registration of a midwife is endorsed with an authorisation to prescribe prescription drugs, the midwife may prescribe prescription drugs while acting in the ordinary course of their profession.</p> <p>Midwives must be registered with a current practising certificate and have a minimum of one year post registration midwifery experience preceding the application.</p>
<p>Class of scheduled medicines</p> <p>The endorsement relates to Schedule 2, 3, 4 or 8 medicines appropriate to the midwife’s scope of practice within the meaning of the current poisons standard under the Therapeutic Goods Act (Cwth), s 52D.....</p>	<p>In South Australia midwives are legislated to prescribe. The nmbSA is developing Guidelines and the South Australian Controlled Substances Advisory Council (CSAC) approval for Drug Formulary Protocols and Treatment within the Endorsement of Midwives to Prescribe. Thus the statement should read:</p> <p>The endorsement relates to Schedule 2, 3, 4 or 8 medicines appropriate to the midwife’s scope of practice within the meaning of the current poisons standard under the Therapeutic Goods Act (Cwth), s 52D, to the extent necessary to practise midwifery while acting in the ordinary course of their profession and listed under <u>a state legislation Controlled Substances authority approved Drug Formulary</u>, Drug Therapy Protocol, Chief Health Officer standing order or health services permit..</p>
<p>Endorsed actions</p> <p>The endorsement relates to administering, obtaining, possessing, supplying and using.....</p>	<p>The endorsement relates to administering, obtaining, possessing, supplying and prescribing the scheduled medicines described above.</p>
<p>Any additional feedback</p>	<p>The <i>Nursing and Midwifery Practice Act 2008</i> in South Australia allows eligible registered nurses and midwives to prescribe drugs while acting in the ordinary course of their professions (section 35 Endorsement and section 37 Application for endorsement).</p>

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4.2 Area of Practice (Endorsements)	Comments
Any additional feedback	<ol style="list-style-type: none">1. No endorsement for mental health nurses – disagree. As it is written there are currently five jurisdictions that endorse mental health nurses. South Australian mental health nurses have fought hard for their recognition in SA. This is evidenced by the two year consultation period that occurred prior to the implementation of the Nursing and Midwifery Practice Act 2008. Parliament saw fit to prescribe mental health nurses in the Nursing and Midwifery Practice Regulations 2009.<ul style="list-style-type: none">• Mental Health Nurses are a particularly vulnerable group of specialised nurses due to the clientele they interact with and the specialist care that is required when providing nursing care.2. The standard indicates that there is no need to endorse mental health nurses, as registered nurses can practice in the area of mental health. This may be the case but in SA registered nurses must be supervised by mental health nurses. Registered Nurses working in the area of mental health are limited only to practice as registered nurses and are not permitted to work as mental health nurses as they are not qualified. What happens in the states where mental health nurses are not recognised? Is it the case that registered nurses are given free reign to perform all mental health nursing duties?<ul style="list-style-type: none">• The public interest in South Australia dictates that nurses providing mental health services are adequately qualified and equipped to provide nursing services to the clientele.