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## Message from the Chair

On behalf of the Nursing and Midwifery Board of Australia (NMBA), welcome to the second newsletter for this year.

As part of our engagement with nurses and midwives about the revised registration standards and the *Registered nurse standards for practice*, we have been hosting information forums across the country in cities and regional areas. The attendance by nurses and midwives at the forums has been excellent and NMBA members welcome the opportunity to meet with you and talk about the role of the NMBA. We are continuing to hold information forums during the rest of the year. The revised registration standards took effect from 1 June this year; you can find more information about them in the newsletter.

On ANZAC Day a number of state, territory and National Board members laid wreaths in memory of the nurses and midwives who served their countries abroad and at home. You can read more about the services in this newsletter.

In May, we celebrated the International Day of the Midwife and International Nurses Day – these are important days for both professions and give us the opportunity to reflect on and celebrate the contributions nurses and midwives make to the Australian health care system and the health of all Australians.

Lastly, we are very pleased to be able to announce that the tender for the national health support service for nurses, midwives and students has been

awarded to Turning Point. This service will provide a telephone information and referral service for nurses and midwives wherever they are located in Australia. The service will also include web based information about health impairment for nurses, midwives, employers and education providers. You can read more about it in this newsletter.

### Dr Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

## Call for applications for New South Wales Board of the NMBA

There is a vacancy on the New South Wales Board of the Nursing and Midwifery Board of Australia. We are seeking applications from registered nurses and midwives.

New South Wales Board appointments are made by the New South Wales Minister for Health under the Health Practitioner Regulation National Law, as in force in each state and territory. Appointments are for up to three years, with eligibility for reappointment, and are expected to commence in mid to late 2016.

A candidate information pack including an application form is available on the [NMBA website](#).

If you wish to make further enquiries, please email [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au).

Applications close on **Monday 18 July 2016**.



## Registration

### Thank you for renewing your registration

Of the more than 370,000 registrants due to renew their registration by 31 May, 94 per cent of nurses and midwives have renewed on time this year – 98.1 per cent of those renewed online. The NMBA would like to thank all of you who renewed by 31 May.

Renewal of registration is an annual requirement and the nursing and midwifery professions are leading online renewals in Australia.

This year, we improved our registration reminders and included more helpful links to information about renewal, including a video. Feedback has been positive and we will continue to make registration an easier online process for nurses and midwives.

### Revised registration standards and guidelines take effect

Revised registration standards and guidelines, and the newly developed *Registered nurse standards for practice*, came into effect on 1 June 2016. These revised registration standards and guidelines make the obligations expected by the NMBA clearer for nurses and midwives.

The *Registered nurse standards for practice* replace the *National competency standards for the registered nurse* and provide a foundation for safe quality practice in the provision of care to the public.

The [revised common registration standards](#), guidelines and supporting documents now in effect for both nurses and midwives are:

- *Registration standard: Continuing professional development (CPD)*, guidelines, factsheet and *Policy: Exemptions from continuing professional development for nurses and midwives*
- *Registration standard: Recency of practice* and factsheet, and
- *Registration standard: Professional indemnity insurance (PII) arrangements* and factsheet.

In addition, for nurses the revised nurse practitioner registration standard and the new *Registered nurse standards for practice* and relevant guidelines are also now in effect:

- *Registration standard: Endorsement as a nurse practitioner* and factsheet
- *Safety and quality guidelines for nurse practitioners*
- *Guidelines: For nurses applying for endorsement as a nurse practitioner*, and
- *Registered nurse standards for practice* and factsheet.

More information is available in this [news item](#).

### Midwives, don't forget!

The NMBA would also like to remind midwives that the effective date for the *Registration standard: Endorsement for scheduled medicines for midwives* and the *Safety and quality guidelines for privately practising midwives* and supporting factsheets is 1 January 2017.

## Nursing and midwifery workforce 2015

The Australian Institute of Health and Welfare (AIHW) has released its web report *Nursing and midwifery workforce 2015*, which outlines the workforce characteristics of nurses and midwives in 2015.

