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29 October 2008

Ms Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
Of the Health Workforce Principal Committee
Email: NRAIP@dhs.vic.gov.au

Attention: Practitioner Regulation Subcommittee

Dear Ms Nardi

Submission to Consultation Paper *Proposed Registration Arrangements*

Royal College of Nursing, Australia (RCNA) is pleased to provide a submission to Consultation Paper *Proposed Registration Arrangements* issues that will be covered in the second stage to be introduced in the Queensland Parliament in October 2008, for the National Registration and Accreditation Scheme for the Health Professions.

RCNA supports many of the points raised in the submission you will have received from the Australian Nursing and Midwifery Council. However, there are some additional issues contained in the enclosed submission providing comment from a professional organisation's perspective, for the benefit of the Practitioner Regulation Subcommittee.

Thank you for the opportunity to provide comment on the consultation paper.

Yours sincerely

Elizabeth R Foley FRCNA
Acting Executive Director

Encl. RCNA submission **Consultation Paper *Proposed Registration Arrangements***
October 2008

Australia's peak professional nursing organisation





ROYAL COLLEGE OF NURSING, AUSTRALIA

Submission to Consultation Paper "Proposed Registration Arrangements" for the National Registration and Accreditation Scheme

1. Introduction

Royal College of Nursing, Australia (RCNA) welcomes the opportunity to provide comment to the Practitioner Regulation Subcommittee on the draft Consultation Paper *Proposed Registration Arrangements* issues that will be covered in the second stage to be introduced in the Queensland Parliament in October 2008. This is a matter of great importance to the College and one of ongoing interest having previously made submissions to the National Registration and Accreditation Scheme process through the Australian Peak Nursing and Midwifery Forum.

2. RCNA - Background

RCNA is the peak national professional organisation for Australian nurses, playing a pivotal role in shaping Australian nursing through the provision of continuing professional development, and policy analysis and development. The College represents nursing across all areas of practice throughout Australia and has members in every State and Territory, and internationally. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

The commitment of nursing and midwifery to national regulation is based on ensuring the protection of the public and on maintaining the highest standards of nursing and midwifery care to the Australian community through designing a system which supports health professionals. This includes a commitment to taking the time necessary to ensure that the scheme developed is best practice in terms of protection of the public and is implemented carefully, thoughtfully and transparently.

3. Proposed Registration Arrangements

RCNA provides specific comment against the issues raised in the Consultation Paper *Proposed Registration Arrangements*. It must be noted that the numbering

used in this submission reflects that of the consultation paper. Comments are provided to selected issues from the draft paper.

2. Principles and approach

Proposal 2.1

Supported by RCNA.

3. Regulated professions

Table 1: Boards, Registers and Divisions of Registers

The nursing and midwifery professions are widely recognised as being distinct from each other, thus the status of both professions should be separated and this reflected in two distinct Registers.

BOARD	TITLE OF REGISTER	DIVISIONS OF REGISTER
Nursing and Midwifery Board of Australia	Register of Nurses	Registered nurses Enrolled nurses
	Register of Midwives	

Register of Nurses – to include two parts: registered nurses and enrolled nurses. A nurse cannot appear on both parts, but must be either a registered nurse or enrolled nurse.

Register of Midwives

Divisions

RCNA supports the Australian Nursing and Midwifery submission on this issue which states that there is no need to refer to the term *Division 1, 2, 3* against Registered nurse, Enrolled nurse, and Midwives.

4. Initial registration

4.3 Criminal history checks

Proposal 4.3.1:

RCNA supports Option 4, with the addition 'that these requirements be phased in over time from 1 July 2010'.

6. Registration Decisions

Proposal 6.1.2:

RCNA supports this proposal.

6.2 Who makes Registration decisions?

Proposal 6.2.1:

RCNA questions the need for the inclusion of a lawyer on the committee membership as there may be greater value in obtaining independent and specialised legal advice.

Proposal 6.2.2:

RCNA proposes an additional provision to include powers to remove a person's name from the register in the event of the person's death.

6.3 Professional indemnity insurance

Proposal 6.3.2:

RCNA supports the proposal that there be legislation which enables each national board too have the power to issue a guideline about what constitutes acceptable arrangements for PII for registrants.

6.4 Powers to refuse to grant registration

Proposal 6.4.2:

RCNA suggests "or reinstated" may need to be added to the following sentence "The tribunal would be empowered under the legislation to find that the practitioner's registration has or has not been obtained by fraud, and, if appropriate order that the practitioner's resignation be cancelled or reinstated." These are not cheap actions, and, where possible the fraudulent applicant should cover the Board's costs.

6.5 Refusal process

Proposal 6.5.2:

RCNA supports this proposal as there needs to be a time limit on applicants' rights to seek a review of a refusal of registration. Also, while going to the tribunal for review is acceptable, there should be capacity to go beyond that to the court system as well.

