

## Public consultation

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May 2014

Consultation on registration standards and guideline:

Continuing professional development

Recency of practice

Professional indemnity insurance

Continuing professional development guideline

**Please provide feedback in a word<sup>1</sup> document by email to [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au) by close of business on 14 July 2014.**

### Public consultation

The Nursing and Midwifery Board of Australia (the Board) is releasing the attached consultation paper on the review of the following registration standards:

- Continuing professional development
- Recency of practice
- Professional indemnity insurance

You are invited to provide feedback on the consultation paper.

### How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at its discretion, and will not put on its website, or make available to the public, submissions that contain offensive or defamatory comments or comments that are outside the scope of the consultation.

Before publication the Board will remove personally identify information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Boards.

The Boards also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.

Please let the Boards know if you do not want your submission published, or want all or part of it treated as confidential.

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<sup>1</sup> You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file. However, we request that you do supply a text or Word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available on the AHPRA website

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# Overview of consultation

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May 2014

Registration standards:

Professional indemnity insurance

Continuing professional development

Recency of practice

## Summary

### Purpose of the proposal

1. The Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory requires National Boards to develop registration standards about five matters, including the:
  - requirements for professional indemnity insurance arrangements for registered health practitioners registered in the profession;
  - requirements for continuing professional development for registered health practitioners registered in the profession;
  - requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession.
2. The first 10 National Boards to regulate registered health professions under the National Registration and Accreditation Scheme (the National Scheme) developed registration standards that were approved by the Australian Health Workforce Ministerial Council and took effect on 1 July 2010. These standards were scheduled for review at least every three years, in keeping with good regulatory practice.
3. The Board is inviting general comments on its draft revised registration standards and guideline. There is an overview before each proposed draft that explains the proposed changes. There are also specific questions about the registration standards in this consultation paper which you may wish to address in your response.
4. Under section 39 of the National Law, a National Board may develop and approve codes and guidelines to provide guidance to the health practitioners it registers and about other matters relevant to the exercise of its functions. The Nursing and Midwifery Board of Australia has developed a guideline document to accompany its continuing professional development registration standard. This guideline document is included in the consultation document and the Board seeks feedback on the content as well as feedback on the content of the registration standards.
5. The Board will consider the consultation feedback on the draft revised registration standards and guideline before finalising them for approval by the Australian Health Workforce Ministerial Council. .

## Background

6. There are 14 National Boards that regulate 14 professions under the National Registration and Accreditation Scheme (the National Scheme). Ten professions were regulated nationally under the National Scheme from 1 July 2010, and a further four professions became nationally regulated from 2012:
  - Aboriginal and Torres Strait Islander Health Practice Board of Australia (from 1 July 2012)
  - Chinese Medicine Board of Australia (from 1 July 2012)
  - Chiropractic Board of Australia
  - Dental Board of Australia
  - Medical Board of Australia
  - Nursing and Midwifery Board of Australia

- Medical Radiation Practice Board of Australia (from 1 July 2012)
  - Occupational Therapy Board of Australia (from on 1 July 2012)
  - Optometry Board of Australia
  - Osteopathy Board of Australia
  - Pharmacy Board of Australia
  - Physiotherapy Board of Australia
  - Podiatry Board of Australia, and
  - Psychology Board of Australia.
7. The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the National Boards to implement the requirements of the National Scheme, which has public safety at its heart. Further information is available at [www.ahpra.gov.au](http://www.ahpra.gov.au).

## Overview

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May 2013

### Review of *Professional indemnity insurance registration standard*

#### Summary of issue

8. The National Law requires the Board to develop a professional indemnity insurance registration standard about the requirements for professional indemnity insurance arrangements for registered health practitioners registered in the profession.
9. Section 129 of the National Law provides that a registered health practitioner must not practise unless they have appropriate professional indemnity insurance arrangements in place.
10. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have not practised the health profession during the preceding period of registration without appropriate professional indemnity insurance arrangements being in place in relation to the applicant. It also requires the practitioner to declare that if their registration is renewed, that they will not practise without appropriate professional indemnity insurance arrangements being in place in relation to the applicant. Section 130 (3)(iii) requires a registered health practitioner within 7 days to notify the the National Board that appropriate professional indemnity insurance arrangements are no longer in palce in relation to the practitioner's practice of the profession.
11. The Board's initial Professional indemnity insurance arrangements registration standard required registered nurses and midwives to ensure that they has appropriate professional indemnity insurance arrangements. The Board is reviewing its standard to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

#### Options statement – professional indemnity insurance

12. The Boards have considered a number of options in developing this proposal.

##### Option 1 – Status quo

13. Option 1 would continue with the existing registration standard. The registration standard establishes the Board's requirements for professional indemnity insurance arrangements. The Board has identified a range of issues with the current standard, including the ability to clarify the language and structure to make it easier to understand.

##### Option 2 – Proposed revised standard

14. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for professional indemnity insurance arrangements, with some changes to the requirement for self assessment. The revised standard has clearer wording and structure to make it easier to understand.

##### Preferred option

15. The Board prefers Option 2.

## Issues for discussion

### Potential benefits and costs of the proposal

16. The benefits of the preferred option are that the draft revised standard:

- is more flexible and user-friendly
- has been reworded to be simpler and clearer.

17. The costs of the preferred option are:

- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard
- there will likely need to be a period of transition to the proposed revised standard, if approved.

### Estimated impacts of the draft revised registration standards

18. The changes proposed in the draft revised registrations are relatively small, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

## Relevant sections of the National Law

Section 38

Section 109

Section 129

Section 130, and

Section 284

### Questions for consideration

19. The Board is inviting feedback on the following questions.

- From your perspective, how is the current registration standard working?
- Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- Is there any content that needs to be changed or deleted in the revised draft registration standard?
- Is there anything missing that needs to be added to the revised draft registration standard?
- Do you have any other comments on the revised registration draft standard?

