

21 October 2008

Practitioner Regulation Subcommittee
nraip@dhs.vic.gov.au

Dear Sir / Madam

The Nurses and Midwives Board of New South Wales provides the following comments on the consultation paper "Proposed registration arrangements".

Not all sections or proposals of the paper have been commented on and I advise that where no specific comment is made there is either agreement or the Board chooses not to comment.

Table 1 on page 6 – the Board supports the "register of nurses and midwives".

Proposal 4.3.1 – the Board supports option 3 "*The legislation require criminal history checks on all new applicants for registration with a discretionary power for boards to require checks at annual renewal, and self-declaration obligations imposed on registrants both at annual renewal and during the registration period*".

Section 5 – "Qualifications for registration", the Board considers that the requirements for registration must be united and that they "sit at the highest level" and not be at "the lowest common denominator".

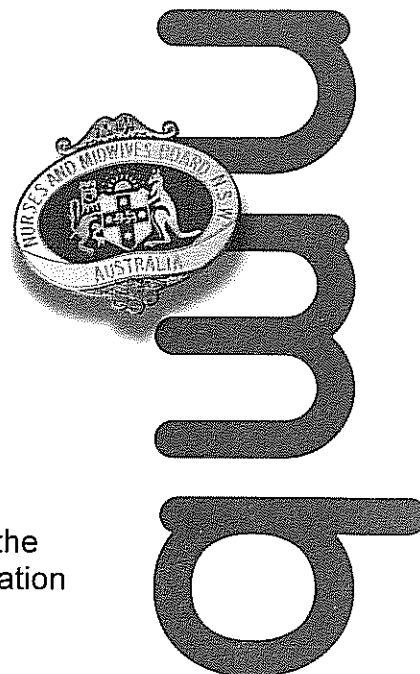
Proposal 6.1.1 the "Powers of boards before deciding applications for registration" are very important and are supported, however in (d) the statement should include and /or not just or as follows; "require the applicant to undergo a written, oral **and/ or** practical examination to assess the applicant's competence to practice"

Proposal 6.1.2 - supported

Proposal 6.2.1 - supported

Proposal 6.2.2 – supported, although it is noted that in (e) the section should be 11.5 and not 12.5.

Proposal 6.3.1 – "Professional indemnity insurance" (PII). The Board considers that in view of the role of the Board to protect the public PII is essential and provides in principle support of PII. However, there are practical difficulties in both nursing and midwifery:



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- Most nurses are paid employees and are covered by vicarious liability when employed, so the need for PII arrangements to be in place at the time of registration is not possible as they are not yet employed, however what is important is ensuring that nurses do not practice without appropriate PII in place (be it from an employer);
- Independent midwives have great difficulty (if at all) to obtain PII and this places members of the public who utilise the services of an independent midwife at a disadvantage, when it is stated that the method of redress in such situations is the midwife's house (property) being the provider of monies if a claim against the midwife is made.

In addition, the matter of persons practicing without PII should be a matter for professional misconduct and an offence for which the person can be prosecuted for.

Proposal 6.3.2 - supported

Proposal 6.4.1 – supported.

- It is suggested that in (c) instead of “drug and alcohol dependence” the term should be “substance abuse”, and the definition of “recent practice” as advised in (g) must be determined by each individual Board.
- It is suggested that should an applicant provide fraudulent documents in support of an application that that should be sufficient grounds to refuse registration, and for the issue to be a criminal offence.
- It is suggested that should a registrant provide fraudulent documents to the Board during their registration period that should be grounds for the issue to be treated as a disciplinary matter.

Table 2 page 13 “Proposed types and sub-types of registration” – supported, with the following comments made:

- Consideration be given to changing the term “specific registration” to either “limited registration” or “restricted registration”
- It is suggested that in “specific” types of registration that (b) be able to include geographical, demographic and other “areas of need” and each Board should be able to determine the parameters for the “areas of need”.
- With regard to “Non-practising” registration this can encompass persons who have finished practicing their profession and persons who desire to take a career break. However if a non-practising registrant wants to gain a practicing registration they would be required to meet the requirements to restore at that time.
- student registration – supported, however the cost and administrative burden associated with the registration of students must be considered by each Board when implementing this

Proposal 7.3.1 – the proposal at 7.3.1 is supported and the alternative option is not supported.

