Consultation on draft revised registration standards and guidelines

28 April 2014

Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to nmbafeedback@ahpra.gov.au by close of business on Monday, 14 July 2014.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

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<thead>
<tr>
<th>Organisation name</th>
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<td>Australian College of Midwives</td>
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<th>Contact information</th>
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<tr>
<td>(please include contact person’s name and email address)</td>
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<tr>
<td>Sarah Stewart</td>
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<tr>
<td>Professional Officer</td>
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<tr>
<td>Australian College of Midwives</td>
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<tr>
<td><a href="mailto:Sarah.Stewart@midwives.org.au">Sarah.Stewart@midwives.org.au</a></td>
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Your responses to consultation questions

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<th>Registration standard: Professional indemnity insurance arrangements</th>
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1. From your perspective how is the current Professional indemnity insurance (PII) arrangements registration standard working?

The current registration standard for PII arrangements appears to be working for employed midwives. However, there appears to be confusion for midwives when they branch into voluntary work, or activities that are additional to their employment such as providing childbirth education, or working as a lactation consultant.
Registration standard: Professional indemnity insurance arrangements

Please provide your responses to any or all questions in the blank boxes below

As for privately practising and eligible midwives, confusion continues around what insurance they are required to have. It may be useful to direct clinicians to other useful resources for more information such as the Australian College of Midwives www.midwives.org.au

2. Is the content of the draft revised Registration standard: PII arrangements helpful, clear, relevant and more workable than the current standard?

Information is more easily understood in the revised document. However, the document reads like a ‘FAQ’ rather than a standard thus making the standard itself unclear. Option 2 makes it clear when insurance is required, especially when midwives work outside their employment brief.

One page 3 of the consultation document under the section “Background the document states “There are 14 National Boards that regulate 14 professions under the National Registration and Accreditation Scheme (the National Scheme)”. This is incorrect because there are 15 professions being regulated by 14 Boards i.e. nursing and midwifery are two professions being regulated by the one Board. Therefore, it is recommended that the PII standard for nurses is separated from that for midwives as with the CPD standard. Not only does this recognise the distinctness of the professions but will give greater clarity, detail and relevance for each profession.

Option 2 also highlights the responsibility that midwives are expected to ensure that they have adequate insurance cover for their individual practice. For employed midwives, this means an expectation to check that the employer is providing adequate insurance. This may be a daunting prospect for most midwives and additional guidance may need to be provided both to midwives as well as employers. The guidance should include the information employers should provide to employees about insurance policies. In particular, the identification of, and transparency about, the circumstances when the acts or omissions of the employee are not covered. This should be provided to employees as part of their conditions of employment and induction into the organisation and disclosed annually.

Point 2 of the section relating to ‘Amount of cover’ is concerning for employed midwives. The majority of midwives would have no idea what amount of cover they would require, or the details of their employers’ insurance. Expecting employed midwives to do a self-assessment and seek advice from insurance companies is unrealistic and onerous. It is recommended that the NMBA work with Health Ministers in requiring public and private health facilities to disclose this information to their employees annually. If this point is mostly aimed at privately practising midwives, then this should be made clear.
### Registration standard: Professional indemnity insurance arrangements

*Please provide your responses to any or all questions in the blank boxes below*

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<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>3. Is there any content that needs to be changed or deleted in the draft revised Registration standard: PII arrangements?</td>
<td>Yes. The standard itself needs to be clearly articulated at the beginning of the document. The summary from the current format is recommended for retention. The information in Option 2 is clear and more fulsome than the present standard, however by using the first person it reads more like a guidance or FAQ document than a registration standard. The Australian College of Midwives recommends that the content is retained but framed up in the third person (as with the current standard) so there is no confusion. Again it is recommended that the PII standard for midwives is separated from that for nurses.</td>
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<td>4. Is there anything missing that needs to be added to the draft revised Registration standard: PII arrangements?</td>
<td>The standard contains information for privately practising midwives who provide home birth services around possible exemptions. The Australian College of Midwives recommends that the standard includes more fulsome explanation about insurance for privately practising midwives and eligible midwives, making it clear what the requirements are. This may be more useful in a supporting guidance document as the information may change.</td>
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<tr>
<td>5. Do you have any other comments on the draft revised Registration standard: PII arrangements?</td>
<td>The ‘definitions’ section is very useful as there are certain terms used in the current standard that need defining, such as civil liability insurance, retroactive cover and run-off cover.</td>
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<td>6. Do you think that the current review period of at least every five years is appropriate or would an alternative period be appropriate e.g. three years, with the option to review earlier if the need arises?</td>
<td>Three years is satisfactory for this standard. However, the option to review earlier should be retained because of the uncertainty of insurance issues for privately practising midwives and potential changes to the conditions relating to the exemption from needing PII for intrapartum care for homebirth services for privately practising midwives. A mechanism to trigger earlier reviews needs to be identified.</td>
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### Registration standard: Continuing professional development for nurses (CPD)