## Attachments

20. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 1](#).

21. The current professional indemnity insurance registration standard is published on the Board's website, accessible from [www.nursingmidwiferyboard.gov.au/registration-standards.aspx](http://www.nursingmidwiferyboard.gov.au/registration-standards.aspx).

## Registration standard: Professional indemnity insurance arrangements

Effective from: <<date>>

Review date: <<date>>

This registration standard explains the Nursing and Midwifery Board of Australia's (National Board) requirements for professional indemnity insurance (PII) arrangements under the National Law.

### Does this standard apply to me?

This standard applies to all enrolled nurses, registered nurses, nurse practitioners, midwives and eligible midwives except those with non-practising registration.

This standard does not apply to students of nursing or midwifery.

### What must I do?

1. When you practise as a nurse and/or a midwife, you must be covered by either your own or third party PII arrangements that meet this standard and provides:
  - a. for all aspects of your practice
  - b. cover for all locations where you practise
  - c. cover for you whether you are working in the private sector, non-government sector and/or public sector, and
  - d. cover for you whether you are practising full time, part time, self-employed, employed, or in an unpaid or voluntary capacity.
2. Your PII cover must include:
  - a. civil liability cover
  - b. unlimited retroactive cover
  - c. automatic reinstatement, and
  - d. run-off cover

**or**

  - e. the equivalent of 2a to 2d above under employer-based PII arrangements, such as self-insurance by public sector employers or occurrence based cover.

3. If you are covered by a third party PII arrangement, you must ensure that the third party PII arrangement meets this standard.

Should the third party PII arrangement not meet this standard, you must take out additional cover to ensure this standard is met, and

Should any area of your practice specifically be precluded from your third party PII arrangement, you must not practise in that area.

4. If your PII arrangements are provided by your employer, and you intend to practise outside your stated employment, you must have individual PII arrangements in place to cover that practice, including practising as a volunteer unless you are already or separately covered in that capacity e.g. by the volunteering organisation. This includes undertaking practical components of continuing professional development.
5. If you take out your own PII insurance arrangements you must do so with a reputable insurer regulated by the Australian Prudential Regulation Agency

#### Amount of cover

1. This standard does not specify a minimum amount of cover that you must hold.
2. You are expected to conduct a self-assessment and seek expert insurance advice (such as from your insurer) to ensure that you have appropriate cover for your individual practice and the risks involved.

Factors that you should consider include:

- a. your practice setting and the type of services and care you deliver
- b. the patient or client groups involved
- c. the volume of patients or clients to whom treatment, advice, guidance or care is provided
- d. current employment status
- e. previous history of insurance claims and the type of claim made against you in the past, if any
- f. your experience in the practice of the profession, and
- g. any advice from professional indemnity insurers, professional associations and industrial organisations, including advice about the history and volume of professional liability claims experience by other members of the profession, and
- h. any advice from an insurance broker or insurer.

#### Are there exemptions to this standard?

The National Law requires you to have appropriate professional indemnity insurance arrangements in place when you practise as a nurse and/or a midwife.

If you are a privately practising midwife providing homebirth services you may be eligible for an exemption from holding PII arrangements for intrapartum care under section 284 of the National Law.

#### What does this mean for me?

The National Law provides that a registered health practitioner must not practise his/her profession unless appropriate professional indemnity insurance arrangements are in force in relation to the health practitioner's practice of the profession (s.129).

## When you apply for registration

When you apply for registration as a nurse and/or a midwife you must declare that you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard. This is a requirement under the National Law.

## At renewal of registration

You will be required to declare annually at renewal that:

1. during the preceding period of registration, you practised the profession in accordance with the requirements of the National Board's PII arrangements registration standard, and
2. you will not practise the profession unless you have professional indemnity insurance arrangements in place that are consistent with this standard.

## During the registration period

1. You must notify the National Board within 7 days if you no longer have appropriate professional indemnity arrangements in place in relation to your practice that meets the requirements of this standard (s. 130).
2. Your compliance with this standard may be audited from time to time and may also be checked if the National Board receives a notification about you.

## Evidence

The National Board may, at any time, require you to provide evidence that you have appropriate professional indemnity insurance arrangements in place.

If you hold private insurance in your own name, you must retain documentary evidence of this insurance.

If you are covered by a third party insurance arrangement, you are not required to obtain documentary evidence of the insurance policy unless the National Board requests it, however, there may be circumstances when you will be required to seek the documentation from that third party. If requested by the National Board, you must provide a certified copy of the certificate of currency or a letter from the third party declaring that you are covered.

## What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including:

- the National Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration when you don't meet a requirement in an approved registration standard for nursing and/or midwifery (sections 82 and 112 of the National Law)
- practising without appropriate PII arrangements, or failing to notify the National Board within seven days that appropriate PII arrangements are no longer in place, is not an offence but may be behaviour for which health, conduct or performance action may be taken (section 129 and 130 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice for nursing and/or midwifery (section 41 of the National Law).

## PII arrangements guideline for enrolled nurses, registered nurses and nurse practitioners

The PII arrangements guidelines for enrolled nurses, registered nurses and nurse practitioners provide more explanation about how to meet this standard. Enrolled nurses, registered nurses and nurse practitioners are expected to apply the guidelines together with this registration standard.

## PII arrangements guideline for registered midwives

The PII arrangements guidelines for midwives provide more explanation about how to meet this standard. Midwives are expected to apply the guidelines together with this registration standard.

### Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

### Definitions

**Automatic reinstatement** is a provision in policies which allows for the limit of indemnity (amount insured) to be reinstated for new, unrelated claims, after one or more claims has been paid to the limit of the indemnity.

**Civil liability insurance** means insurance that covers the costs of liability incurred by the insured arising from civil claims seeking compensation for personal injury, harm or loss incurred, where the claim arises directly from an alleged act, error or omission committed in the conduct of the practitioner's practice or professional business during the policy period. Civil liability cover includes cover for legal expenses incurred in defence or settlement of a civil claim and for damages payable.

**Claims made policy** means a policy that is in place at the time the claim is made, or when the circumstances that gave rise to the claim were notified to the insurer with prior events covered by continuity of cover, retroactive clauses, and/or run-off cover, whichever is applicable in the circumstances.

**Exemption for midwives practising private midwifery** means under section 284 of the National Law a midwife who practices private midwifery may be exempt from the requirement for PII arrangements for intrapartum care. Midwives practising private midwifery must refer to the National Board guideline on PII arrangements for midwives.

**Occurrence-based policy** means a policy that is in place when the event which is the subject of the claim occurred, even if the policy has not been renewed.

**Nurse** includes enrolled nurse registered nurse, nurse practitioner and any registered nurse with a scheduled medicines endorsement.

**Practice** means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purpose of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

**Professional indemnity insurance arrangements** means arrangements that secure for the practitioner's professional practice insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

**Retroactive cover** means PII arrangements which cover the insured against claims arising out of or in consequence of activities that were undertaken in the course of the practitioner's professional practice, prior to the date of the commencement of the insurance.

**Run-off cover** means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when he/she was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.

**Third party cover** means the cover that an individual holds through a third party's insurance arrangement, such as through an employer, education provider or union.

### Review

This registration standard will be reviewed at least every three/four/five years

This standard replaces the previously published registration standard from 10 January 2012

## Overview

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October 2013

### Review of *Continuing professional development registration standard*

#### Summary of issue

22. The National Law requires the Board to develop a registration standard about the requirements for continuing professional development (CPD) for registered health practitioners registered in the profession. The registration standard is part of the regulatory framework for the nursing and midwifery professions.
23. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the continuing professional development required by the relevant National Board in the previous registration period.
24. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have completed the continuing professional development required by an approved registration standard to undertake during the applicant's preceding period of registration.
25. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
26. The Board in conjunction with the other National Boards who are reviewing their CPD registration standards commissioned a review of the literature on the effectiveness of CPD. The Board has taken this information into account in its review of the registration standard.
27. As the available evidence does not provide definitive answers to issues such as the most effective amount and types of continuing professional development so the Board has also considered its experience with the standard over the past three years. The National Boards and AHPRA will continue to monitor developments in this area to inform the Board's standard.
28. As registered nurses and midwives are able to hold endorsements under the National Law, there are slightly different CPD requirements for enrolled nurses, registered nurses, nurse practitioners and midwives. In order to provide clarity about these requirements the Board has separated the current CPD registration standard into two CPD registration standards; one for enrolled nurses, registered nurses and nurse practitioners and one for midwives.
29. The Board has developed a CPD guideline for registered nurses and midwives, this guideline provides further detail about meeting the CPD requirements and is provided below.

#### Options statement – *Continuing professional development registration standard*

The Boards have considered a number of options in developing this proposal.

##### Option 1 – Status quo

30. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for continuing professional development under the National Law. However, the Board has now identified a range of opportunities to improve the current standard, including the ability to clarify the language and structure to make it easier to understand.

##### Option 2 – Proposed revised standard

31. Option 2 would involve the Board submitting the revised registration standards to the Ministerial Council for approval. The registration standards would continue to establish the Board's requirements for continuing professional development for registered nurses and midwives. The revised standard includes information about pro-rata CPD and has clearer wording and structure to make it easier to understand.

## Preferred option

32. The Board prefers Option 2.

## Issues for discussion

### Potential benefits and costs of the proposal

33. The benefits of the preferred option are that the draft revised standard:

- is more flexible and user-friendly
- strikes a better balance between protecting the public and impact on applicants
- has been reworded to be simpler and clearer.

34. The costs of the preferred option are:

- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard
- there will probably need to be a period of transition to the proposed revised standard, if approved.

### Estimated impacts of the draft revised registration standards

35. The changes proposed in the draft revised registrations are relatively small, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

## Relevant sections of the National Law

Section 38

Section 109

Section 128

## Questions for consideration

36. The Board is inviting feedback on the following questions.

- From your perspective, how is the current registration standard working?
- Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- Is there any content that needs to be changed or deleted in the revised draft registration standard?
- Is there anything missing that needs to be added to the revised draft registration standard?
- Do you have any other comments on the revised registration draft standard?

## Attachments

37. The proposed revised *Continuing professional development arrangements registration standard for enrolled nurses, registered nurses and nurse practitioners* is and the *continuing professional development registration standard for midwives* are below.

38. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 1](#).

39. The current continuing professional development registration standard is published on the Boards website, accessible from [www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx](http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx).

## Registration standard: Continuing professional development for enrolled nurses, registered nurses and nurse practitioners

**Effective from:** <<date>>

**Review date:** <<date>>

This registration standard sets out the Nursing and Midwifery Board of Australia's (National Board) minimum requirements for continuing professional development (CPD) for enrolled nurses and registered nurses.

### Does this standard apply to me?

This standard applies to all enrolled nurses and registered nurses except those with non-practising registration.

This standard does not apply to students of nursing or midwifery.

The standard applies equally to nurses who work either full time or part time in paid or unpaid practice.

### What must I do?

To meet this registration standard, you must complete a minimum of 20 hours of CPD per registration period.

