

Recency of Practice Standard and Guidelines

Proposed revised Registration standard: Recency of practice consultant questions

1. **Is the content and structure of the proposed revised *Registration standard: Recency of practice and Guidelines: Recency of practice* clear and relevant?**

Recency of Practice Registration standard

- The content is presented in a logical and clear format

Recency of Practice: Guidelines

- The content is presented in a logical and clear format
- The change from the previous Recency of Practice *Fact Sheet* to the Recency of Practice *Guidelines* is also an improvement with more information and useful data to support the Standard.
- Of note, is the introduction of the new incremental practice hours required of the practitioner to maintain their recency of practice.
- Provide a link to the Guidelines from the Registration Standard Recency of practice
- Provide a statement at the beginning the Guidelines that these should be read in conjunction with the Registration Standard.
- The definition of those remunerated and those not remunerated is included on page 2. Under the title of 'Record keeping' (page 7) the verification of practice hours uses only examples that may refer to paid service (statements of service, pay slips, income statements). Could examples of non-remunerated practice also be provided?
- Table 2 (Recency of practice hour requirements) in the Guidelines (page 4) only includes the practice hour requirements for recent graduates (300 hours) and not included for the remaining practitioners. This is only quantified by a statement of 'minimum hours'. Would this be clearer if the number of hours were also included within the table?

Recency of Practice: Registration standard and Guidelines

- In the Glossaries of the Standards and the Guidelines is the NMBA requirement that supervision is not permitted in 'private practice where a nurse or midwife is working as a sole practitioner, in partnership or in self employed models or working on their own

account'. This goes against contemporary clinical placement settings, such as in private group practices (e.g. midwifery group practices).

2. Do you support the NMBA's more flexible approach to incremental recency of practice hours and timeframes? Please explain your answer.

The use of incremental recency of practice hours and timeframes is appropriate for a workforce which may need to use blocks of leave time e.g. maternity or paternity leave. This approach is also utilised nationally and internationally by other regulatory authorities (nursing, midwifery, other health disciplines).

3. Do the proposed contents support recent graduates in being safe and competent to practice?

The NMBA require a graduate to practice for a minimum of 300 hours within two years of successfully completing their program of study. This is to ensure there is a connection with the profession and, with the consolidation of practice, safety and competency is achieved. However, the 300 practice hours required, may not be sufficient, given the type of practice undertaken to ensure safe and competent practice.

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

Deferred graduates who have not practiced since graduation for up to ten years may have conditions imposed on them by the NMBA. This is to ensure safety and competency in practice. This is clearly stated in the Guidelines but is *not* included in the Standard.

5. 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?

The Standard and the Guidelines clearly state that those practitioners who have not practiced for over ten years will not be eligible for registration under Pathway One or Two. The rationale for this decision is clearly described in the Guidelines with the requirement to successfully complete an NMBA approved program to be able to apply for registration as a nurse or midwife. Embedded links to approved programs would also be a useful resource.

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

The advice for nurse practitioners and endorsed midwives and registered nurses is succinct and clear.

7. In the guidelines, is the information on clinical and non-clinical practice helpful and clear?

The statements in the Guidelines on clinical and non-clinical practice are clear but appear to be outdated as the examples focus on medical and surgical wards. These examples could be replaced with more contemporary care in a community or tertiary setting. Changing the context of care also impacts on the ability of the practitioner to provide the clinical care required.

8. Is there anything that needs to be added or changed in the proposed revised registration standard and guidelines?

Nil