

In this issue

Message from the Chair	1
Call for applications	1
NMBA news	2
Your advertising obligations	2
Nurses, midwives and vaccination	2
A conversation with board member Nicoletta Ciffolilli	2
INRC Symposium and NCSBN Scientific Symposium 2016	3
Registration	3
Enrolled nurses and medication administration	3
FAQ: Meeting the CPD registration standard	3
Nursing and midwifery regulation at work:	

Notification case studies	4
Tribunal suspends nurse over drug trafficking conviction	4
Former nurse banned for nine years for sexual relationship with patient	4
Unregistered nurse receives fine and criminal conviction	4
Tribunal reprimands and suspends nurse for unproven cancer treatments	4
National Scheme news	5
Our recommendations to improve the health complaints management system in Queensland	5
New Service charter published	5
Keep in touch with the NMBA	5

Message from the Chair

Since the July edition of the Nursing and Midwifery Board of Australia (NMBA) newsletter, we have continued to hold information forums for nurses and midwives about the NMBA's registration standards, standards for practice and the work we do on behalf of the public. At these forums we often answer questions about meeting the requirements of the standards. To assist nurses and midwives to better understand their obligations, we have a focus on continuing professional development in this month's newsletter.

Along with the other National Boards, the NMBA has published further information for nurses and midwives on understanding their advertising obligations. In addition, the NMBA is aware that there are nurses and midwives who have made anti-vaccination statements in advertising material and on social media. The NMBA has published a position statement on vaccination reminding nurses and midwives about using evidence when making practice decisions.

NMBA members participated in the National Registration and Accreditation Scheme (National Scheme) 2016 combined meeting in Melbourne from 25-27 August. The meeting is an opportunity for cross-professional learning through shared ideas, innovations and networking with our partners – such the Australian Health Practitioner Regulation Agency (AHPRA), other National Boards, state and territory board and committee members, the NSW Nursing and Midwifery Council, accreditation councils

and the New Zealand councils. The topics in focus were patient safety, health literacy and cross-professional education.

As a part of the NMBA commitment to engaging with international nursing and midwifery regulators and continuing to improve in our role, I attended, along with a number of NMBA members, the International Nurse Regulators Collaborative (INRC) Symposium, of which the NMBA is a member. In addition, we attended two meetings arranged by the National Council of State Boards of Nursing, the Scientific Symposium and Regulation 2030. The INRC Symposium provided an excellent opportunity to learn from the regulators of nurses in other countries. We were very pleased to be able to share the NMBA experiences in assessing internationally qualified nurses and midwives for registration in Australia.

Dr Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

Call for applications

Northern Territory

There is a vacancy on the Northern Territory Board of the NMBA. We are seeking applications from registered nurses and midwives.

Northern Territory Board appointments are made by the Northern Territory Minister for Health under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). Appointments are for up to three years, with eligibility for reappointment, and are expected to start in early 2017.

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.

Applications close on **Monday 7 November 2016**.

Queensland

Applications are now sought for appointment to the NMBA as a practitioner member from Queensland.

To be eligible for appointment, you must hold current registration as a nurse and/or midwife and be practising in Queensland.

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

All appointments are made by the Australian Health Workforce Ministerial Council (the Ministerial Council) under the National Law, as in force in each state and territory. Appointments are for up to three years as decided by the Ministerial Council.

For enquiries, please contact statutoryappointments@ahpra.gov.au

Applications close **Monday 28 November 2016**.

NMBA news

Your advertising obligations

The NMBA has published further information to help nurses and midwives to better understand their advertising obligations. It is particularly important for nurses and midwives in private practice to understand how they can advertise their services.

Section 133 of the [National Law](#) regulates the advertising of regulated health services (a service provided by, or usually provided by, a health practitioner as defined in the National Law).

Section 133 provides that a person must not advertise regulated health services in a way that:

- a) is false, misleading or deceptive or is likely to be misleading or deceptive; or
- b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
- c) uses testimonials or purported testimonials about the service or business; or
- d) creates an unreasonable expectation of beneficial treatment; or
- e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

For the latest information published by the NMBA on advertising obligations please refer to [Further information on advertising and therapeutic claims](#). This information does not replace the NMBA's [Guidelines for advertising regulated health services](#), which should be your first point of reference to understand your

obligations. You may also wish to seek appropriate advice, for example, from your legal advisor and/or professional association.

The burden is on you to substantiate any claim you make that your treatments benefit patients. If you do not understand whether the claims you have made can be substantiated based on acceptable evidence, then remove them from your advertising.