If you have held registration for less than 12 months, pro rata CPD hours apply. See *More information* on page 2.

### Specific requirements for nurses who hold an endorsement

If you are a registered nurse who has an endorsement as a nurse practitioner or holds an endorsement for scheduled medicines, you must complete additional CPD requirements. These are described in the table below.

<b>Nurses</b>	<b>Additional CPD requirements</b>	<b>Total additional CPD hours</b>	<b>Total CPD hours</b>
Nurse practitioner i.e. Registered nurse with endorsement	Registered nurse - 20 hours Nurse practitioner endorsement - 10 additional hours relating to prescribing and administration of medicines, diagnostic investigations, consultation and referral	10 hours	30 hours
Registered nurse with scheduled medicines endorsement	Registered nurse - 20 hours Scheduled medicines -10 additional hours relating to obtaining, supplying and administration of scheduled medicines	10 hours	30 hours

### Specific requirements for nurses who are also midwives

If you are registered as either an enrolled nurse or a registered nurse and a midwife, you must also meet the requirements of the National Board's CPD registration standard for midwives. This means that you are required to complete the CPD requirements for each profession.

If your CPD activities are relevant to both the nursing profession and the midwifery profession, you may count those activities as evidence for both nursing and midwifery CPD hours.

### Pro rata CPD requirements

If you have been registered for a period of less than 12 months the following pro-rata CPD requirements apply.

Months registration has been held	Pro rata CPD hours that must be completed
0 - 3 months	≥ 5 hours
>3 - 6 months	≥ 10 hours
>6 - 9 months	≥ 15 hours
> 9 - 12 months	≥ 20 hours

If you have an endorsement for a period of less than 12 months the following additional pro-rata CPD requirements apply.

Months endorsement has been held	Additional Pro rata CPD hours that must be completed
0 - 3 months	≥ 2.5 hours
> 3 - 6 months	≥ 5 hours
> 6 - 9 months	≥ 7.5 hours
> 9 - 12 months	≥ 10 hours

### Are there exemptions to this standard?

The National Board may grant an exemption to this standard in exceptional circumstances, such as serious illness or bereavement, that result in a substantial absence from practice.

The National Board's CPD guidelines and relevant policies under *Codes, guidelines and statements* on the National Board website provide further guidance.

## What does this mean for me?

### When you apply for registration

You don't need to meet this registration standard when you apply for registration in Australia as an enrolled nurse or a registered nurse.

### At renewal

When you apply to renew your registration, you are required to declare whether you comply with this standard.

### During the registration period

Your compliance with this standard may be audited from time to time and may also be checked if the National Board receives a notification about you.

### Evidence

You should retain records as evidence that you meet the CPD requirements for 5 years in case you are audited.

### CPD obligations for other reasons

If you have a condition or undertaking to complete further education imposed on you by the National Board, a panel or tribunal, this cannot be counted towards the CPD required under this registration standard.

Where there is compelling evidence for public safety, the National Board may, from time to time, prescribe CPD activities for enrolled nurses and registered nurses.

## What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the National Board can impose a condition or conditions on your registration or can refuse an application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)
- a failure to undertake the CPD required by this standard is not an offence but may be behaviour for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for enrolled nurses and registered nurses (section 41 of the National Law).

## Continuing professional development guidelines and policies

The National Board's CPD guidelines and relevant policies provide more explanation about how to meet this standard. Enrolled nurses and registered nurses are expected to apply the guidelines together with this registration standard.

## Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

## Definitions

**Continuing professional development** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

**Nurses** includes enrolled nurses, registered nurses, nurse practitioners, registered nurses with a scheduled medicines endorsement and enrolled nurses and registered nurses with a notation.

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

**Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

## Review

This standard will be reviewed from time to time as required. This will generally be at least every three/four/five years.

This standard replaces the previously published registration standard from 1 July 2010

## Registration standard: Continuing professional development for midwives

**Effective from:** <<date>>

**Review date:** <<date>>

This registration standard sets out the Nursing and Midwifery Board of Australia's (National Board) minimum requirements for continuing professional development (CPD) for midwives.

### Does this standard apply to me?

This standard applies to all midwives except those with a non-practising registration.

This standard does not apply to students of nursing or midwifery.

The standard applies equally to midwives who work either full time or part time in paid or unpaid practice.

### What must I do?

To meet this registration standard, you must complete a minimum of 20 hours of CPD per year.

If you have held registration for less than 12 months, pro rata CPD hours apply. See *More information* on page 2.

### Specific requirements for midwives who have a notation or hold an endorsement

If you have a notation as an eligible midwife or hold an endorsement as an eligible midwife to prescribe scheduled medicines, you must complete additional CPD requirements. These are described in the table below.

Midwives	Additional CPD requirements	Total additional CPD hours	Total CPD hours
Eligible midwife i.e. Midwife with notation	Midwife - 20 hours  Notation -20 additional hours relevant to the context of practice and across the continuum of midwifery care	20 hours	40 hours
Endorsed eligible midwife (scheduled medicines) i.e. Eligible midwife with endorsement	Midwife - 20 hours  Endorsement - 20 additional hours (i.e..10 hours relevant to context of practice and across the continuum of midwifery care and 10 hours relating to prescribing and administration of medicines, diagnostic investigations, consultation and referral).	20 hours	40 hours

## Specific requirements for midwives who are also nurses

If you are registered as both a midwife as well as an enrolled nurse or registered nurse, you must also meet the requirements of the National Board's CPD registration standard for enrolled nurses and registered nurses. This means that you are required to complete the CPD requirements for each profession.

If your CPD activities are relevant to both the nursing profession and the midwifery profession, you may count those activities as evidence for both nursing and midwifery CPD hours.

