



Australian
College of
Nursing

Voice of influence

Ms Alyson Smith
Executive Officer
Nursing and Midwifery Board of Australia
AHPRA
GPO Box 9958
Melbourne VIC 3001

nmbafeedback@ahpra.gov.au

Dear Ms  Smith

Re: ACN submission to the draft *Re-entry to practice policy* and associated principles and guidelines consultation

Australian College of Nursing (ACN) welcomes the opportunity to provide feedback on the Nursing and Midwifery Board of Australia's (NMBA) proposed draft *Re-entry to practice policy* and associated principles and guidelines.

ACN is in favour of a nationally consistent approach to re-entry to nursing and midwifery that promotes public safety and workforce flexibility while simultaneously offering nurses of varied backgrounds a smooth and supported transition back into the health workforce. Please find attached ACN's submission.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely



Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

 December 2013



Re-entry to practice - nursing and midwifery

Consultation Submission Template

Submission submitted by: <i>Insert full name & title</i>	Debra Thoms FACN (DFL) Chief Executive Officer
Organisation:	Australian College of Nursing
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Submission type: <i>Personal, on behalf of organisation or group – please specify</i>	Australian College Nursing submission to the draft <i>Re-entry to practice policy</i> and associated principles and guidelines consultation
Can this submission be published on the Nursing and Midwifery Board of Australia website: yes or no	Yes

Nursing and Midwifery Board of Australia

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In your opinion will the National Board's preferred option (option 2) improve current re-entry practises and better support individuals returning to the profession/s, whilst continuing to provide protection to the public?

ACN is in support of Option 2 which could promote a more flexible, timely and appropriate re-entry to practice system for applicants who have the practice foundations to redevelop and update their skills and knowledge without the need to undertake a re-entry to practice program. This has the potential to attract and support the return of many more nurses who, despite very favourable individual qualifications and practice histories, are currently required to undertake costly and time consuming re-entry to practice programs.

By introducing the Supervised Practice pathway (Pathway 1), Option 2 provides a balanced approach to addressing some of the current barriers restricting re-entry to nursing and/or midwifery while maintaining rigorous assessment requirements to protect public safety.

A paid model of re-entry is likely to provide greater incentive for experienced nurses to return to the workforce. This option could provide health service providers with a positive nurse recruitment solution despite financial consequences. However, the model places the financial and supervisory burdens solely on health service providers. ACN is of the view that health services should also have the option of offering unpaid models for Pathways 1 and 2. Unpaid models allows for the sharing of the costs and benefits of re-entry to clinical practice by the health service provider and the re-entry nurse.

Achieving positive outcomes through the adoption of Option 2 will hinge on the effectiveness of both re-entry to practice assessment processes and supervision arrangements, including monitoring and reporting requirements. The introduction of Pathway 1 will present a new challenge for all stakeholders in the re-entry process. Promoting consistent, clear and transparent application of the proposed *Principles for assessing applications for re-entry to practice* and *Supervision guidelines for nursing and midwifery* will be required.

Are there any jurisdiction specific issues relating to this proposal for you or your organisation/group? If so which and why?

Would you suggest any alterations to the suite of re-entry to practice documents? If so which document, what would you alter and why?

In their current forms, the principles of supervision and assessment suggested by the NMBA may not be broad enough as there should be provision for supervised practice for administrative, educational and research roles. The re-entry to practice requirements for nurses intending to work in non-clinical roles are somewhat ambiguous. For example, the *Principles for assessing nursing and midwifery applicants for re-entry to practice* state on page 5, “*Supervised practice must take place in a health setting that provides clinical experience placements for education providers delivering Board-approved programs of study leading to registration as a nurse or midwife.*” It is unclear whether the re-entry requirements apply to nurses seeking re-entry to practice in non-clinical roles. If this re-entry requirement is not inclusive of non-clinical practice, the requirements may not be entirely consistent with the *National competency standards for the registered nurse* or the *NMBA Continuing professional development registration standard*.

The CPD registration standard defines context of practice as, “*the conditions that define an individual’s nursing or midwifery practice. These include the type of practice setting (e.g. healthcare agency, educational organisation, private practice); the location of the practice setting (e.g. urban, rural, remote); the characteristics of patients or clients (e.g. health status, age, learning needs); the focus of nursing and midwifery activities (e.g. health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals ANMC 2009).*”

The inclusion of Case Examples in the *Re-entry to practice policy* and the *Principles for assessing nursing and midwifery applicants for re-entry to practice*

(the Principles) are recommended tools to promote understanding of how the policy will apply on an individual basis. While “Exemplars” are provided on page 3 of the Principles, plain English Case Examples would assist in communicating the application of the principles.

On page 2 of *Supervision guidelines for nursing and midwifery* under the headings 1. *Principles for supervising*, subheading 3. *The type and level of supervision must be matched to*: consideration should be given to including a dot point that supervision should match the clinical setting and the acuity of patients.

On page 3 of *Supervision guidelines for nursing and midwifery* the issue of supervisor availability to the supervisee included in point 6 should be presented as a separate principle for supervision. The principle “*It is critical that supervisors have adequate time for their supervision role.*” may be included as an additional dot point under the heading 1. *Principles for supervising*, on page 2 of the document.

The *Principles for assessing nursing and midwifery applicants for re-entry to practice*, refer to “Plans for future professional practice” as one of the key considerations that underpin re-entry decisions. ACN recommends some further explanation be included that outlines the relevance of this consideration in the context of safety and quality.

The following minor editorial changes are suggested:

- *Principles for assessing nursing and midwifery applicants for re-entry to practice:*
 - Use consistent wording between the last row of the table on page 3 and the wording in Exemplar 3, ... a re-entry to practice pathway within a Board-approved entry to practice program of study leading to initial registration, as identified by a Board-approved education provider – following recognition of the individual’s prior learning
- *Recency of practice/Re-entry to practice Self Assessment Tool:*
 - Point 1 page 1, consider alternative wording to “not really” for example, “not prepared”. “Not really” is ambiguous.
 - Point 2 page 1, “...fully ~~met~~ meet this competency with additional clinical experience...”

<ul style="list-style-type: none">• <i>Supervision guidelines for nursing and midwifery:</i><ul style="list-style-type: none">- Second last dot point under <i>Scope of these supervision guidelines</i> should read, "...or junior nurses and/or midwives..."- Consideration to be given to the following inclusion to the last sentence on page 8: "... require a supervisor to provide a verbal report to the relevant state or territory board or registration committee of the NMBA and the workplace, if there are immediate concerns- Page 9, there may be value in identifying the exact reports being referred to in the follow sentence on page 9, "The supervision formative and summative report..."
<p>General comments:</p>
<p>It is well recognised that currently processes of re-entry, including the educational requirements and associated personal and financial costs, present significant barriers and disincentives for some nurses seeking to re-entry the workforce. ACN is in support of policy measures that seek to make the transition back into the workforce more attractive for nurses who have not been practicing for an extended period of time. A smooth and supportive transition should be offered to all nurses of varied educational and professional backgrounds seeking to re-enter the health workforce.</p>