

Australian College of Nurse Practitioners response to:

Public consultation
Nursing and Midwifery Board of Australia

Registration standard: Recency of practice

Monday 31st August 2020

Nursing and Midwifery Board of Australia
nmbafeedback@ahpra.gov.au

SUBJECT: Registration standard - Recency of practice

Dear NMBA,

Thank you for the opportunity to provide a response to the proposed revised registration standard: Recency of practice.

The Australian College of Nurse Practitioners (ACNP) is the national peak organisation for Nurse Practitioners, advancing nursing practice and consumer access to health care. We actively seek opportunities to contribute to improvements to safety, quality and access to health care.

Please find the Australian College of Nurse Practitioners responses to the questions below.

1. 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.

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

ACNP Response: Yes it is clear. In relation to Nurse Practitioners, direct clinical contact needs to be defined, especially as it relates to management and academic roles. Example scenarios could assist in providing clarity to all nurses and midwives. Also please provide further clarity around the requirement for direct clinical care to be occurring, in contrast to that of the RN requirement, as the Nurse Practitioner is a clinical role.

2. 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.

Australian College of Nurse Practitioners

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

ACNP response – yes this is clear, and allows for flexibility so requirements can be met and is easy to understand.

3. 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 complete 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.

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

ACNP Response – Yes this requirement is acceptable, however there needs to be clarity that it applies to graduates at all levels, including the NP Masters, RN and EN.

While there are currently not enough NP positions, graduates of the NP Masters who become endorsed can maintain 300 hours of Advanced Practice in 2 years while working as a RN. Examples to support this for NP and other roles could be helpful, as well of the level of evidence required.

4. 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.

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

ACNP Response – Yes this is clear and reasonable. Does this also apply to NPs who complete Master's and do not apply for endorsement? Having the requirement to maintain Advanced Practice hours between graduation and endorsement would be appropriate.

5. 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

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

ACNP Response – Yes this is clear

6. 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.

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

ACNP Response - Yes it is reasonably clear. It would be enhanced through the use of an example.

7. 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.

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

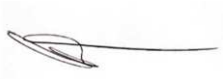
ACNP Response – this requires more information, specifically how it relates to Nurse Practitioners, as per our response to Question 1. How will the NP endorsement be maintained if working in an academic or management role? Examples would assist this to make it clear.

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

ACNP Response – the section on Supervision is confusing. In the first sentence, please include that this refers to re-entry to practice. Also, in regard to the statement “the NMBA does not allow for supervision in private practice (where a nurse or midwife is working as sole practitioner, in partnership or in self-employed models or working on their own account)”, this may preclude some NPs from re-entering the clinical workforce due to the lack of employed positions available, thus working as a self-employed practitioner as part of a private practice team may present the only reasonable and available option.

Thank you again for the opportunity to participate in this important review. I would be happy to discuss our responses further.

Yours sincerely



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