Re-entry to practice - nursing and midwifery

Consultation Submission Template

| Submission submitted by: Insert full name & title | Brett Holmes, General Secretary |
| Organisation: | NSW Nurses and Midwives’ Association (NSWNMA) |
| Contact detail: Insert phone and email details | Kate Adams, 02 8595 1261, kadams@nswnma.asn.au |
| Submission type: Personal, on behalf of organisation or group – please specify | On behalf of NSW Nurses and Midwives’ Association |
| Can this submission be published on the Nursing and Midwifery Board of Australia website: yes or no | yes |
In your opinion will the National Board’s preferred option (option 2) improve current re-entry practices and better support individuals returning to the profession/s, whilst continuing to provide protection to the public?

In our view the National Board’s preferred option will improve this process for individuals seeking to return to the professions to some extent. The NSWNMA supports the role of the NMBA of protecting the public by ensuring that a nurse or midwife who seeks to re-enter their profession is safe and competent to do so. A fundamental concern since the new regulatory regime was introduced has been the lack of flexibility of the process and the limited capacity of the arrangements to effectively enable the re-entering nurse or midwife the flexibility to demonstrate their competence. In our view the implementation of option 1 is definitely a move in the right direction.

The introduction of the category of provisional registration is essential in order to allow suitable applicants to complete a period of supervised practice. In our view the absence of this category up to now has created very substantial disadvantages for many applicants in NSW who have been suitable candidates for a period of supervised practice but have been unable to undertake this option due to their lack of registration status. Also, the establishment of this registration type creates a paid model of re-entry which is a vital importance to many nurses and midwives seeking to re-enter the workforce.

The introduction of a framework of supporting documents is critical. We are well aware of many instances of inconsistent interpretation and application of the rules by the jurisdictions as well as confusion and lack of clarity on the part of applicants.
Are there any jurisdiction specific issues relating to this proposal for you or your organisation/group? If so which and why?

We are concerned that the NSW Board adopts an extremely narrow definition of the concept of ‘practice’. Through our state branches we are aware that the interpretation NSW Board’s is much narrower than, and therefore inconsistent with the other jurisdictions. This situation is unacceptable and must be addressed.

Would you suggest any alterations to the suite of re-entry to practice documents? If so which document, what would you alter and why?

- Draft Re-entry to practice policy: This document is focused nurses and midwives who are seeking to return to clinical practice and provides little guidance to nurse and midwives who wish to re-register for nursing or midwifery work outside of the clinical arena, such as policy, research or education.

- We believe that the document Principles for assessing nursing and midwifery applicants for re-entry to practice would be strengthened with the addition of some exemplars that represent the candidates that fall into the ‘grey areas’, i.e. where an applicant presents with a blend of the features listed for more than one of the ‘ideal’ candidates. It would be useful if this document provided some sense of how the characteristics are weighted or
prioritised in formulating decisions.

- In the document *Principles for assessing nursing and midwifery applicants for re-entry to practice*, the description of the ideal candidate for a period of supervised practice sets a very high standard and begs the question: does this person really need to undertake a period of supervised practice or is it a waste of resources to persist with the arrangement?

- We believe the *Supervision guidelines for nursing and midwifery* should clearly articulate the circumstances or parameters where it is appropriate to terminate the period of supervised practice where competence is obvious from the outset and the requirement for supervision is redundant and inefficient.

- The *Supervision guidelines* focus on clinical guidelines and clinical placements. They do not support nurses and midwives seeking to re-enter to non-clinical areas.

- We believe there needs to be more information with regard to the length of the provisional registration period. The length of time of provisional registration period (pg 5 of the *public consultation paper*) Section 64 National Law. There are two statements here: (a) no longer than 12 months and (b) a longer period prescribed by a regulation.

- With regard to the *Supervision guidelines for nursing and midwifery*, we are concerned that all jurisdictions will not have to report the same way. For example, although there are standardised templates, the frequency of participants having to report back is left up to the jurisdiction. Consistency among the jurisdictions, in line with a National approach, is very important with regard to documentation and processes involved in Re-entry to Practice. Whilst we understand that the Boards are dealing with individual cases there must be consistency demonstrated among the jurisdictions as
much as possible. For example all States need to have consistent information in FAQ sheets and policy documents should not conflict with this. At present the National Board has an approach which is not always reflected in policy documents and FAQs in all jurisdictions.

**General comments:**

There is a need to clarify the arrangements in the re-entry to practice process that would apply to a nurse/midwife who seeks to hold concurrent registration in both professions. We believe that the arrangements must include the practical recognition that there are aspects of the roles that are common and that therefore it is excessive to require an applicant to undertake completely separate re-entry to practice pathways for each profession. We are of the view that within one practice role a percentage amount of common work as a nurse and a midwife should be able to be determined as well as the work that is exclusive to midwifery. In our view there is a need to develop an evidence based framework around decision-making in this area.

Also, we believe there needs to be some commitment from the NMBA to respond to applicants in a timely fashion. We are aware of incidents where applicants have heard nothing for months in response to their applications and then they are suddenly required to furnish certified documents within 36 hours of the request. Or incidents where members have had to take leave while awaiting finalisation of their applications. There should be an undertaking from the NMBA to respond within specified and reasonable timeframes so that applicants can have informed expectations about the progress of their applications.
Finally, but importantly, we consider the Board’s imposition of an arbitrary period of 12 months to complete a period of supervised clinical practice which may range from 3 months to 6 months in addition to the completion of a Board approved education or university subject onerous, particularly for nurses and midwives with family responsibilities and/or disabilities.

For example, one of our members – a midwife with three children, one of whom has a disability, received the Board’s decision by letter dated 14 November 2013 that she has to complete the full time equivalent of six months supervised clinical practice as a student unpaid and to also complete a university subject in contemporary midwifery practice within 12 months from 8 November 2013. Our member received the letter on 18 November 2013. Another midwife was given seven months to complete three months supervised clinical practice

Even if these midwives could complete six months of supervised clinical practice in the time period (which they can’t) before commencement they have to find a hospital willing to provide a clinical placement within the time period given.

This time period is arbitrary, inconsistently applied and is not supported by any evidence as to why the period of supervised clinical practice has to be completed within this strict timeframe. The Board’s rationale (unsupported by evidence) is that the time period is necessary to ensure the nurse/midwife’s knowledge is “consolidated”.

Consideration has to be given to the personal circumstances of the nurse/midwives and the timeframes extended. Any concern about their ability to “consolidate their knowledge” can be assessed by the approved supervisor.
We note that the consultation paper on page 5 refers to section 64 (1) (a) which provides that a provisional registration period is not to be for not more than 12 months unless (b) a longer period is prescribed by a regulation.

It is our submission that the imposition of an arbitrary time period for completion of supervised clinical practice discriminates against nurses and midwives with family responsibilities and/or disabilities and is not reasonable in the circumstances, that is, it constitutes discrimination on the grounds of sex under the Sex Discrimination Act 1984 Cth and on the grounds of disability under the Disability Discrimination Act 1992 Cth.