

Submission to

Nursing and Midwifery Board of Australia
(NMBA)

Registration Standard Recency of Practice

August, 2020

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks Nursing and Midwifery Board of Australia for the opportunity to make a submission on the consultation for registration standard regarding the recency of practice.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland (QLD) government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives (RM), nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 64,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

This year 2020 is dedicated to celebrating the International Year of the Nurse and the Midwife, in celebration of the 200th year anniversary of the birth of the founder of contemporary nursing, Florence Nightingale. The World Health Organisation (WHO) nominated Nurses and Midwives for their invaluable contribution to health care and to highlight the need for a strengthened Nursing and Midwifery workforce to achieve Sustainable Development Goals (SDG) and universal health coverage. The QNMU is proud to embrace this opportunity to invest in the Nursing and Midwifery professions, particularly the investment into minimum safe staffing ratios and skill mix across all health sectors.

The following submission can be read in conjunction with the submission put forward by our national body, the Australian Nursing and Midwifery Federation (ANMF). We have also consulted the expertise of the QNMU's nurse practitioner reference group in drafting our response. In addition, we wish to utilise this opportunity to raise some considerations that are specific to the QNMU.

Q1. After reading the proposed revised *Registration standard: Recency of practice* and *Guidelines: Recency of practice*, is the content and structure clear and relevant?

- a) Extremely clear and relevant
- b) Somewhat clear and relevant**
- c) Somewhat unclear and irrelevant
- d) Extremely unclear and irrelevant

Q1b. Reflecting on your answer to the previous question, please provide the reason for your response.

It is the view of the QNMU that the proposed amendments to the structure of the *Registration standard: Recency of practice and Guidelines: Recency of practice*, are reasonably clear. However, throughout our submission we suggest the need to revise some aspects of the content.

Q2. The proposed revised *Registration standard: Recency of practice* provides more flexibility for practitioners to meet recency of practice requirements. It more closely aligns the NMBAs recency of practice minimal requirements to other National Boards, and to the requirements of international nursing and midwifery regulators.

Do you support the NMBAs more flexible approach to incremental recency of practice hours and timeframes?

- a) Yes
- b) No**

The Nursing and Midwifery Board of Australia (NMBA) sets out that recency of practice requires a health practitioner to have maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining, registration.

We acknowledge the efforts made by the NMBA to provide a more flexible criteria for satisfying recency of practice requirements over two, three or five years. However, the proposed scheme is potentially onerous and uncompromising.

Currently, registered nurses and midwives will fulfil the recency of practice requirements if they can demonstrate the completion of a minimum of 450 hours of practice within the past five years (NMBA, 2016).

If implemented, the NMBA revisions will require either:

- 300 hrs completed in two years; or
- 450 hrs completed in three years; or
- 750 hrs completed in five years.

Although all above options provide for an average of 150 practice hours per year, this is a significant increase from an average of 90 practice hours per year stipulated by the NMBA's current requirements (NMBA, 2016).

As such, the QNMU does not support the proposed amendments to recency of practice hours and timeframes. In our view, the amendments do not provide a more flexible approach as it has increased the regulatory burden on nurses and midwives without substantiated evidence to support the revised changes. To this end, the proposed incremental criteria for recency of practice hours has increased from 450 hours to 750 hours. It is the QNMU's opinion that this change, in fact indicates reduced flexibility.

We question the Board's decision to increase the number of required practice hours by 300 hours, without any supporting evidence. The proposed revisions do not account for the nuances and barriers nurses and midwives face in meeting recency of practice requirements due to employment arrangements, or the potential for the proposed standard to discriminate on the basis of gender, pregnancy, breastfeeding, and family or carer responsibilities.

The QNMU seeks further clarification from the NMBA about the rationale and evidence used to support the increase in required practice hours and changes to timeframes and most importantly how the changes will demonstrate increased flexibility. In our view, the proposed changes to recency of practice hours and timeframes do not provide the flexibility nurses and midwives require to manage both their personal life and connection with the professions and should be reconsidered by the Board.