AHPRA is responsible for prosecuting breaches of the advertising requirements in the National Law. This means that AHPRA together with the NMBA needs to decide whether there has been a breach of your advertising obligations.

As part of this process, we will use objective criteria to assess whether there is acceptable evidence to substantiate therapeutic claims in advertising. We will use appropriate experts to help us evaluate evidence where needed.

These are serious matters that can have serious consequences for your professional standing and your criminal record: **if in doubt about a claim, leave it out of your advertising.**

Nurses, midwives and vaccination

The NMBA has become aware that there are a small number of registered nurses, enrolled nurses and midwives who are promoting anti-vaccination statements to patients and the public via social media, which contradict the best available scientific evidence. The NMBA has published a position statement to make our expectations about providing advice on vaccinations clear to nurses and midwives.

Please read our [position statement](#).

A conversation with board member Nicoletta Ciffolilli

Nicoletta Ciffolilli has been a community member of the NMBA since August 2015.

Nicoletta is a nationally accredited mediator and a practitioner of the Supreme Court of WA and the High Court of Australia. She is a recipient of the LEADR Award for Significant Contribution to Alternative Dispute Resolution and recently presented at the International Conference on Medical Regulation 2016.

Nicoletta said that her first year as an NMBA member has been interesting and stimulating.

'This first year on the National Board has been busy with the fruition of projects that began many months ago, such as the new standards for practice for registered and enrolled nurses, and the revised mandatory registration standards. Changes to recency of practice, continuing professional development and professional indemnity insurance registration standards came into effect on 1 June this year.

'One large project still in progress is the outcomes-based assessment and orientation requirements for internationally qualified nurses and midwives (IQNMs). This is particularly important because it will support IQNMs transition into the Australian context and possibly have far broader impact in the future.'

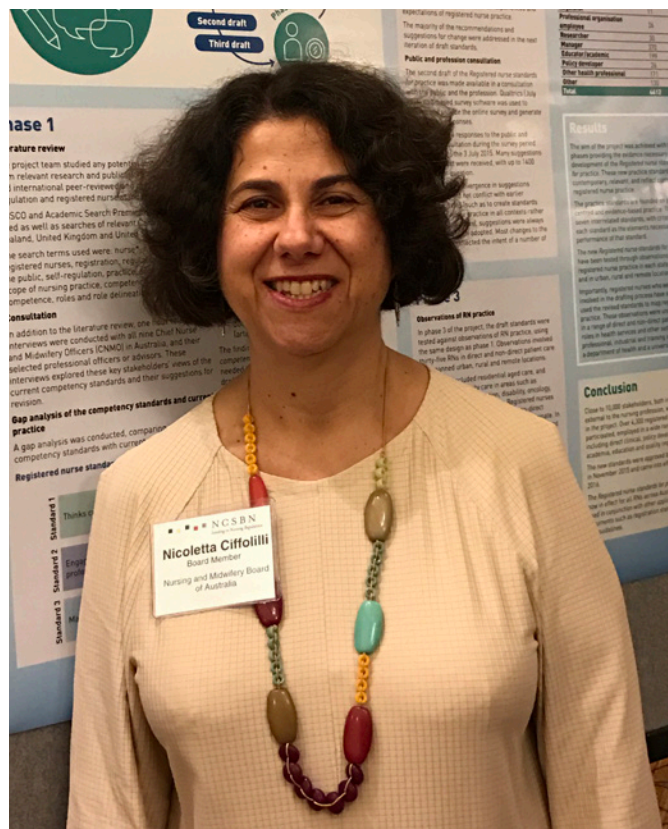
She continued, 'I'm excited to have joined the NMBA and have an opportunity to contribute to its work. As a community representative I may bring a different perspective but in the end everyone on the Board is there to achieve the same goal of public protection. Our stakeholder forums and information sessions have been an excellent way to meet registrants and answer their questions about the NMBA's work.'

Looking to the future, Nicoletta said, 'Technology is having an impact on healthcare delivery in a variety of ways. As a result, it will be important for NMBA to stay ahead of possible changes to nursing and midwifery practice and education and do what is needed to support its registrants to continue to provide safe care to patients in that context.'

She added, 'There is also an ongoing challenge to continue to improve the way we manage notifications, for notifiers and practitioners, while meeting our regulatory role of protecting the public.'