Proposal 7.3.2 - supported

Proposal 7.4.1 – student registration is supported, however consideration must therefore be given to persons whose name may appear on the register twice (eg., once as an enrolled nurse and once as a student). It is known that many jurisdictions do not allow persons to be both registered and enrolled concurrently, is it considered appropriate that persons can be on the register as both an enrolled nurse and a student?

and

Option 3 is supported

Table 2, part of section 8.1 on page 16 with regard to nursing and midwifery profession restricted titles should include “nurse”, “registered nurse”, “enrolled nurse and “midwife”. The Board considers that a person with the title of an assistant in nursing is perceived by the public as a regulated professional and is a title that should not be allowed, rather those individuals should be called a “personal care attendant” or something similar.

Section 8.1 the matter of persons “holding out” must be addressed, for example a person can “hold out” by being perceived to be a registered nurse or midwife etc., even when they do not use those terms.

Proposal 9.2.1 – supported, however non-practising registrants should not be required to meet the continuing practitioner competence until and if they require to return to a practicing registration.

Proposal 9.2.2 – supported

Proposal 9.3.1 – supported, with the following comments:

- as suggested the legislation should clearly allow individual Boards to determine other items of information to be provided by registrants; and
- while there is benefit in point (e) consideration must be given to privacy issues.

Proposals 9.4.1 and 9.4.2 – when Boards establish either standards or guidelines information must be provided to practitioners as to whether the standards and guidelines are mandatory or advisory, thereby determining whether breaches of a guideline or standard are a conduct matter.

Proposal 9.4.3 – supported

Section 10.2 supported, however the statement should include midwifery ie *....suitably qualified registrants in the nursing, **midwifery** and allied health professions....*

Proposal 10.2.1 - supported, however the opening statement should include midwifery ie *....regulate the nursing, **midwifery** and allied health professions*

Proposal 10.3.1 – supported

Proposal 11.1.1 – supported,

The following comments are provided for consideration

- if registration renewals occurs on only one date each year then appropriate administrative facilities must be available to facilitate the process for example on line.
- staggering of registration renewals should be available within the legislation so that when considering the workload associated with renewals it is available if needed
- employers advise that one annual renewal date assists them in determining whether registrants have maintained their registration.

Proposal 11.2.4

- supported however consideration should be given to asking for “contact details” rather than “contact address”
- The alternative option “*There be no penalty for failure to notify of change of address*” is not supported.

Proposal 11.2.5 – supported

The alternative option “*There be no requirement to provide a practice address*” is not supported.

Proposal 11.3.1 – supported in principle for inclusion of a “grace period” in the legislation. There must however be the provision that it may not be enacted by all Boards. (refer to comments regarding proposal 12.1)

Proposal 11.4.1 – supported

The alternative option is not supported.

Proposal 11.5.1 - supported

Proposal 12.1 – supported.


- There must be provision for a grace period at the time of commencement of national registration (eg 30 June 2010). Methods must be provided to ensure that fees paid by registrants in the individual jurisdictions are “carried over” into the new scheme and that registrants are not required to pay the new fee applicable for the national scheme from the commencement of the nation scheme (eg 1 July 2010)
- Provision must be made to ensure that all persons able to practice on the day before the commencement of national registration eg 30 June 2010 are able to practice on the first day of national registration 1 July 2010. With respect to the nursing and midwifery profession consideration must be given to children's nurses, mental retardation nurses, geriatric nurses, mother craft nurses and mental health nurses

Other issues that it is requested be considered when the legislation is drafted are:

The following concerns are relevant to many health professions, but have a specific relevance to the nursing and midwifery professions are provided for consideration.

- Each Board must be able to determine its own funding, human resources and information technology needs in order to implement this legislation;
- it would be desirable for states and territories to try to render uniform other legislation which effects the day to day conduct of health professionals, for example poison and therapeutic goods acts, restricted birthing practices, infection control and foot care
- National Registration provides an opportunity to harmonise the different arrangements in states and territories regarding enrolled nurses and medication endorsement. As all current education courses leading to enrolment enable the person to administer some if not all medications it would be appropriate for consideration to be given to whether enrolled nurses able to administer medications are not endorsed (ie the ability to administer medications is presumed) and only those enrolled nurses not able to or only able to administer limited medications be endorsed.

Yours faithfully


M Cleary
Executive Director