Aligning with other national boards and regulators

The revised standard is also intended to align the NMBA with other national boards and international regulators. Whilst the QNMU endorses standardising recency of practice requirements, the rationale is unclear for why it is beneficial for the standard to align with other national boards.

Q3. To support the provision of safe and effective care, the proposed revised registration standard requires a recent graduate to completed 300 hours of practice (eight weeks full-time equivalent) within two years of completing their NMBA approved program of study.

Do the proposed contents support recent graduates in consolidating their knowledge and skills and being safe and competent to practice?

- a) Yes
- b) No**

The QNMU welcomes the proposed changes to improve the provisions of safe and effective care for recent graduates. However, we seek additional clarification about how the NMBA accounts for the potential challenges and delays between graduates finishing their qualifications and securing employment.

Securing employment with supervised practice can be extremely challenging, and considerably more difficult without practice experience. In our view, a two-year lead in time is required for nurses and midwives, to account for the potential delays and barriers to employment.

As the regulator of nursing and midwifery, the QNMU believes that the NMBA must consider the broader structural issues within the health and aged care systems that impact on registrants. An example is in aged care, where the Aged Care Royal Commission for example, has revealed a range of structural issues that negatively impact on registrants and their capacity to adhere to standards of practice. Whilst the QNMU acknowledges that the NMBA may not have a direct responsibility for many of these issues, the QNMU urges the Board to engage with relevant regulators and government to resolve such issues and take a broad view of nursing and midwifery regulation.

Q4. Those who defer their initial application for registration for more than two years after completing their approved program of study leading to registration as a nurse or midwife (deferred graduates) may have conditions imposed on their registration to ensure they are safe and competent to practice.

Is the proposed content and regulatory outcome for deferred graduates clear?

- a) Extremely clear
- b) Somewhat clear
- c) Somewhat unclear
- d) Extremely unclear

Q5. Is the information in the proposed revised registration standard and guidelines helpful and clear for people who have not practised for 10 years or more?

- a) Yes
- b) No

For nurses and midwives, transitioning back to the workforce after a significant period of leave can be considerably challenging. The QNMU supports the general structure and content of the standards and guidelines for people returning to nursing and midwifery after 10 years or more. The QNMU recognises the need for nurses and midwives to undertake sufficient practice to demonstrate competence in their profession. However, we caution the board against the need for a such a strict and prescriptive cut off period for applicants, without any demonstrated evidence. The QNMU expresses support for the ANMF's position regarding this issue.

In our view, applicants should be assessed on a case-by-case basis to evaluate and demonstrate adequate connection to the profession. The QNMU considers the case of academic institutions, whereby applicants are considered based on a broader scale of professional and or research experience. The QNMU suggests the need for recency of practice requirements to consider all potential experience that demonstrates adequate connection to the profession. A criticism of regulators in general is that they apply broad-brush approaches and solutions to what are often

individual circumstances which can result in seemingly rigid, uncaring, harsh or perverse outcomes. Assessment on a case-by-case basis would go a long way to addressing such concerns and demonstrate that the regulator is responsive to both individual and broader outcomes while at the same time meeting the Board's remit of protecting the public. The option of individual assessment needs should be further explored for this category of applicants in the revised recency of practice registration standard.

Nurses and midwives might not be adequately informed about the challenges and standards required for establishing recency of practice, when leaving the profession or taking significant leave. The QNMMU recognises the need for a proactive approach to informing nurses and midwives who are considering leaving or taking absence from the professions, about the requirements of establishing recency of practice, well before the 10-year period.

The degree of clarity and support provided for applicants seeking re-entry, can also impact individual career planning and have broader workforce planning implications (Gray et al., 2015). For these reasons, the QNMMU considers that providing clearer guidance for the NMBA's expectations of what is considered 'appropriate connection to the profession' will support applicants in their transition and reduce the likelihood of misinterpreting or not meeting the requirements.