7 Types of registration granted

7.1: General Registration

RCNA supports this proposal, however notes that the term "general" as a type for registration has particular historical meaning of nursing – it implied adult medical surgical, which university courses no longer are, as opposed to psychiatric, paediatric for example. "Comprehensive" is the term more commonly used today. The term of 'general" may cause confusion.

7.2 Specific registration

RCNA agrees that the use of the word "*Specific*" is not ideal and suggests replacing it with "Limited". RCNA suggests that the National Board be enabled to develop guidelines on subtypes in the interest of the public safety.

7.3 Non-practising registration

Proposal 7.3.1:

RCNA notes that it may not be appropriate to have a requirement for a non-practising category. The licence should indicate that the person is fit and competent to practise, not have some sort of practising certificate as well as the licence.

RCNA does not support the Alternative Option.

Proposal 7.3.2:

RCNA notes the difficulties inherent in policing the non-practising requirement. The issue about prosecuting someone who employed someone without the right of practise then becomes important.

7.4 Student registration

Proposal 7.4.1:

RCNA supports this proposal which gives boards the discretion to include or not include a student category of registration.

While the idea of student registration has some appeal, as they are in direct patient contact during clinical placements, RCNA has some caution for this category of registration. Registration or enrolment implies significant knowledge and skills and it is unreasonable to assume that students have this higher level. Thus the wording of this section needs to be particularly clear and specific to accommodate that the level of knowledge and skills of students is between the level of the general population and a qualified registered or enrolled nurse. It is important that 'registered' student nurses are suitably supervised and that it is clear who is held to account for their practice.

7.5 Corporate Registration

RCNA agrees with this proposal

8 Authorities conferred by registration

8.1 Title protection

RCNA acknowledges two separate professions – Nursing and Midwifery.

Proposal 8.1.1

RCNA supports this proposal

9. Renewal of registration and continuing competence

9.1 Background

RCNA supports annual renewal of a practising certificate that includes compulsory documentation and confirmation that the applicant has met competence and fitness to practise requirements. Monitoring would be in the form of an audit of select registrants. As stated in a previous APNMF submission, the National Board must have access to, and control over, sufficient and suitable financial and human resources to allow it to regulate the nursing and midwifery professions appropriately.

9.2 Continuing competence requirements

Proposal 9.2.1:

RCNA supports this proposal but reinforces that the National Board will require access to, and control over, the sufficient human and financial resources to enable the establishment of nationally consistent standards for assessment of continuing competence and the implementation of a monitoring process such as an annual audit of select registrants.

9.3 Annual reporting obligations on registrants

Proposal 9.3.1:

RCNA supports the annual reporting obligations. RCNA notes that at present the submission of workforce data is voluntary and thus compulsory linking to renewal of licence must be given careful consideration to ensure registrants understand this new requirement.

9.4 Monitoring the professional competence of registrants

Powers to issue guidelines about professional standards

Proposal 9.4.2:

RCNA supports the proposal regarding guidelines and that these include that professional codes such as conduct and ethics as well as competency standards for RN, EN, RM and NP are mandatory.

10. Endorsement of registration

10.1 Specialist endorsement

Proposal 10.1.1:

RCNA supports the proposal and recommends the National Board has the capacity to endorse specialties and/or specialist nurses and midwives in the future, providing it is in the best interests of the public and appropriate education qualifications have been completed.

10.2 Endorsement as qualified to prescribe scheduled medicines

Proposal 10.2.1:

RCNA notes that Clause 1.32 of the IGA has omitted midwifery in the sentence “qualified registrants of the nursing and **midwifery** and allied health” and as a consequence is also omitted in **Proposal 10.2.1**. Nursing and midwifery are two separate professions requiring distinctly separate registers and therefore need to be separately described in **Proposal 10.2.1**.

APNMF supports Proposal 10.2.1 in relation to the Enrolled Nurses now allowed to administer medications. APNMF supports a limitation on Enrolled Nurses without qualification in medication administration, rather than an endorsement for those with medication administration qualification.

10.3 Other endorsements on registration

RCNA supports the flexibility of the legislative provisions in relation to endorsements.

Proposal 10.3.1:

RCNA supports this proposal.

11 Other matters

11.1 Duration of registration

Proposal 11.1.1:

RCNA supports that the National Board have the power to determine the renewal date and whether the renewal date should be fixed or staggered.

11.2 Registration certificates

Proposal 11.2.4

RCNA supports this proposal and does not support the Alternative option.

Proposal 11.2.5:

RCNA supports this proposal and rejects the alternative option. RCNA notes that issues arise where nurses undertake casual employment, are highly transient and/or work in more than one job.

11.3 Failure to renew

Proposal 11.3.1

RCNA supports the alternative option as the grace period just artificially extends that closing date for no good purpose. The closing date should however be quite clear.

11.4 Reinstatement to the register

Proposal 11.4.1

RCNA supports the proposal, but suggests that two years may be too long for the set period.

11.5 Removal from the register

Proposal 11.5.1:

RCNA supports the proposal.

12 Transition arrangements

Proposal 12.1

RCNA supports arrangements for transition provisions to the national register.