*Please provide your responses to any or all questions in the blank boxes below*

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<td>7. From your perspective how is the current CPD registration standard working?</td>
<td>There is confusion for nurses who also maintain registration as midwives. It is unclear if nurses who are also midwives have to carry out an additional 20 hours CPD, or if they can use appropriate CPD across both registrations. Furthermore, there is confusion about the meaning of “active learning”. Everyone learns in a different way so it is impossible to define what kind of learning happens and when.</td>
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<tr>
<td>8. Is the content of the draft revised Registration standard: CPD helpful, clear, relevant and more workable than the current standard?</td>
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### Registration standard: Continuing professional development for nurses (CPD)

*Please provide your responses to any or all questions in the blank boxes below*

The draft registration standard is clear and easy to understand. The tables highlighting the 'Specific requirements for nurses who hold an endorsement' are very useful. The more endorsements, the more confusing CPD requirements can be.

The information about pro-rata CPD hours would benefit from the addition of 'prior to re-registration' in the opening sentence e.g. 'If you have been registered for a period of less than 12 months prior to renewal of registration, the following pro rata CPD requirements apply'.

On page 16, the heading 'When you apply for registration' requires the addition of the word 'initial' to clarify the difference between initial registration and renewal of registration.

It is useful to have guidance regarding the time period that the NMBA requires nurses to keep records of CPD activities.

The Australian College of Midwives is pleased to see that the confusion around active learning has been addressed by taking it out of the standard.

9. **Is there any content that needs to be changed or deleted in the draft revised Registration standard: CPD?**

   The term “time to time” is used on several occasions. This term is difficult to measure and could mean any time frame. The Australian College of Midwives recommends it is omitted from the registration standard or the timeframes more clearly specified.

   Page 14 – remove mention to students of midwifery

10. **Is there anything missing that needs to be added to the draft revised Registration standard: CPD?**

    No omissions are identified at this time.

11. **Do you have any other comments on the draft revised Registration standard: CPD?**

    The Australian College of Midwives recommends that any additional CPD requirements relating to prescribing should be consistently applied across all health professionals who prescribe. The current standards are unreasonably inconsistent.

12. **Do you think that that the current review period of at least every five years is appropriate or would an alternative period be appropriate e.g. three years, with the option to review earlier if the need arises?**

    5 years is appropriate with an option to review earlier if required. A mechanism to trigger earlier reviews needs to be identified.

### Registration standard: Continuing professional development for midwives (CPD)

*Please provide your responses to any or all questions in the blank boxes below*

13. **From your perspective is the separation of the CPD registration standard useful?**
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<th>Registration standard: Continuing professional development for midwives (CPD)</th>
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The ACM supports the separation of the nursing and midwifery CPD standards. It is essential to separate all nursing and midwifery standards as they are distinct professions with a range of unique circumstances that should be addressed separately. This also avoids confusion for clinicians who may belong to two or more professions. The standards should reference each other where appropriate.

14. **Is the content of the draft revised Registration standard: CPD helpful, clear, relevant and more workable than the current standard?**

The draft registration standard is more helpful than the current standard. However, there are areas requiring more clarity and consistency. It is recommended that this registration standard for midwives be put on hold until completion of the eligible midwives registration standard as there is considerable overlap.

The tables highlighting the ‘Specific requirements for midwives who have a notation or hold an endorsement’ are very confusing and the content is not supported. The scope of practice of an eligible midwife is the same as for all midwives i.e. normal pregnancy, labour and birth and the postnatal period up to 6 weeks after the baby is born. It is unreasonable and illogical to require additional CPD for eligible midwives who have the same scope of practice as a midwife.