### Pro rata CPD requirements

If you have been registered for a period of less than 12 months, the following pro rata CPD requirements apply to you.

Months registration has been held	Pro rata CPD hours that must be completed
0 - 3 months	≥ 5 hours
> 3 - 6 months	≥ 10 hours
> 6 - 9 months	≥ 15 hours
> 9 - 12 months	≥ 20 hours

If you have a notation or an endorsement for a period of less than 12 months the following additional pro-rata CPD requirements apply.

Months endorsement has been held	Additional Pro rata CPD hours that must be completed
0 - 3 months	≥ 5 hours
> 3 - 6 months	≥ 10 hours
> 6 - 9 months	≥ 15 hours
> 9 - 12 months	≥ 20 hours

### Are there exemptions to this standard?

The National Board may grant an exemption or variation from this standard in exceptional circumstances, such as serious illness or bereavement that results in a substantial absence from practice.

The National Board's CPD guidelines and relevant policies under *Codes, guidelines and statements* on the National Board website provide further guidance.

### What does this mean for me?

#### When you apply for registration

You don't need to meet this registration standard when you apply for registration in Australia for as a midwife.

#### At renewal

When you apply to renew your registration, you are required to declare whether you comply with this standard.

#### During the registration period

Your compliance with this standard may be audited from time to time and may also be checked if the National Board receives a notification about you.

### Evidence

You should retain records as evidence that you meet the CPD requirements for 5 years in case you are audited.

### CPD obligations for other reasons

If you have a condition or undertaking to complete further education imposed on you by the National Board, a panel or tribunal, this cannot be counted towards the CPD required under this registration standard.

Where there is compelling evidence for public safety the National Board may, from time to time, prescribe additional CPD activities for midwives.

### What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the National Board can impose a condition or conditions on your registration or can refuse an application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)
- a failure to undertake the CPD required by this standard is not an offence but may be behaviour for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for the nursing profession and the midwifery profession (section 41 of the National Law).

### Continuing professional development guidelines and policies

The National Board's CPD guidelines and relevant policies provide more explanation about how to meet this standard. Midwives are expected to apply these guidelines together with this registration standard.

### Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

### Definitions

**Continuing professional development** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

**Midwife** includes midwives with a notation as an eligible midwife, midwives with a scheduled medicines endorsement and midwife practitioners.

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

**Scope of practice** means the professional role and services that a individual health practitioner is educated and competent to perform.

## Review

This standard will be reviewed from time to time as required. This will generally be at least every three/four/five years.

This standard replaces the previously published registration standard from 1 July 2010.

## Guideline: continuing professional development

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September 2013

This guideline has been developed by the Nursing and Midwifery Board of Australia (the National Board) under Section 39 of the Health Practitioner Regulation National Law (the National Law). The guideline supplement the requirements set out in the Board's *Continuing Professional Development (CPD) registration standard*. The relevant sections of the National Law are attached.

### Who needs to use the guideline?

The guideline is relevant to and provides direction for:

- registered and enrolled nurses,
- registered nurses endorsed as nurse practitioners,
- registered nurse with scheduled medicine endorsement
- registered midwives
- registered midwives with eligibility (midwife with notation)
- endorsed eligible midwives (scheduled medicines), and
- employers

about the requirements for continuing professional development under the National Law.

### Summary

The guideline expands on the requirements of nurses and/or midwives for CPD set out in the National Board CPD registration standard. The guideline explains the types of activities that qualify as CPD and the reflective practice required during the CPD process.

### Background

The aim of continuing professional development is to enable nurses and midwives to maintain, improve and broaden their professional knowledge, expertise and competence to meet their obligation to provide ethical, effective, safe and competent practice. Research about CPD shows that engaging others in CPD planning results in positive learning outcomes and practice change. The National Board *CPD registration standard* outlines the specific requirements for the nursing and midwifery profession. This guideline informs and places context to the registration standard. All nurses and midwives must familiarise themselves with the requirements outlined in the registration standard.

### Scope of these CPD Guidelines

Under National Law CPD requirements apply to all practising nurses and midwives. The requirement for CPD **does not** apply to those registered as:

- Students enrolled in an entry-level nursing or midwifery program (training for registration)
- Non-practising registrants.

## How much CPD is required each year?

The *CPD registration standard* specifies that all nurses and midwives are required to complete a minimum of 20 hours of CPD each year.

A CPD year commences on the first day of the renewal period and ends on the last day of the renewal period (1 June – May 31).

There are **additional CPD requirements** for the following groups:

- Registered midwives who have a notation as an eligible midwife
- Registered midwives who hold an endorsement for scheduled medicines
- Registered nurses who hold a nurse practitioner endorsement
- Registered nurses who hold an endorsement for scheduled medicines

**Table 1**

Practitioner	Minimum amount of CPD needed	Total CPD hours needed
Eligible midwife (Midwife with notation)	20 hours for midwifery registration  <i>plus</i>  20 hours relevant to the context of practice and across the continuum of midwifery care for notation	40 hours
Endorsed eligible midwife (scheduled medicines) (Eligible midwife with endorsement)	20 hours for midwifery registration  <i>plus</i>  20 hours for Endorsement (e.g. 10 hours relating to continuum of midwifery care and 10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral).	40 hours
Nurse practitioner (Registered nurse with endorsement)	20 hours for nursing registration  <i>plus</i>  10 hours for Nurse practitioner endorsement - relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral	30 hours
Registered nurse with scheduled medicines endorsement	20 hours for nursing registration  <i>plus</i>  Scheduled medicines -10 hours	30 hours

### CPD for part-time nurses and midwives

Where a nurse and/or midwife works part-time, all CPD requirements apply as outlined in the above table (Table 1) and the *CPD registration standard*.