The report is based on the AIHW survey nurses and midwives complete during registration renewal and provides a snapshot of the professions which helps to improve professional services.

The AIHW report shows that the total number of all nurses and midwives registered in Australia increased from 330,680 in 2011 to 360,008 in 2015 (8.9%). In 2015, 91.9% of all registered nurses and midwives were in the nursing and midwifery workforce (331,015). Of these, 8,930 were looking for work in nursing and midwifery, down from 9,110 in 2014. The proportion of employed nurses and midwives aged 50 and over grew from 38.3% in 2011 to 39.0% in 2015.

## Nursing and midwifery regulation at work: Notification case studies

### Tribunal suspends midwife's registration for six months

A tribunal has suspended the registration of a practitioner for six months who failed to provide clinically appropriate midwifery care to a patient and has set out extensive conditions for when the midwife returns to practice.

The Victorian Civil and Administrative Tribunal (VCAT) has found that registered nurse and midwife Ms Nicola Dutton engaged in professional misconduct and unprofessional conduct in that she failed to provide clinically appropriate midwifery care to a patient.

The tribunal references a number of failures including failure to consult with a medical practitioner, failure to transfer the patient to hospital in an appropriate timeframe and not recommending that the patient was transferred to a hospital nearest to the patient's home.

The tribunal's decision is available on the [AustLII website](#).

### 'Fake nurse' jailed for four years

A South Australian woman who had falsely claimed to be a registered nurse has been jailed for four years with a non-parole period of 14 months.

Jennifer Anne Reed pleaded guilty to seven counts of deception for falsely claiming to be a registered nurse. This included gaining employment at six different aged care facilities across South Australia and New South Wales. During this time, Ms Reed dishonestly received more than \$340,000 in wages.

Anyone with concerns about the registration status of someone working as a registered health practitioner should contact AHPRA immediately.

For more information please read the [media release](#).

## Nurse suspended from practice for 12 months

A tribunal has reprimanded Mr Stephen Walker in the strongest possible terms and suspended his registration as a nurse for 12 months after it found he had engaged in professional misconduct. The tribunal also imposed conditions on Mr Walker's registration requiring him to complete education on ethics in the practice of nursing.

The NMBA referred Mr Walker to the Health Practitioners Tribunal of South Australia after he falsified his qualifications in a job application to the Royal Australian Air Force, for deployment to Kandahar, Afghanistan, in a nursing position.

The tribunal regarded Mr Walker's conduct as behaviour that amounted to a serious example of non-clinical professional misconduct.

It noted that the conduct would attract the severe disapproval of his nursing colleagues and had fallen far short of the behaviour expected of the nursing profession, as set out in the NMBA's *Code of professional conduct for nurses* and *Code of ethics for nurses*. Both codes are available on the NMBA's website in the [Professional codes and guidelines](#) section.

The tribunal's decision is published on the [Health Practitioners Tribunal of South Australia](#) website.

## Deakin University to develop Midwife standards for practice

The Australian Health Practitioner Regulation Agency (AHPRA), on behalf of the NMBA, has appointed Deakin University to develop the *Midwife standards for practice*. The project will include a review of the existing *National competency standards for the midwife* (2006) and the development of midwife standards for practice. The project is expected to be completed in late 2017.

Once developed, the *Midwife standards for practice* will reflect current evidence-based midwifery practice; will meet legislative requirements and will align to the other NMBA standards for practice.

'The NMBA is committed to ensuring that our midwife standards for practice are contemporary, protect the public and are suitable for midwives in all contexts of practice,' said NMBA Chair, Dr Lynette Cusack RN.

'This project will ensure that practising midwives in Australia have clear, evidence-based standards to meet.'

As a part of the project, the NMBA has established a midwifery expert advisory group that will provide advice and guidance to Deakin University and the NMBA about the *Midwife standards for practice*. There will be an opportunity for midwives to provide feedback on the draft standards during the public consultation phase of the project planned for early 2017.

