

Public consultation paper

13 July 2020

Proposed revised Registration standard: Recency of practice

You are invited to provide feedback

The Nursing and Midwifery Board of Australia (the NMBA) is consulting on its proposed revised *Registration standard: Recency of practice* (proposed revised standard), inviting responses from interested parties.

The NMBA seeks feedback to the proposed revised standard and public consultation paper and is interested in feedback to specific questions. The NMBA has also released a supporting document, *Guidelines: Recency of practice* to be used in conjunction with the proposed revised standard and invites feedback on this document.

Preliminary consultation

In February 2020, the NMBA undertook preliminary consultation with key stakeholders. This allowed the NMBA to test its proposals and refine them before proceeding to public consultation. It also provided the opportunity for feedback to improve the clarity of the consultation documents.

A range of stakeholders submitted written responses, including professional associations, the Commonwealth states and territories health departments and co-regulators.

The NMBA is now releasing this consultation paper for public feedback.

Providing feedback

Feedback can be provided by completing the [online survey](#) on the NMBA website.

If you are unable to complete the survey online you can email your responses in a Word document¹ with the subject line 'Recency of practice' to nmbafeedback@ahpra.gov.au

Feedback is required by close of business on **Monday 31 August 2020**.

Publication of submissions

The NMBA publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the NMBA will not publish on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication of submissions, the NMBA may remove personally-identifying information including contact details. The views expressed in the submissions are those of the submitting individual or organisation and publication does not imply any acceptance of, or agreement with, these views by the NMBA.

¹ You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, Ahpra and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available on the [Ahpra website](#)

The NMBA accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Commonwealth), which has provisions designed to protect personal information and information given in confidence.

Please let the NMBA know if you do not want your submission published or want all or part of it treated as confidential.

All survey information collected will be treated confidentially and anonymity preserved in internal and published reports of survey results. Data collected will only be used for the purposes described above. **Please note that where survey information indicates there is a risk to the public, NMBA may use the information to assist further investigation and for use and disclosure as required or permitted by law.**

Your participation is entirely voluntary.

In completing the survey, we ask that you do not provide responses that identify you or other individuals.

If you have any questions, you can contact the NMBA at nmbafeedback@ahpra.gov.au

Your Privacy

The NMBA is subject to the [Privacy Act 1988](#) (Cth) (**Privacy Act**) and is committed to protecting your personal information. The Australian Health Practitioner Regulation Agency's (Ahpra) [Privacy Policy](#) provides information on accessing and correcting your personal information and the Ahpra complaints process for any privacy breach.

Ahpra uses **Qualtrics** to conduct surveys on behalf of the NMBA. Qualtrics and its third-party storage provider are subject to the Privacy Act in the storage and handling of any stored data. Information collected is stored and handled securely in Australia. If you have any queries about your privacy, please contact the National Information Release Unit at niru@ahpra.gov.au.

Contents

Public consultation paper	1
Overview of the public consultation	4
Recency of practice in the National Scheme	4
Proposed revised <i>Registration standard: Recency of practice</i>	5
Feedback from preliminary consultation	5
Options statement	6
Preferred option	6
Questions for consideration	7
Next steps	8
Appendix A:	9
National Boards' <i>Patient and consumer health and safety impact statement</i>	11

Overview of the public consultation

1. The NMBA undertakes functions as set by the Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law). While the National Law recognises nursing and midwifery as two distinct professions, the NMBA regulates the practice of both the nursing profession and the midwifery profession in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of both nurses and midwives in Australia.
2. The NMBA is reviewing the *Registration standard: Recency of practice* (the current registration standard) to ensure that it is based on the best available evidence, meets the objectives of the National Law and is as clear as possible.
3. The proposed revised standard provides more flexibility for practitioners to meet the recency of practice requirements with the ability to meet the requirements of the standard over two, three or five years. This aligns the NMBA with other National Boards and international regulators. The proposed revised standard incorporates changes to recency of practice requirements for recent graduates, clarity for deferred graduates and for those who have been absent from the profession for 10 or more years.
4. Additional information about the NMBA's recency of practice requirements is provided in *Guidelines: recency of practice*. The guidelines must be applied together with the *Registration standard: Recency of practice*. They can be used by nurses, midwives and their employers to assist in providing support towards fulfilling the requirements.

