

**Registration Arrangements Submission, attention:  
Practitioner Regulation Subcommittee**

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**TABLE 1: BOARDS, REGISTERS AND DIVISIONS OF REGISTERS**

Board	Title of Register	Divisions of Register
Chiropractic Board of Australia	'Register of chiropractors'	Nil
Dental Care Practitioners Board of Australia	'Register of dental care practitioners'	<ul style="list-style-type: none"> <li>• Dentists (Division 1)</li> <li>• Dental therapists (Division 2)</li> <li>• Dental hygienists (Division 3)</li> <li>• Dental prosthetists (Division 4)</li> </ul>
Medical Board of Australia	'Register of medical practitioners'	Nil
Nursing and Midwifery Board of Australia	'Register of nurses and midwives'	<ul style="list-style-type: none"> <li>• Registered nurses (Division 1)</li> <li>• Enrolled nurses (Division 2)</li> <li>• Midwives (Division 3)</li> </ul>
Optometry Board of Australia	'Register of Optometrists'	Nil
Osteopathy Board of Australia	'Register of Osteopaths'	Nil
Pharmacy Board of Australia	'Register of Pharmacists'	Nil
Physiotherapy Board of Australia	'Register of Physiotherapists'	Nil
Podiatry Board of Australia	'Register of Podiatrists'	Nil
Psychology Board of Australia	'Register of Psychologists'	Nil

**Comment:**

The proposed divisions of register for the Nursing and Midwifery Board of Australia may pose a problem for those midwives who are also registered as nurses. I take it that this will require these particular health professionals to register under different divisions, or will they be able to have only one registration but recognition under each division?

Midwives placed into Division 3 (in descending order) implies that this professional group requires less education and has less professional standing than enrolled nurses—it would be better just to register them as “Midwives” without a division category at all.

Where will the Maternal and Child Health Nurses (MCHNs) fit within the Divisions? In Victoria, MCHNs have to be registered as both a midwife and nurse in order to complete education requirements and practice in this field.

**Proposal 4.2.1:** It is proposed that the national boards have the power to require the following information to accompany an initial application for registration:

f. workforce data required for national workforce analysis (further discussion of this will be provided in the information-sharing paper), and

**Comment:** This is an excellent initiative as current workforce data is inadequate to predict future needs, making it compulsory provides policy makers with evidence to implement specific workforce initiatives to meet demand

**Proposal 4.3.1:** There are a number of options available on or relating to requirements for criminal history checking of applicants for registration and renewal of registration:

**Option 2:** That the legislation require criminal history checks on all new applicants and at renewal of registration, but these requirements be phased in over time from 1 July 2010.

**Comment:** Who will pay for this or will it be built into registration fees? What will be the proposed process for those health professionals who have a police check as part of their conditions of employment? And is there a need for an annual police check or only for specific professionals? These questions need to be addressed.

**Proposal 5.2:** It is proposed that, in addition to the powers above relating to the IGA clause 1.25(c) to register those with approved qualifications, boards have the power to register persons who have training and experience the responsible board considers to be substantially equivalent to an approved course of study and supervised practice. This will allow a national board to recognise substantially equivalent qualifications recognised by registration authorities in another country.

**Comment:** This will improve overseas recruitment processes and is welcome

**Proposal 6.3.1:** It is proposed that the legislation require registrants (except for non-practising registrants if any) to be covered by PII arrangements at all times during the registration period, as a condition of registration, and to require registrants demonstrate coverage to the satisfaction of the responsible board, at the time registration is granted for the first time, and annually on renewal of registration. The legislation concerning PII must allow registrants to meet the requirements if they are covered by an employer's PII, their university's PII, or the PII of a health facility where they are a student, as well as when a registrant purchases their own PII cover.

**Comment:** Will the Commonwealth support and provide PII arrangements for independent midwives? Given the information provided in Improving Maternity Services in Australia Commonwealth Discussion Paper, midwives will be expecting to have an increased role in the provision of maternity care.

**Proposal 6.4.1:** It is proposed that the legislation provide powers for a responsible board to refuse to grant registration on a number of grounds, including but not limited to the following:

c. the applicant is considered by the board to be unfit to practise because of **drug or alcohol dependency** or **physical or mental impairment**

**Comment:** What will be defined as mental impairment? There need to be strict rules around this as it may breach Equal Employment Opportunity legislation.

g. the applicant has had **insufficient recent practice** experience in the relevant profession (with the time period within which an applicant must demonstrate they have practised to be determined by the responsible board, eg two years is preferred in some professions, five years in others)

**Comment:** What constitutes recent practice? Is it clinical practice, research, academic, management – these issues require clarification.

h. the applicant's **English language proficiency** is not considered sufficient by the board for the applicant to practise in the relevant profession

**Comment:** How will the applicant's English language proficiency be evaluated? Will there be a test? This will need to be defined clearly.