For more information please read the [media release](#).

## National health support service to launch in 2017

Nurses, midwives and students will soon have nationwide access to a health support service for professional advice and referral about health issues.

AHPRA, on behalf of the NMBA, has appointed provider Turning Point (part of Eastern Health) to deliver the national health support service for nurses, midwives and students with a health impairment or at risk of a health impairment in Australia.

The service will offer health support for nurses and midwives across Australia, providing an equitable service across workplaces, jurisdictions and locations.

The NMBA Chair, Dr Lynette Cusack RN, voiced how important it is that nurses, midwives, students and employers can access confidential advice on health impairments anywhere in Australia.

'No matter where nurses and midwives are living, working or studying, they will be able to consult with a professional about a health impairment and get confidential advice and referral to specialist treatment.

'As the regulator, the NMBA is continuing to engage with nurses and midwives to ensure they are supported to provide safe care to the public.'

For more information please read the [media release](#).

## Other NMBA news

### Anzac Day: Lest we forget



Left: Greg Miller, Naomi Dobroff [Chair] and Virginia Rogers of the Victorian Board of the NMBA attend an ANZAC Day service in Melbourne.

Right: Wreaths in front of the monument at the Nurses Memorial Centre, Melbourne.

This ANZAC Day various members of the NMBA commemorated those who fought and died for Australia and the nurses and midwives who served at home and abroad.

Members from the state and territory boards, including Australian Capital Territory, South Australia, Victoria, Tasmania and Western Australia, participated in local wreath-laying ceremonies. Among those who attended services

were members of the Victorian Board of the NMBA, who participated in the Nurses Memorial Centre Annual ANZAC Commemorative Service in Melbourne to remember those who served. Board members placed a wreath of native Australian flowers, with a 'Lest we forget' sash, in front of the monument outside the Nurses Memorial Centre.

## A conversation with National Board member Veronica Casey



Adjunct Associate Professor Veronica Casey has been a practitioner member of the NMBA since 6 May 2014.

Veronica has held diverse roles over her 35 years as a registered nurse and midwife, covering clinical leadership roles, as well as quality management and change management positions. Since 2006, she has served as the Executive Director of Nursing and Midwifery Services for the Metro South Hospital and Health Service, in Queensland.

Reflecting on her time on the NMBA Veronica said, 'I have been a member of the NBMA for two years now, and it has been a privilege and a unique opportunity to see the policy vision of the NMBA and the work it takes to get standards consistent throughout Australia.

'In particular, to work with the group of people who went through the transition to the National Scheme<sup>1</sup> – to work with these great nurse, midwife and community leaders, who had the courage to lead the professions through that change – was very inspiring.

'As a practitioner I work in a health service, so I can see the direct application of the work we do in the NMBA for hospital settings, for midwifery, in the community – I get to see the practical application across these different settings.'

She added, 'Working at the national level has helped me to understand how regulation enhances the profession – as an NMBA member you see that in action. You never forget that you are protecting the public. What the NMBA does is about enhancing the profession to ensure that the standards are met for the public, for safety and quality. You get to see how areas like accreditation for education and training, policy, notifications – all link together for public protection.'

Referring to the future direction of the NMBA she said, 'A challenge for the NMBA is increasing the understanding of what nursing and midwifery practice really means – it's not just about direct care provision, it's also about education, research, policy and regulation as well. We need to grow the understanding of that full context of practice and the unique contribution that individual nurses and midwives can make to it.

'If I could say one thing to the nursing and midwifery workforce, it would be to understand, engage and actively contribute to your profession's regulation and the NMBA. Get involved and grow your understanding of the importance of regulation to the profession and what it means to an individual practitioner – you learn through doing and contributing. There are opportunities to participate and contribute, whether it is at a board level, at workshops or forums, and it's a wonderful opportunity to contribute to our professions and to the protection of the public.'