Recency of practice in the National Scheme

5. As part of its function under the National Law (s38), the NMBA is required to develop a registration standard about the requirements for recency of practice for registered health practitioners.
6. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have met any recency of practice requirements stated in an approved registration standard for the health profession. The *Registration standard: Recency of practice* is part of the regulatory framework for the nursing and midwifery professions and its review is part of the NMBA's strategic goal outcomes and initiatives.
7. In 2014, the NMBA was part of a National Boards' multi-profession review of the Recency of practice registration standards. The NMBA and other National Boards drew on the research that was available, as well as their regulatory experience, to inform their respective standards. The current registration standard was approved by the Australian Health Workforce Ministerial Council on 27 August 2015 and came into effect on 1 June 2016.
8. The NMBA has continued to monitor developments in this area and identified a range of considerations relating to the current registration standard that warranted review:
 - the variances between National Boards for the minimum recency of practice requirements
 - the definition of clinical and non-clinical practice, with feedback received that there is confusion about the differing requirements
 - the management and decision-making about recent graduates and deferred graduates, and
 - clarity about nurse practitioners ongoing clinical practice requirements and for midwives with an endorsement for scheduled medicines.

Proposed revised *Registration standard: Recency of practice*

9. To inform an evidence-based review of the current registration standard, the NMBA commissioned a literature review on recency of practice. A comprehensive internal and external review of data was undertaken and included notification data for nurses and midwives who have re-entered the register and the mapping of other National Boards' *Registration standard: Recency of practice*.
10. The key findings are outlined below:
 - Despite the findings of little or no direct evidence that underpins regulation of recency of practice, there is regulatory consistency in the regulation of professions that supports what is currently known about maintaining knowledge and competence.
 - The current standard requires 450 hours over the previous five years. This means that nurses and midwives may have sustained periods of not practising while still meeting the requirements of the current registration standard.
 - It is important for people who have recently graduated from an NMBA approved program of study (recent graduates) to maintain a connection to their nursing or midwifery profession as they have not consolidated their knowledge and skills. Any lengthy absence between the completion of study and commencing practice could lead to a decline or loss in competence and confidence.
 - The recency of practice hours to practice timeframes requirements of most National Boards includes 450 hours in the past three years. This is either as a standalone requirement or part of an incremental practice-hours to practice-timeframes option.
11. The NMBA has taken this information into account in its review of the current registration standard.

Feedback from preliminary consultation

12. Submissions were largely supportive of the proposed revised standard and guidelines content and structure, with some minor recommendations for change.
13. Following detailed review of submissions, some areas were identified for further work to be completed before public consultation. This includes strong support from stakeholders to change the RoP requirement to align with most other National Boards, minor editorial amendments include the re-ordering of content for readability and sequential logic, more obvious headings to delineate each section and inserting hyperlinks to relevant NMBA publications.
14. Changes made to the proposed revised standard and guidelines following preliminary consultation feedback include:
 - adopting incremental practice-hours to practice-timeframes for recency of practice options
 - additional detail for deferred graduates, providing more transparency on the likely regulatory outcomes that may be applied, depending on the period of time since the graduate completed their NMBA-approved program of study
 - clarity on how connection to the profession is measured
 - clearer messaging of clinical and non-clinical practice
 - an example of RoP hours as a nurse or a midwife and a paramedic to assist dual registrants in this cohort
 - specific detail for nurse practitioners and midwives with an endorsement and the corresponding RoP requirements
 - clearer messaging for those who have not practised for 10 years or more and their return to practice options, and
 - extending and improving the glossary to include deferred graduate, clinical practice, non-clinical practice and non-practising registration.

Options statement

15. The NMBA has considered two options in developing this proposal.

Option one – Retain the status quo

16. Option one would be to continue with the current *Registration standard: Recency of practice*. However, the NMBA has identified a range of issues with the current standard, as described in paragraph eight above.

Option two – Proposed revised Registration standard: Recency of practice and associated guidelines

17. Option two would involve the NMBA submitting a revised *Registration standard: Recency of practice* (proposed revised registration standard) and associated guidelines to the COAG Health Council for approval. The proposed revised registration standard and guidelines are informed by research, reflects international best practice, and are consistent with other NMBA standards, codes and guidelines. The proposed revised registration standard and associated guidelines will address inconsistencies and provide clearer guidance in applying the registration standard.