The Australian College of Midwives recommends that CPD activities undertaken should be relevant to the context of the midwife’s practice and does not support a requirement for additional CPD for midwives who prescribe. However, should the NMBA believe it remains essential then the Australian College of Midwives recommends that any additional CPD requirements relating to prescribing should be consistently applied across all health professionals who prescribe. The current standards are unreasonably inconsistent.

The information about pro-rata CPD hours would benefit from the addition of ‘prior to re-registration’ in the opening sentence e.g. ‘If you have been registered for a period of less than 12 months prior to renewal of registration, the following pro rata CPD requirements apply’.

On page 19, the heading ‘When you apply for registration’ requires the addition of the word ‘initial’ to clarify the difference between initial registration and renewal of registration.

It is useful to have guidance regarding the time period that the NMBA requires midwives to keep records of CPD activities.

The Australian College of Midwives is pleased to see that the confusion around active learning has been addressed by taking it out of the standard.

15. **Is there any content that needs to be changed or deleted in the draft revised Registration standard: CPD?**

The term “time to time” is used on several occasions. This term is difficult to measure and could mean any time frame. The Australian College of Midwives recommends it is omitted from the registration standard or the timeframes more clearly specified.

Page 18 – remove mention to students of nursing.

Please see recommended changes in Question 14 above.

16. **Is there anything missing that needs to be added to the draft revised Registration standard: CPD?**

There are no omissions identified at this time.
### Registration standard: Continuing professional development for midwives (CPD)

*Please provide your responses to any or all questions in the blank boxes below*

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<tr>
<th>17. Do you have any other comments on the draft revised Registration standard: CPD?</th>
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<tr>
<td>There are assumptions made in this standard that are unsafe. This standard assumes that proposals under consultation or development i.e. the eligible midwives registration standard, the safety and quality framework, the midwifery standards for practice and the model of supervision for privately practising midwives will be supported in their current guise. It is recommended that this standard for midwives be placed on hold until those consultations and developments are finalised.</td>
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<tr>
<th>18. Do you think that the current review period of at least every five years is appropriate or would an alternative period be appropriate e.g. three years, with the option to review earlier if the need arises?</th>
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<tr>
<td>Five years is satisfactory for all of these standards and guidelines. Having the option to review earlier if need be is recommended. A mechanism to trigger earlier reviews needs to be identified.</td>
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### 19. Is the content of the draft guideline on CPD helpful, clear, and relevant?

It is recommended that this guidance is separated for nurses and for midwives as for the registration standard. Again, this provides clarity, minimizes confusion and the documents should reference each other where appropriate. It is agreed that the information is more easily understood in revised document.

### 20. Is there any content that needs to be changed or deleted in the draft guidelines on CPD?

On page 24, the use of the term ‘dual registration’ is unhelpful and not supported. Midwives do belong to more than one other profession and is not uniquely nursing. This section does relate to nursing so should be titled ‘Nursing and midwifery registrations’. This paragraph is recommended to appear in both standards for nurses and for midwives assuming two guidance documents are implemented.

It is recommended that more thought be given to the relevance of the inclusion of ‘mandatory skills’ in CPD as being related to the context of practice and building on professional competence as opposed to requirements of any employee in any setting.

It is very useful to have the guidance for clinicians who hold both a nursing and a midwifery registration about self-assessment, what counts as CPD and how to document that CPD.

On page 25, the research cited in the section “Self Assessment/Self Reflection” is not original research and cannot be easily found in the public space. The Australian College of Midwives recommends that any research quoted in registration standards or guidance is original research and easily accessed in the public space. This enhances the validity and integrity of the standard/guidance.

On page 25, the section on ‘Engagement with the profession’. The ACM supports engagement with the profession and networking as a valuable means of professional learning. However, we feel it is best situated in the section entitled ‘What counts as CPD?’ as an exemplar of CPD eg the midwife should provide evidence of regular participation in her professional association.

Further, the preamble to the section ‘Engagement with the profession’ refers to research without any citation of the reference. This is not best practice and below a standard expected of such important documents. It is recommended all references to research are cited.