'If I could say one thing to the nursing and midwifery workforce, to new registrants I would say that because you see things with fresh eyes it's important that you discuss with your supervisor or mentor any worries you have about work rather than ignoring them. To senior nurses and midwives; as the leaders in your profession you can support new registrants to feel safe to bring those concerns to you. The [NMBA website](#) contains information that will help nurses and midwives in their professional role regardless of whether they are a student or a very senior practitioner.'

To view Nicoletta's profile please visit the [Nursing and Midwifery Board Members](#) page.



NMBA community member Nicoletta Ciffolilli

INRC Symposium and NCSBN Scientific Symposium 2016

This month, members of the NMBA attended the International Nurse Regulator Collaborative Symposium and the National Council of State Boards of Nursing Scientific Symposium in Chicago, USA.

They were joined by Samantha Clausen, National Director of Registration at AHPRA, and NMBA Executive Officer Tanya Vogt, who presented a session on the regulation of internationally qualified nurses and midwives, as well as a poster on the development of the Australian *Registered nurse standards for practice*.

Tanya said that sharing global regulation experiences at the two symposiums was vital to continue to improve nursing regulation and public protection.

'The NMBA's engagement in these symposia provided valuable opportunities to network and to learn. This is fundamental to ensuring the NMBA's approach to nursing regulation is internationally benchmarked, relevant and meeting the demands of the future in health service delivery, to ensure public safety,' Tanya added.



NMBA Executive Officer Tanya Vogt, NMBA members Nicoletta Ciffolilli, Angela Brannelly, Lynette Cusack (Chair) and Jennifer Wood, and AHPRA National Director of Registration Samantha Clausen with the *Registered nurse standards for practice* poster presentation.

Registration

Enrolled nurses and medication administration

The NMBA has recently heard queries from nurses about enrolled nurses (ENs), notation and medication administration. We have published a revised fact sheet, [Enrolled nurses and medication administration](#), to make this area clearer for ENs and their employers.

Before the start of the National Scheme in 2010, in some states and territories ENs who were educated to administer medications had an endorsement on their registration. When we moved to national registration of nurses and midwives this changed. Since 2010, ENs who are not educated to administer medications have a notation on their registration

that states 'does not hold a board-approved qualification in administration of medicines'. This means that the title 'endorsed enrolled nurse' is no longer used.

ENs who do not have a notation have completed medication administration education at some time in their career and are able to administer medications.

ENs who have a notation and want to have it removed need to complete the unit of study *Administer and Monitor Medicines and Intravenous Therapy HLTENN007*, which is provided within an NMBA-approved Diploma of Nursing.

For more information please view the [fact sheet](#).

FAQ: Meeting the CPD registration standard

We have been speaking to nurses and midwives across the country at our information forums, and we frequently get asked a number of questions about the continuing professional development (CPD) registration standard.

How many hours of CPD do I need to do in each registration period?

The NMBA's CPD registration standard requires nurses and midwives to complete a minimum of 20 CPD hours relevant to their context of practice, in each year-long registration period.

If you are both a nurse and a midwife, you will need to complete a minimum of 20 hours of CPD related to your nursing practice and 20 hours of CPD related to your midwifery practice. There may be some CPD hours that can count towards both contexts of practice, but the NMBA would also expect to see separate CPD activities specific to nursing and specific to midwifery.

Midwives with an endorsement for scheduled medicines and nurse practitioners will have to complete 10 hours of additional CPD, related to prescribing, ordering of diagnostics, consultation and referral.

What kind of things count as CPD?

Attending seminars, participating in journal clubs, in-service education and post graduate study, can all be counted towards your CPD hours.

What will happen if I'm audited?

We recommend that you keep records of your CPD activities for a period of five years from the date you completed the CPD. Keeping a CPD journal with planning, notes and reflections on what you learned is a good way to record CPD, as well as keeping certificates of attendance from events.

If you are audited by AHPRA on behalf of the NMBA, you will need to show your CPD planning and reflections on the CPD activities, as well as things like attendance certificates.

What if I'm only working part-time, or on maternity leave?

The CPD registration standard applies equally to full-time or part-time work in paid or unpaid practice. The standard applies to nurses and midwives who are on leave from work, for example on extended holiday or maternity leave. It does not apply to nurses or midwives on the non-practising register.

Where can I get help with meeting the CPD standard?

View the [CPD standard](#) on the NMBA website. You can also find helpful guidelines on planning and recording CPD on our [Professional Codes and Guidelines](#) section.