## Dual Registration

Where a registrant is registered as both an enrolled nurse and a midwife or a registered nurse and a midwife they are required to complete CPD for each profession - 40 hours.

If the CPD activities are relevant to both the nursing and midwifery professions, activities may count as evidence for both nursing and midwifery CPD hours (e.g. cardio-pulmonary resuscitation mandatory training and assessment).

Participation in mandatory skills acquisition may be counted as CPD if it is related to the context of practice and builds on competence.

### Pro rata CPD

Where a nurse or midwife registers part-way through a registration period, pro rata CPD requirements will apply as outlined below (Table 2) and in the *CPD registration standard*. Practitioners holding dual registration will require pro rata CPD hours for both professions.

**Table 2**

<b>Months registration has been held</b>	<b>CPD Hours</b>
0-3 months	≥ 5 hours
3-6 months	≥ 10 hours
6-9 months	≥ 15 hours
9-12 months	≥ 20 hours

Where a nurse and/or midwife is endorsed part way through a registration period pro rata CPD requirements will apply as outlined below (Table 3) and in the *CPD registration standard* **Table 3**

<b>Months endorsement has been held</b>	<b>Additional Pro rata CPD hours that must be completed</b>
0 - 3 months	≥ 5 hours
> 3 - 6 months	≥ 10 hours
> 6 - 9 months	≥ 15 hours
> 9 - 12 months	≥ 20 hours

### Declaration at registration renewal

Nurses and midwives will be required to make a declaration that they are complying with CPD requirements when renewing registration annually.

## Continuing Professional Development Activities

The learning activities of nurses and midwives may be broad and varied to enable registrants the ability to maintain, improve and broaden their professional knowledge, expertise and competence to meet their obligation to provide ethical, effective, safe and competent practice.

### Self Assessment/Self Reflection

It is acknowledged that self assessment is at the 'cornerstone of continuing professional development' (Bagnall et al cited in Tivey et al 2012). To identify required CPD or learning activities nurses and midwives are encouraged to undertake a period of self reflection, with the aim to establish any knowledge or practice deficits. The Board recognises reflection as a tool to assist registrants to plan their learning needs, opportunities and activities that will enhance the nurse and/or midwives practice.

Registrants are also encouraged to refer to their professions national competency standards<sup>2</sup> as a guide to aid in practice reflection and the self assessment of learning needs.

Nurses and midwives are encouraged to engage in reflective practice during the registration year as a way of enhancing the process of CPD and continuous learning.

### Engagement with the Profession

Research has found that engagement with the profession or professional networking can further enhance individual development and reflection. It also contributes to competence and quality within the wider profession and health sector. Registrants are encouraged to engage others such as a peer, mentor or supervisor during practice reflection for support and guidance.

When practitioners engage other professionals in their CPD activities their learning and connection to the profession is enhanced. Examples of engagement with the profession include; participating in professional forums to broaden knowledge and improve practice, contributing to professional associations to build productive links with the profession and attendance at conferences.

### What counts as CPD?

The Board recognises that people learn in different ways. Accordingly, CPD may include formal and informal learning activities.. Accordingly, participation in certain professional activities can also contribute to meeting CPD requirements.

Continuing professional development activities must be relevant to the practitioner's area of professional practice, and have clear aims and objectives that meet the individual's self assessed requirements.

The type of learning activities selected may be broad and varied. Registrants are encouraged to consider the combined use of multimedia and multiple instruction techniques. Possible examples may include, but are not limited to:

Post-graduate studies	Interactive E-learning activities
Simulation training	Participating in journal clubs
Completing training courses	In-service education
Attending conferences, workshops & seminars	Annual competency assessment e.g. CPR
Authoring a book chapter	Having an article published in a peer review journal

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<sup>2</sup> Competency Standards are located at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

## Evidence of continuing professional development

### Keeping a CPD portfolio

Nurses and midwives must keep written documentation of their CPD that demonstrates evidence of completion of their minimum number of CPD each year (see Table 1).

Documentation of self-directed CPD must include:

- dates,
- a brief description of the outcomes, and
- the number of hours spent in each activity.

All evidence should be verified. It must demonstrate that the nurse or midwife has:

- identified and prioritised their learning needs, based on their self-reflection and evaluation of their practice against the relevant competency or professional practice standards
- developed a learning plan based on identified learning needs
- participated in effective learning activities appropriate to their learning needs; and
- reflected on the value of the learning activities or the effect that participation will have on their practice.

The format of this documentation is not defined by the National Board and may take many forms. It is suggested that nurses and midwives use the [CPD template for nurses and midwives<sup>3</sup>](#) as a guide in formulating a CPD record. Nurses and midwives may also choose to use this template without change.

### Compliance

Each year nurses and midwives will receive an application for renewal. On the renewal form registrants will be asked to make a declaration as to whether he/she has complied with the CPD requirements or not.

The Board will ask for his/her CPD records if selected for an audit or the Board may ask a registrant to provide the CPD records if it considers it necessary.

The Board may undertake health; conduct or performance action if it finds that a nurse and/or midwife has not complied with CPD requirements.

### Auditing

The Board conducts an annual audit of CPD compliance by selecting a percentage of nurses and/or midwives to submit evidence of their CPD activities. The Board will use a random selection process to identify which nurses and/or midwives will be involved in the CPD audit process.

The Board may also require specific nurses and/or midwives to submit CPD evidence as part of conditions of registration or in relation to an investigation of a complaint or concern.

The Board may request evidence of CPD compliance during an application process e.g. Nurse Practitioner.