Preferred option

18. The preferred option of the NMBA is **Option two**.

Potential benefits and costs of the proposed option

19. The benefits of the preferred option are that it:

- provides an opportunity to consider new literature to inform an evidence-based review, ensuring that the standard is current and based on the best available evidence and aligned with international best practice
- is supported by a set of guidelines on how to interpret and apply the proposed revised registration standard
- reflects the NMBA's leadership and governance of the nursing and midwifery professions
- aligns with the intent of the National Scheme by identifying opportunities to deliver effective and efficient regulation of nurses and midwives
- reflects the intent of NMBA and National Scheme's strategic outcomes of reducing regulatory burden and improving regulatory performance, and
- carefully considers the impacts the proposed revised registration standard and guidelines could have on people's health and safety, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples.

20. The costs of the preferred option are:

- Registered nurse, enrolled nurses, midwives, employers, other stakeholders, Ahpra and state and territory boards will need to familiarise themselves with any changes to the registration standard and guidelines
- There will need to be a period of transition to the proposed revised registration standard, if approved.

Questions for consideration

The NMBA is inviting feedback to questions on content and structure, RoP hours and timeframes, recent and deferred graduates, content for those out of practice for 10 years or more, RoP requirements for those with an endorsement and content on clinical and non-clinical practice.

An [online survey](#) is available to provide your responses to the questions below.

The proposed revised registration standard and guidelines are informed by research, reflect international best practice, and are consistent with other NMBA standards, codes and guidelines.

The proposed revised registration standard and guidelines will address inconsistencies and provide clearer guidance in applying the registration standard.

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

The proposed revised registration standard provides more flexibility for practitioners to meet the RoP requirements and decreases the variance between the NMBA, other National Boards and international regulators for the minimum requirements for RoP.

Adopting incremental practice-hours to practice timeframes, as applied by six of the National Boards, reduces the regulatory and operational burden that a standalone requirement of 450-hours in three years option will have on those who would then not meet RoP requirements if they have been out of practice for three to five years.

The flexibility of incremental practice hours to practice timeframes acknowledges the predominantly female nursing and midwifery registrant profile by supporting absence from the workforce that would include maternity breaks and for others seeking to take an extended break from the workforce

Tables representing the recency of practice requirements of all National Boards and international nursing and midwifery regulators is provided at [Appendix A](#).

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

It is important for people who have recently completed an approved program of study leading to registration as a nurse or midwife (recent graduates) to maintain a connection to nursing or midwifery, as they have not consolidated their knowledge and skills. Any lengthy absence between the completion of study and commencing practice could lead to a decline or loss in competence and confidence.

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 approved program of study. This aligns with one of the proposed incremental requirements for all nurses and midwives, of 300 hours of practice in a two-year period.

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

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

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

The current NMBA re-entry to practice policy provides information for people who have not been registered or practised for 10 years or more. To provide clarity about these requirements this information is now included in the proposed revised registration standard and guidelines.

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

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

The NMBA has received feedback that the current requirements for recency of practice for clinical and non-clinical practice is confusing. 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.

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

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

Next steps

After public consultation closes, the NMBA will review and consider all feedback before making decisions about the implementation of the revised standard and guidelines.

Appendix A:

Table 1: Recency of practice requirements of all National Boards

National Board	Practice hours	Practice timeframe/s	Additional requirements
Aboriginal and Torres Strait Islander health practitioners*	450 hours 900 hours	3 years 3-5 years	
Chinese medicine	Not specified	3 years	
Chiropractic*	450 hours	3 years	No absence greater than two years or 150 hours in the previous 12 months
Dental	Not specified	5 years	
Medical	Not specified	2 years	Distinguishes between practitioners with more than two years' clinical experience and those with less than two years' clinical experience before a lapse in practice
Medical Radiation Optometry Osteopathy	450 hours	3 years	
Nursing and Midwifery	450 hours	5 years	
Occupational Therapy*	750 hours, or 450 hours, or 150 hours	5 years 3 years 1 year	
Paramedicine*	450 hours, or 150 hours, or 750 hours	3 years 1 year 5 years	750 hours of practice in the previous five years includes no continuous absence from practice of greater than two years.
Pharmacy*	450 hours, or 150 hours	3 years 1 year	
Physiotherapy*	450 hours, or 150 hours	3 years 1 year	
Podiatry*	450 hours, or 150 hours	3 years 1 year	Additional criteria for those with at least two years prior clinical practice experience
Psychology	250 hours	5 years	Includes completing a board program of study, internship or supervised practice

