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

# **Consultation Paper Registration Standards and Related Matters**

#### Comments from the Nursing Board of Tasmania.

Mandatory	Comments
Registration	
Standards	
Section 2	Support inclusion of Criminal History information list which refers to
2.1 Criminal History –	convictions, finding of guilt, pending charges and non conviction charges.
Should the types of	Rationale
criminal offences be	The purpose of the Standards is provide sound, practical guidance to achieve
specified in order of	compliance with legislation relating to registration requirements as well assist
relevance?	applicants who intend to apply for registration and this option would provide greater flexibility.
Whether the words	Support using the term 'or client' as the term 'patient' does not fit all practice
'or client' use of	areas eg aged care.
terminology: client	Rationale
versus patient.	As a client includes a person who uses the services of an agency or individual, a
	definition that is more encompassing is believed to be more appropriate, and
	therefore support terminology of 'client' as it can be used more generically.
2.2 English Language Skill	It is not believed that the definition of International Student is adequate.
Is the definition of	<b>Rationale</b> unclear the intention is unclear as to whether this definition only
International Student	applies to International Students who are studying a program in Australia
adequate?	leading to entitlement for registration or enrolment.
Should OET be	OET as a testing mechanism be supported which accepts a minimum of B across
accepted?	all four levels.
	Rationale
	This is a currently accepted equivalence to IELTS by the majority of NMRA's in
	Australia. Would support review on receipt of new evidence relating to any
	issues regarding reliability and validity.
Chould IFLTC > 2000 h -	This suggestion is not supported
Should IELTS > 2yrs be	This suggestion is not supported.
accepted	Rationale
	IELTS recommendation of test results within a two year timeframe is based on
	current research. Tests more than two years old should only be accepted as
	evidence of present level of language ability if it is accompanied by proof that a
	candidate has actively maintained or tried to improve their English language
	proficiency. This recommendation is based upon the knowledge around the
	phenomenon of second language loss or 'attrition', a topic which is well-
	researched and documented in the Literature.

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	The two-year period also parallels ETS (Education Testing System) recommendations for the use of TOEFL scores (used in a similar way to IELTS): ETS suggests that non-native speakers who have taken the TOEFL test within the past two years and who have successfully pursued academic work in an English speaking country for a specified minimum period of time (generally two years) with English as the language of instruction may be exempted from providing TOEFL test scores.
Should references under 1a be amended to ensure English is the medium of instruction and should the list of countries be removed?	References under 1a exemptions should be clarified to ensure English is the medium of instruction. Support 1(a) as follows: The applicant provides evidence of successful secondary education in English, and that the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English.
	<b>Rationale</b> This provides the emphasis on having completed a tertiary qualification that was taught and assessed in English.
Remove the list of countries	Agree that countries need to be listed but do not support the inclusion of South Africa in the list.
	<b>Rationale</b> The Nursing Board of Tasmania reviewed its policy on English language proficiency for South African nurses and determined to require all applicants to provide evidence of English language proficiency. This policy amendment was adopted to align with other states and territories.
2.3 Professional Indemnity Insurance	No comment
<b>2.4 CPD</b> Requirement no. 5.	Concern regarding mandatory education being excluded would support further clarification of this term. <b>Rationale</b> The primary purpose of regulation is the protection of the public and active promotion of learning opportunities should be actively encouraged which directly relate to this. In most Tasmanian nursing and midwifery organisations a medication management competency is mandatory. As medication management is the most costly adverse event for health care organisations, nurses and midwives should be encouraged to participate in ongoing professional development which addresses this area. Therefore mandatory skill acquisition which supports this should be counted as CPD. This would include a number of other clinical based competencies (eg Epidural, BSL, Ventilator Competency).
2.5 Recency of Practice	In the summary section it refers to requirements on returning to practice after a break of more than 5 years. The Standard has a minimum time frame but is silent on a maximum time frame of being out of practice where access to a reentry program would still apply.

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2.6 Development of registration standards	No comment
Section3 Proposals for Board specific standards -	No comment
Section 4 4.1 Proposals for endorsements	Consideration be given for development of a Standard, similar to QNC process which supports endorsement regarding the possession and supply of certain narcotic substances and or restricted substance by registered nurses as being qualified in relation to a particular scheduled medicine or a class of scheduled medicines - eg Community Health Nurses, IVF Nurses, Public Health Emergency, Red Cross, Remote Area Nurses, Midwifery and Vaccines to be administered under the <i>Health Practitioner Regulation National Law 2009</i> . Support 'in principle' proposal put forward for consideration.
4.2	No comment
4.3	No comment
4.4	No comment