### Definition

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<sup>3</sup> Templates are located at [nursingmidwiferyboard.gov.au](http://nursingmidwiferyboard.gov.au)

**Continuing professional development** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

**Reflective practice** is the means by which members continuously learn and build on their knowledge by reflecting on their actions and the actions around them. These actions may occur in the practice setting or may be simulated. 'It is through the development of knowledge and understanding of the practice setting and the ability to recognize and respond to such knowledge that the reflective practitioner becomes truly responsive to the needs, issues, and concerns that are so important in shaping practice'<sup>4</sup>

## Relevant Legislation

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act 2009*  
Division 3 Registration standards and codes and guidelines

### 39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example: A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

### 40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website—
  - (a) a registration standard developed by the Board and approved by the Ministerial Council;
  - b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect—
  - (a) on the day it is published on the National Board's website; or
  - (b) if a later day is stated in the registration standard, code or guideline, on that day.

### 41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

## 128 Continuing professional development

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<sup>4</sup> Loughran, J. J. (2002 January –February). Effective reflective practice: in search of meaning in learning about teaching. *Journal of Teacher Education*, 53 (1).

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health professional in which the practitioner is registered.
2. A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
3. In this section – registered health practitioner does not include a registered health practitioner who holds non-practising registration in the profession.

## References

Tivey, D. Tufanaru, C. Munn, Z. Riitano, D. Aromataris, E. Pearson, A. 2012, 'Continuing Professional Development to maintain competency and achieve improvements in practice: a systematic review', prepared by The Joanna Briggs Institute, Faculty of Health Sciences, The University of Adelaide for the Australian Health Practitioner Regulation Agency.

## Review

This guideline will be reviewed at least every **three/four/five** years.

Last reviewed: **XXXX**

## Overview

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13 November 2013

### Review of *Recency of practice registration standard*

#### Summary of issue

40. The National Law requires the Board to develop a registration standard about the requirements for the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession. The registration standard is part of the regulatory framework for the nursing and midwifery professions.
41. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have met any recency of practice requirements stated in an approved registration standard for the health profession.
42. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
43. The National Boards reviewing their recency of practice registration standards commissioned a review of the literature on recency of practice requirements. The Board has taken this information into account in its review of the registration standard.
44. The available evidence does not provide definitive answers to issues such as the amount of practice that a practitioner must undertake to remain competent so the Board has also considered its experience with the standard over the past three years and how best to protect the public given current knowledge limitations. The National Boards and AHPRA will continue to monitor developments in this area to inform the Boards' standards.

#### Options statement – recency of practice registration standard

45. The Boards have considered a number of options in developing this proposal.

##### Option 1 – Status quo

46. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for recency of practice under the National Law. However, the Board has now identified a range of issues with the current standard, including the ability to clarify the language and structure to make it easier to understand.

##### Option 2 – Proposed revised standard

47. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for recency of practice. The revised standard has clearer wording and structure to make it easier to understand.

##### Preferred option

48. The Board prefers Option 2.

## Issues for discussion

### Potential benefits and costs of the proposal

49. The benefits of the preferred option are that the draft revised standard:

- is more flexible and user-friendly
- strikes a better balance between protecting the public and impact on applicants
- has been reworded to be simpler and clearer.

50. The costs of the preferred option are:

- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard
- there will likely need to be a period of transition to the proposed revised standard, if approved.

### Estimated impacts of the draft revised registration standards

51. The changes proposed in the draft revised registrations are relatively small, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

## Relevant sections of the National Law

52. Section 109

### Questions for consideration

53. The Board is inviting feedback on the following questions.

- From your perspective, how is the current registration standard working?
- Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- Is there any content that needs to be changed or deleted in the revised draft registration standard?
- Is there anything missing that needs to be added to the revised draft registration standard?
- Do you have any other comments on the revised registration draft standard?

## Attachments

54. The proposed revised *Recency of practice registration standard* is below.

55. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 1](#).

56. The current recency of practice registration standard is published on the Board's website, accessible from [www.nursingmidwiferyboard.gov.au/Registration-Standard.aspx](http://www.nursingmidwiferyboard.gov.au/Registration-Standard.aspx).

## Registration standard: Recency of practice

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Nursing and Midwifery Board of Australia's (National Board) requirements for recency of practice for the nursing profession and the midwifery profession.

### Does this standard apply to me?

This registration standard applies to:

1. all enrolled nurses, registered nurses, nurse practitioners, midwives and eligible midwives and not those with non-practising registration.
2. to all applicants applying for registration as an enrolled nurse or registered nurse or a midwife.
3. all registered nurses seeking endorsement as a nurse practitioner and all midwives seeking a notation and/or an endorsement as an eligible midwife.

This standard does not apply to recent graduates or students of nursing or midwifery.

Meeting this registration standard is a requirement of the yearly renewal of registration for all enrolled nurses, registered nurses, nurse practitioners, midwives and eligible midwives.

Meeting the Board's minimum requirements for recency of practice doesn't automatically satisfy your professional and ethical responsibilities to ensure that you recognise and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

### What must I do?

During the yearly registration renewal process you must declare whether you continue to meet this registration standard.

Enrolled nurses, registered nurses, nurse practitioners, midwives and eligible midwives will fulfill the recency of practice requirements if they can demonstrate one, or more of the following:

- a. complete a minimum of 450 hours of practice within the past 5 years
- b. successfully complete a program or assessment approved by the NMBA
- c. successfully complete a period of supervised practice approved by the NMBA

Your practice hours will be recognised as meeting this standard if you:

- a. hold or have held current and valid registration with a recognised nursing or midwifery regulatory authority (either in Australia or overseas)
- b. your role involves the application of nursing and/or midwifery knowledge and skills
- c. you have undertaken post graduate education leading to an award or qualification that is relevant to the practice of nursing and/or midwifery.