*These professions share a commonality in the requirement of 450 hours in the previous 3 years but have additional hour and timeframe options.

Table 2: Nursing minimum practice requirement in hours for currency of practice

Country	Minimum hours	Period of time
Australia	450 hours	5 years
United Kingdom	450 hours	3 years
New Zealand	450 hours	3 years
Vermont, USA	400 or 960 hours	2 or 5 years
Prince Edward Island, Canada	1,125 hours	5 years
The Netherlands	2,080 hours	5 years

Table 3: Midwifery minimum practice requirement in hours for currency of practice

Country	Minimum hours	Period of time
Australia	450 hours	5 years
United Kingdom	450 hours	3 years
New Zealand	n/a	Practice across midwifery scope in the previous 3 years
Vermont, USA	400	2 years
Prince Edward Island, Canada	n/a	Active practice for at least 2 of 4 years
The Netherlands	2,080 hours	5 years

National Boards' Patient and consumer health and safety impact statement

July 2020

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (Statement)² explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the proposed revisions to the registration standard and guidelines on the health and safety of people and particularly vulnerable members of the community including approaches to mitigate any potential negative or unintended effects
2. The potential impact of the proposed revisions to the registration standard and guidelines on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects
3. Engagement with people particularly vulnerable members of the community about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the *National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#)*, the *NRAS engagement Strategy 2020-25*, the *NRAS Strategy 2020-25* (pending approval) and reflect key aspects of the revised consultation process in the [AManC Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

² This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

Below is our initial assessment of the potential impact of the proposed revision to a registration standard on the health and safety of people, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on people's health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The NMBA has carefully considered the impacts the proposed revised registration standard and guidelines could have on people's health and safety, particularly vulnerable members of the community in order to put forward what we think is the best option for consultation. The proposed revised registration standard and guidelines are based on best available evidence, best practice approaches /and from monitoring the current proposal. The proposed revised registration standard provides clarity on the required hours needed to meet the standard; the guidelines provide information about how to meet the requirements. Our engagement through consultation will help us to better understand the revised registration standard and guidelines possible impacts and how to meet our responsibilities to protect people's safety and health care quality.

2. How will consultation engage with people, particularly vulnerable members of the community?

In line with our **consultation processes**, the NMBA is undertaking wide-ranging consultation. We will engage with people, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community. Feedback from internal (e.g. National Boards and Ahpra staff) and external (e.g. patient safety and consumer groups, professional associations, practitioners, etc.) stakeholders will be sought and used to inform the review.

A full list of stakeholders who respond to the public consultation will be published [here](#) when the consultation has closed.

3. What might be the unintended impacts for people particularly vulnerable members of the community? How will these be addressed?

The NMBA has carefully considered what unintended impacts of the proposed revised registration standard might be, as the **consultation paper** explains. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for people that may be raised during consultation particularly for vulnerable members of the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The NMBA has carefully considered any potential impact of the proposed revised registration standard on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander Peoples might be different, in order to put forward the proposed option for feedback as outlined in the **consultation paper**. Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The NMBA is committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and **cultural safety**.

As part of our consultation process, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples. We are continuing to engage with Aboriginal and Torres Strait Islander organisations and stakeholders including the professional specific Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? how will these be addressed?

The NMBA has carefully considered what might be any unintended impacts for the proposed revised registration standard, as identified in the **consultation paper**. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7 How will the impact of this proposal be actively monitored and evaluated?

Part of the NMBAs work in keeping the public safe is ensuring that all NMBA standards, codes and guidelines are regularly reviewed.

In developing the proposed revised registration and guidelines, and in keeping with this, the NMBA will regularly review the registration standard to check it is working as intended.