Q6. The proposed revised registration standard and guidelines provide direction for nurse practitioners, and midwives and registered nurses with an endorsement for scheduled medicines, on the requirement to demonstrate recency of practice that is relevant to their endorsement.

Is the proposed content for nurse practitioners and endorsed midwives and endorsed registered nurses helpful and clear?

- a) Yes
- b) No**

Whilst the QNMMU acknowledges the efforts of the NMBA to improve the clarity and use of the standard, we would like to raise some concerns about the definitions of 'advanced practice' and 'endorsement'.

Advanced practice

The QNMMU considers that 'advanced practice' is inadequately defined. There is existing confusion about what is characterised as 'advanced practice' for nurse practitioners, endorsed midwives and endorsed registered nurses (Schwartz, 2019).

The QNMMU seeks further clarification from the NMBA about how best to define 'advanced practice' according to the board's expectations and compliance requirements. Given that the work performed by nurse practitioners, endorsed midwives and endorsed registered nurses is dictated by advanced practice activities, the definition should be revised to encourage the foundation of the broad skills required in primary practice (Schwartz, 2019).

This is a particular concern for nurse practitioners who are required to complete extensive periods of advanced practice in a particular area. This tends to steer nurse practitioners towards specialisation. Having a clear and well-defined definition of advanced practice create consistency and clarity around what is required. Given that most nurses and midwives work in clinical settings, the ongoing specialisation within healthcare and the underdevelopment of advanced practice progression pathways for those wishing to remain in clinical practice (other than for Nurse Practitioners) needs to be addressed further.

Endorsement

The content provided for recency of practice requirements for nurse practitioners, endorsed midwives and endorsed registered nurses is reasonably clear. However, the QNMU suggest the need to review how endorsement can promote and facilitate growth and development of advanced practice pathways. Particularly with regards to evolving the role of the nurse practitioner.

Q7. The requirements for recency of practice are the same for nurses and midwives whether they are in clinical or non-clinical practice. The proposed guidelines provide examples of practice in clinical and non-clinical settings and the terms have been added to the glossary.

Is the information on clinical and non-clinical practice helpful and clear?

- a) Yes
- b) No (please provide details)

Q8. Is there anything that you have not already mentioned that needs to be added or changed in the proposed revised registration standard and guidelines?

- a) Yes
- b) No

The QNMU have a number of considerations that have not been addressed in the proposed revised registration standard and guidelines.

Direct Care

The QNMU seeks further clarification from the NMBA about the inclusion of a definition for 'direct care'. There is a disparity in the definition of direct care as it applies to medicine, nursing and midwifery and can lead to challenges for establishing recency of practice. For instance, nurse practitioners often find it difficult to retain Nursing Director (or equivalent) positions because of the definition of direct care.

It is possible to complete clinical experience without performing clinical work, such as working in education or research. However, nurses and midwives can be at risk of failing to meet recency of practice requirements if their experience is not recognised.

The QMNU recommends the need for direct care to be clearly defined in the glossary. We also suggest the need for a uniform standard of direct care to be established that applies across professions.

Establishing recency of practice when working across roles

There is ambiguity around when a nurse practitioner is required to exhibit a higher standard of practice. This is particularly challenging for nurse practitioners, transitioning between their nursing roles or for dual registered nurse and midwives for example. Furthermore, transitioning between roles can present issues for establishing recency of practice. The QNMU seeks the need for an established threshold to identify when recency of practice is to be established when transitioning between roles.

Clinical and Non-clinical experience

The QNMU considers that the medical profession establishes a better model for balancing the opportunities for clinical and non-clinical practice. We encourage the need for greater recognition in nursing and midwifery of the balance between undertaking clinical practice and non-clinical practice, in line with that of the medical profession.

References

Gray, M., Rowe, J., Barnes, M. (2015). Australian midwives' interpretation of the re-registration, recency of practice standard. *Australian Health Review*, 39(4), 462-466.

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<https://www.health.gov.au/sites/default/files/documents/2019/12/educating-the-nurse-of-the-future.pdf>