### 21. Is there anything missing that needs to be added to the draft revised guidelines on CPD?

It may be useful to add a statement that explains that the use of the term part time also includes midwives who are casual workers.

### 22. Do you have any other comments on the draft revised guidelines on CPD?

‘Self Assessment/Self Reflection’. It would be more helpful to provide additional, practical information and guiding questions about continuous practice improvement/learning needs through reflection on practice. This includes guidance on how reflection should be evidenced, and how learning needs are identified.

On page 26, the ‘Keeping a CPD portfolio’ section refers to a template on the website. It would be more helpful to provide an example template as an attachment within the guideline as well as a website link to the template. The website is not easy to navigate and the template is not a separate Word or PDF document that can be downloaded or printed. It is currently provided in html text which makes it difficult to replicate or copy.
The guidance helpfully provides information about the requirements and inclusions for a CPD portfolio.

The final paragraph of this section is confusing and could be interpreted as contradictory. It is recommended that the guidance draws attention to the template which clinicians may choose to use but is not compulsory.

23. Do you think that the current review period of at least every five years is appropriate or would an alternative period be appropriate e.g. three years, with the option to review earlier if the need arises?

Five years is satisfactory for these standards and guidelines with the option to review earlier. A mechanism to trigger earlier reviews needs to be identified.
24. From your perspective how is the current ROP registration standard working?

The standard is working well for midwives. However, there appears to be a lack of emphasis on the importance of meeting the requirements of this registration standard for those who have long periods of time away on maternity leave during any 5 year period. It would be helpful, in keeping with family friendly practices, to provide information that emphasises this quite clearly given the predominance of women in this workforce.

25. Is the content of the draft revised Registration standard: ROP helpful, clear, relevant and more workable than the current standard?

Overall, Option 2 is more easily understood than current standard.

26. Is there any content that needs to be changed or deleted in the draft revised Registration standard: ROP?

In order to be consistent with the PII and CPD registration standards, the ACM recommends that a separate registration standard for recency of practice is developed for midwives, so that nurses and midwives each have their own registration standard.

Option 2 does not fully describe the consequences for midwives who do not meet the standard as clearly as is set out in the current standard i.e. “Nurses and midwives who are returning to practice after a break of more than five years must satisfactorily complete a program or assessment process that is approved by the Board”. The intention for this change to less specific directions is not understood but is welcome if a more flexible approach is planned. Midwives should not be left uninformed about such requirements if the standard is not met.

It is recommended that the NMBA works with Health Ministers in requiring public and private health facilities to enable completion of programs or processes as may be required by the NMBA for midwives who may not be their employees.

On page 31, under the heading of “Does this standard apply to me?” it is stated that this standard does not apply to recent graduates or students of nursing or midwifery. As this standard does not come into effect until 5 years following initial registration, the reference to recent graduates is redundant and should be removed.

Furthermore, the format of this section is slightly different to the same section in the PII (page 7) and CPD (page 14) registration standards. Information about who the standard does NOT apply is included in the list of who it applies to in the PII and CPD standards, whereas in the recency standard, the information about who the standard does not apply to is outside the list. The ACM recommends that the format is kept consistent across all three standards.

27. Is there anything missing that needs to be added to the draft revised Registration standard: ROP?

No omissions are identified at this time.

28. Do you have any other comments on the draft revised Registration standard: ROP?

No other comments at this time.

29. Do you think that that the current review period of at least every five years is appropriate or would an alternative period be appropriate e.g. three years, with the option to review earlier if the need arises?
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<th><strong>Registration standard: Recency of practice (ROP)</strong></th>
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Five years is satisfactory for this standard with an option for an earlier review if required. A mechanism to trigger earlier reviews needs to be identified.

30. **Do you think that 450 hours of practice over five years is reasonable?**

It would be helpful, in keeping with family friendly practices, to provide information that emphasises the importance of meeting the registration standard for midwives who may have extended maternity leave given the predominance of women in this workforce.

31. **Is two years an appropriate period for the definition of recent graduate in the context of the nursing and midwifery professions?**

No. On page 31, under the heading of “Does this standard apply to me?” it is stated that this standard does not apply to recent graduates or students of nursing or midwifery. As this standard does not come into effect until 5 years following initial registration, the reference to recent graduates is redundant and should be removed.