To view Veronica's profile please go to the [NMBA website](#).

## National Scheme news

### National Board recruitment – how to get involved

Whether you are a health practitioner or a community member, there are opportunities to play a role in health practitioner regulation by joining the National Scheme's Boards, committees and panels.

If you would like to help protect the health and safety of the public, maintain public confidence and ensure standards of practice are upheld, we encourage you to consider seeking appointment.

Your contribution may involve:

- setting national standards of practice for the regulated health professions
- developing guidance for practitioners on their scope of practice
- managing complaints/notifications about a practitioner's health, performance or conduct, or
- other functions as delegated by a National Board.

<sup>1</sup> The National Registration and Accreditation Scheme.

More information about current opportunities and the recruitment process can be found on the:

- [board member recruitment](#),
- [panel member recruitment](#), and
- [committee member recruitment](#) pages on AHPRA's website.

You can also find out [more from Board members](#).

To register your interest, please contact [Statutory Appointments](#) from your preferred email address, advising which professions or roles you are interested in.

## Reporting of health practitioners by their treating practitioner under Australia's national mandatory reporting law

Melbourne researcher Marie Bismark and her colleagues have recently published an analysis of reports about health (medical) practitioners made by their treating practitioners under Australia's new mandatory reporting system. The results challenge some frequently expressed assumptions.

They used retrospective case-file review and analysis of treating practitioner reports received by AHPRA between 1 November 2011 and 31 January 2013, and of the outcomes of the completed investigations of these reports to November 2014.

Their main outcome measures were the characteristics of treating practitioners and reported practitioners; nature of the care relationship; grounds for report; and regulatory action taken in response to report.

### Results

Of 846 mandatory reports about medical practitioners, 64 (8%) were by treating practitioners. A minority of reports (14 of 64) were made by a practitioner-patient's regular care provider; most (50 of 64) arose from an encounter during an acute admission, first assessment or informal corridor consultation.

The reported practitioner-patients were typically being treated for mental illness (28 of 64) or substance misuse (25 of 64). In 80% of reports (50 of 64), reporters described practitioner-patients who exhibited diminished insight, dishonesty, disregard for patient safety, or an intention to self-harm.

### Conclusions

The nature and circumstances of the typical treating practitioner report challenge assumptions expressed in policy debates about the merits of the new mandatory reporting law. Mandatory reports by treating practitioners are rare. The typical report is about substance misuse or mental illness, is made by a doctor who is not the patient's regular care provider, and identifies an impediment to safely managing the risk posed by the practitioner-patient within the confines of the treating relationship.

The full report is available online: *Reporting of health practitioners by their treating practitioner under Australia's national mandatory reporting law* – Marie M Bismark, Matthew Spittal, Jennifer Morris, David Studdert: [Medical Journal of Australia](#), January 2016.

## Supporting graduates to register

Each year AHPRA receives more than 30,000 applications for registration from graduates of approved programs of study across the 14 regulated professions. Applying for registration can be an anxious time for applicants, with rigorous national requirements and deadlines. Making these processes easier to understand and comply with has been a big focus for AHPRA this year.

### Improving the application process for graduates

AHPRA encourages graduates of approved programs of study to apply for 'pre-registration' online, four to six weeks before completing their studies. They must also post hard copies of documents supporting their application to AHPRA. AHPRA is trialling a new checklist and updated correspondence for graduates applying for general registration.

The goal is to reduce the number of incomplete graduate applications received by the registration team and get graduates registered and practising sooner.

For more information, visit the [Graduate applications](#) page on the AHPRA website.

## Keep in touch with the NMBA

- Visit the [NMBA website](#) for registration standards, codes, guidelines and FAQ.
- Lodge an [online enquiry form](#).
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- Address mail correspondence to: Dr Lynette Cusack RN, Chair, Nursing and Midwifery Board of Australia, GPO Box 9958, Melbourne, VIC 3001.