**Proposal 7.3.1:** It is proposed to include in legislation the capacity for boards to adopt a non-practising category of registration if they wish, in order to:

- make more transparent the distinction between those registrants who are and are not in active practice

**Comment:** It will need to be determined what constitutes active practice. A health professional may still be actively practising in education, policy, management and research but not in clinical practice. This requires clarification.

**Proposal 7.4.1:** It is proposed that the legislative provisions with respect to student registration would be framed to:

- require only those students who are undertaking clinical training that involves contact with patients/clients to be registered
- empower boards to deal with students whose ability to undertake clinical training is affected by physical or mental impairment, drug or alcohol dependency, and
- give boards the discretion to include or not include a student category of registration.

**Option 3:** The legislation include powers for all boards to register and regulate students, and student registration be mandatory for students in all regulated professions, at the point of enrolment and for the duration of their course.

**Comment:** This would provide more accurate health workforce and university placement data (continuance of course) and is welcomed.

**Proposal 9.2.1:** With respect to ensuring continuing practitioner competence, it is proposed that the legislation require the boards to establish requirements within each profession for registrants to demonstrate continuing competence at the time of annual renewal, with the scheme to be implemented for each profession on 1 July 2010. Since continuing competence would be a condition of registration renewal, requirements would apply to all registered health professionals, regardless of whether they work in public or private settings, and are employees or self-employed.

**Comment:** If a health practitioner is on extended sick or maternity leave they may not be able to provide evidence on an annual basis of ongoing competence/professional development evidence or continued clinical practice. Perhaps consideration should be given to a requirement for evidence over a longer time frame e.g. 2-3 years to accommodate these individuals.

**Proposal 9.3.1:** It is proposed that the legislation require registrants to submit to their respective boards at the time of annual renewal various items of information required by the board in order to determine whether the practitioner is fit to practise. As part of such an annual return, the legislation might require reporting on a range of matters including:

e. any data required to be provided to the Ministerial Council for workforce planning purposes.

**Comment:** This data would be extremely valuable in accurately predicting future workforce requirements and is desperately needed as evidence to shape policy development, implementation and evaluation.

**Proposal 11.1.1:** It is proposed that the legislation provide for the national boards to grant registration for a period of up to 12 months and that a grant of registration be subject to annual renewal.

It is not proposed that there be a standard registration period in legislation that applies to all practitioners, for example a calendar year or a financial year. Rather, it is proposed that the legislation enable, for example, renewals to be staggered throughout the year, with the renewal date for each practitioner falling due 12 months after they first registered or renewed their registration.

**Comment:** This makes sense to reduce periods of peak demand on the system and hopefully result in faster processing of applications.

**Proposal 11.2.4:** It is proposed that the legislation impose an obligation on registered practitioners to notify the responsible board of a change of contact address, within 28 days and that a penalty apply for failure to comply.

**ALTERNATIVE OPTION:** There be no penalty for failure to notify of change of address.

**Comment:** Will the threat of penalty actually increase compliance? If there is evidence then yes.

**Proposal 11.2.5:** It is proposed that the legislation provide a power for boards to require registrants provide details of each practice address from which they offer regulated health services. Special arrangements would be required so that the reporting obligations are manageable for locum practitioners whose practice address changes regularly.

**ALTERNATIVE OPTION:** There be no requirement to provide a practice address.

**Comment:** Has consideration been given to those health professionals that work for multiple health services or through an agency but practising in a number of health services? If these issues are resolved then this would also provide a means of gathering more accurate and detailed workforce data relating specifically to individual health services.

**Proposal 11.3.1:** It is proposed that the legislation include provision for a 'grace' period of three months following expiry of registration, during which a practitioner is 'deemed' to be registered, but that if they fail to renew by the end of this period, then the board removes their name from the relevant register.

**Comment:** This is the better option. The alternative option is too harsh.

**Proposal 11.4.1:** It is proposed that the legislation include provisions that allow a practitioner's name to be restored to the register, if they re-apply within a period of two years following a lapse of registration (under this Act, or a previous enactment of a participating jurisdiction), and they meet any continuing competence requirements set by the responsible board.

**Comment:** A 2 year time frame is reasonable and provides consideration of health professionals taking maternity leave or extended sick leave, who should not be excluded because they are not practising clinically. In most instances these professionals will still be competent to practice, hindered only by their personal circumstances at a particular point in time.

**Proposal 12.1:** With respect to transition arrangements, it is proposed that transitional provisions provide for:

f. if a practitioner holds or has held multiple registrations and has been either deregistered in one jurisdiction, or has not renewed in a jurisdiction where an investigation or disciplinary process was not finalised, then they not be automatically 'deemed' to be registered from 1 July 2010 and will be required to make a fresh application for registration with an expeditious process required.

**Comment:** I agree – this will protect the public.