## Are there exemptions to this standard?

There are no exemptions to this standard. The section below 'What happens if I don't meet this standard?' explains what you need to do if you don't meet this standard and wish to continue or return to practice.

## What does this mean for me?

### When you apply for registration

You need to meet this registration standard when you apply for registration in Australia as an enrolled nurse, registered nurse or , unless you are a recent graduate.

### At renewal of registration

When you apply to renew your registration, you are required to declare whether you comply with this registration standard.

### During the registration period

Your compliance with this registration standard may be audited from time to time and may also be checked if the National Board receives a notification about you.

## Evidence

You should retain records as evidence that you meet the recency of practice requirements in case you are audited.

## What happens if I don't meet this standard?

If you want to continue to practise, or return to practice after taking a break, and you don't meet this standard, you will need to provide information to help the National Board decide whether you are able to continue to practice.

The National Board Re-entry to Practice policy provides information about how you may retain or obtain registration and return to practice.

## Other possible consequences

The National Law establishes possible consequences if you don't meet the recency of practice requirements in this standard, including that:

- the National Board can impose conditions on your application for registration or renewal of registration or can refuse your application for registration or renewal of registration (sections 82 and 112 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for the nursing and midwifery professions (section 41 of the National Law).

## Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

## Definitions

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

**Recency of practice** means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining registration.

**Recent graduate** means a person applying for registration for the first time whose qualification for registration was awarded not more than two years prior to the date of their application.

**Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

## Review

This registration standard will be reviewed from time to time as required. This will generally be at least every three/four/five years

This standard replaces the previously published registration standard from 1 July 2010

## Statement of assessment

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Board's statement of assessment against AHPRA's *Procedures for development of registration standards* and *COAG principles for best practice regulation*

*Professional indemnity insurance arrangements registration standard*

*Continuing professional development registration standard for midwives*

*Continuing professional development registration standard for enrolled nurses, registered nurses and nurse practitioners*

*Recency of practice registration standard*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: [www.ahpra.gov.au](http://www.ahpra.gov.au)

These procedures have been developed by AHPRA in accordance with section 25 of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme operates in accordance with good regulatory practice.

Below is the National Boards' assessment of their proposal for a revised Recency of practice Registration Standard against the three elements outlined in the AHPRA procedures.

**1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law**

### **Board assessment**

The Board considers that the revised draft Professional indemnity insurance arrangements registration standard, Continuing professional development registration standard and Recency of practice registration standard meet the objectives and guiding principles of the National Law.

The revised draft Professional indemnity insurance arrangements registration standard, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate professional indemnity insurance arrangements in place when they practise.

The revised draft continuing professional development registration standard for midwives and the draft continuing professional development registration standard for enrolled nurses, registered nurses and nurse practitioners, if approved, will provide for the protection of the public by ensuring that practitioners undertake appropriate continuing professional development as an important aspect of maintaining their competence. The revised draft Recency of practice registration standard, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate recent practice.

The revised draft registration standards also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

## 2. The consultation requirements of the National Law are met

### Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board will ensure that there is public exposure of its proposals and there is the opportunity for public comment by undertaking an eight week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website.

The Board has drawn this paper to the attention of key stakeholders.

The Board will take into account the feedback it receives when finalising its proposals for submission to the Ministerial Council for approval.

## 3. The proposal takes into account the COAG Principles for Best Practice Regulation

### Board assessment

In developing the revised draft registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

## COAG Principles

### A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

#### Board assessment

The Board considers that its proposals are the best options for achieving the stated purposes. As only minor changes to the existing standards are proposed, the impact of the proposal is similar to the existing registration standards.

The Board considers that the revised draft standards would have a low impact on the professions. These low impacts are significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

National Boards in reviewing their registration standards commissioned a review of the literature on the effectiveness of CPD and on recency of practice requirements. The Board has taken this information and its regulatory experience into account in its review of the *Registration standard: Continuing professional development* and *Registration standard: Recency of practice*

## **B. Whether the proposal results in an unnecessary restriction of competition among health practitioners**

### **Board assessment**

The Board considered whether its proposals could result in an unnecessary restriction of competition among health practitioners. The proposals are not expected to impact on the current levels of competition among health practitioners.

## **C. Whether the proposal results in an unnecessary restriction of consumer choice**

### **Board assessment**

The Board considers that the revised draft Professional indemnity arrangements registration standard will support consumer choice, by establishing clear requirements for professional indemnity insurance arrangements that practitioners must meet when they practise, in accordance with the National Law.

The Board considers that the revised draft registration standard will support consumer choice, by establishing clear requirements for continuing professional development that practitioners must meet as a key part of maintaining their competence, in accordance with the National Law.

The Board considers that the revised draft Recency of practice registration standard will support consumer choice, by establishing clear requirements for recency of practice that practitioners must meet, in accordance with the National Law.

## **D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved**

### **Board assessment**

The Boards considered the overall costs of the revised registration standards to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that the revised draft standards contribute to the National Scheme.

Subject to stakeholder feedback on the proposed revisions and if approved by the Ministerial Council, the revised draft standards should have only minimal impact on the costs to applicants by presenting the Board's requirements in a clearer and simpler way.

## **E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants**

### **Board assessment**

The Boards consider the revised draft registration standards have been written in plain English that will help practitioners to understand the requirements of the standard. The Boards have changed the structure of the standards and reviewed the wording to make the standards easier to understand.

## **F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time**

### **Board assessment**

If approved, the Boards will review the revised registration standard at least every five years, including an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the standard earlier, if it is necessary to ensure the standards' continued relevance and workability.