Nursing and midwifery regulation at work: Notification case studies

Tribunal suspends nurse over drug trafficking conviction

A tribunal has suspended a nurse for five months and placed conditions on her registration after she pleaded guilty to drug trafficking and subsequently failed to notify the NMBA.

The South Australian Health Practitioners Tribunal has reprimanded Tanya Louise Smith, suspended her registration and imposed conditions on her registration in relation to her conviction in 2014 for five counts of trafficking methamphetamine.

At the time Ms Smith failed to notify the NMBA of the drug charges or her guilty pleas, which she was required to do within seven days under the National Law. She eventually notified the NMBA of the charges on her application for registration renewal.

For more information, please read the [news item](#).

Former nurse banned for nine years for sexual relationship with patient

The Queensland Civil and Administrative Tribunal has found a former nurse, Madai Isgrove, guilty of professional misconduct for engaging in a sexual relationship with a patient. The tribunal also barred Mr Isgrove from applying for registration for nine years.

Mr Isgrove engaged in a sexual relationship with the patient while she was an inpatient at a private psychiatric hospital where he worked, and following her discharge from the hospital.

The tribunal ordered that Mr Isgrove should be prohibited from applying for registration for a period of nine years. It also ordered him to pay the costs of the NMBA.

For more information, please read the [news item](#).

Unregistered nurse receives fine and criminal conviction

A New South Wales man has been fined \$10,000 and received a criminal conviction after knowingly and recklessly holding out as a registered nurse.

Mr Orlando Marquinez's registration as a nurse was cancelled in 2014 by the NSW Civil and Administrative Tribunal following findings of unsatisfactory professional conduct and professional misconduct. He has not been registered since that time.

The false claim came to light after Mr Marquinez's employer searched for his registration on the [National Register of Health Practitioners](#).

Pretending to be a registered health practitioner is an offence under the National Law. For more information, please read the [media release](#).

Tribunal reprimands and suspends nurse for unproven cancer treatments

The State Administrative Tribunal of Western Australia has reprimanded a nurse and suspended her registration for seven months, for her involvement in the administration and provision of unproven cancer treatments to patients in Perth in 2005.

The NMBA referred Merrilee Baker to the tribunal in February 2014, because of concerns about her role in providing treatment devised by unregistered overseas doctor, Helfried Sartori.

The treatment administered by Ms Baker involved the intravenous administration of various nutrients, minerals and substances including caesium, potassium, magnesium, and dimethylsulphoxide, and taking nutritional supplements and specifically prepared food.

A coronial investigation by the WA Deputy State Coroner found that the treatment hastened the death of four patients.

For more information, please read the [news item](#).

National Scheme news

Our recommendations to improve the health complaints management system in Queensland

AHPRA and the National Boards' joint submission to the Queensland Parliamentary Committee's inquiry into the performance of the Queensland Health Ombudsman's (OHO) functions has been [published](#).

The current health service complaints management system has now been in operation in Queensland for just over two years. It was intended to introduce a better system for health complaints management with greater transparency and accountability and improved timeliness in achieving an outcome.

While there are strengths to be found in the current model, there are significant areas that require urgent attention and improvements that cannot be achieved without change.

The National Boards and AHPRA have identified key concerns supported by data and case studies:

- serious matters that pose a risk to the public are not being dealt with in a timely or appropriate way by the OHO
- matters that are considered minor by the OHO are closed or not accepted without any consideration by or referral to the National Boards and AHPRA
- the current model and its implementation is costing more, using more resources, and is likely to result in increased registration fees for Queensland-based registered health practitioners, and
- the current model presents a conflict of interest for the OHO being both a partner in regulation and having oversight of AHPRA and National Boards' performance.

Therefore, in our joint submission, the National Boards and AHPRA recommend specific changes be made to the model in Queensland.

If our recommendations are acted on, Queenslanders, through the health minister and Queensland Parliament, would be assured that our regulatory expertise and that of the OHO as an ombudsman and health complaints authority, is applied in the best possible way to protect the Queensland public. Our respective resources would be used more effectively as the unnecessary delays and duplication in our roles would be addressed.

To read the full statement including the recommendations, visit AHPRA's [website](#), where you can also download it in PDF.

New Service charter published

An updated *Service charter* has been published by AHPRA on its website. The [charter](#) sets out the standard of service health practitioners, employers and the public can expect from the work of AHPRA in delivering the National Scheme.

Now a concise one-page document, the updated charter lists the 10 key objectives of AHPRA in providing a professional service while helping to regulate the health professions in the public interest.

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.

