

Re-entry to practice - nursing and midwifery

Consultation Submission Template

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Nursing and Midwifery Board of Australia

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

APNA is the national professional association supporting nurses working in general practice and other primary health care settings. APNA is aware of the barriers nurses in primary health care and other settings face in re-entering the workforce, and we strongly support a more transparent, accessible and better supported framework for nurse re-entry to practice.

In APNA's view the NMBA proposals constitute a very good and positive step forward with re-entry. The three proposed pathways, and particularly pathway 2, offer realistic opportunities for re-entry to nurses working in general practice and primary health care settings, including those in rural and remote areas, particularly if private general practices are supported to assist nurse re-entry. The pathways and the expected competency standards for re-entry and recency of practice are clearly articulated. APNA supports the classification of categories of nurses re-entering the workforce based on recency of practice, including the development of pathways for those who have been out of the workforce for 10 years or more, where prior learning and experience can be assessed and acknowledged.

APNA agrees that Option 2 fundamentally supports individuals choosing to re-enter the profession. Provisional registration based upon individual circumstances would offer consistency with other AHPRA registered professions which provide similar opportunities for their re-entry practitioners. Other AHPRA registered professionals must also prove competency and recency of practice for registration (note though that completed CPD is considered a major contributor to proof of competency).

However APNA has some concerns with the provisional registration proposal:

- The availability of provisional registration for re-entry to practice may present barriers for nurses wishing to re-enter the primary health care workforce. General practice, where many primary health care nurses work, is a fee-for-service environment where nurses are expected to generate

income for the practice. A provisionally registered nurse may be unable to generate adequate income for a practice to warrant their paid employment status.

- A general practice environment may not be conducive to the supervisory commitments required to support a nurse with provisional registration.
- Professional indemnity insurance pathways for provisional registrants working in primary health care are unclear and raise two key issues:
 - Provisional registrants may not be covered by the practice's insurance;
 - Provisional registrants may find it difficult to find an indemnity provider willing to offer insurance coverage whilst the re-entry course is undertaken.
- This re-entry framework could therefore limit the capacity of nurses re-entering the workforce to work in primary health care.

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

None noted, other than that current programs and costs of re-entry vary dramatically between jurisdictions.

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

Principles for assessing nursing and midwifery applicants for re-entry to practice:

- Suggest that the Dot point 8 under exemplars 1 and 2 (page 4) be expanded to state: "Able to provide evidence of an offer of employment including suitable supervision arrangements."

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General comments:***Primary health care workforce challenges***

There are more than 29,000 nurses in Australia employed in the primary health care setting. They work in a variety of roles providing health care for the community across the lifespan. The majority of general practices in Australia employ at least one nurse, with a ratio of approximately 1 nurse to 3 general practitioners. The number of practice nurses is increasing substantially every year as nurses choose to move into the primary care sector. In addition, nurses make an important contribution across a number of other primary health care settings, such as community health services, schools, workplace health, prisons and many other settings. Yet there are major risks to the capacity of this workforce going forward. Health Workforce Australia's report *Health Workforce 2025* predicts a shortage of almost 110,000 nurses in Australia by 2025, and identifies this as a critical risk for the Australian healthcare system.

The nursing shortage will affect general practice and primary health care. Already, more than four in five nurses working in general practice are aged over 40, with the largest cohort being in their fifties. Yet there are currently no formal pathways through nurse education and training into general practice and primary health care; no career structure for nurses working in general practice and primary health care; and no national workforce plan for general practice nursing.

There is a critical need for a plan to improve recruitment, retention and productivity in the primary health care nursing workforce. This plan would address some of the barriers to re-entry for trained nurses who have been out of the workforce for a period. Currently a large number of nurses who are pre-retirement age are not participating in the nursing workforce, generally because they have had time out of the workforce raising families, and face major barriers to re-entry. This is a huge loss of talent and resources, which must be addressed.

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Barriers to re-entry for primary healthcare nurses

There are a range of barriers to re-entry into primary healthcare nursing, and nursing more broadly. Issues identified by APNA include:

- Availability of high quality re-entry courses that meet the specific needs of nurses choosing to work in primary healthcare;
- Accessibility of re-entry courses – Most courses are only offered in capital cities, at particular times of the year. This influences the decision of all nurses, principally those in rural and remote Australia, to undertake a re-entry course;
- Financial burden associated with re-entry courses, travel and time away from other paid employment can be significant. Courses vary in length from weeks to months which influences cost and associated financial loss;
- Flexibility of re-entry courses and return to work programs: Often return to work programs are marketed as flexible; however they may be based on rotating shift work with no child care available;
- Availability of primary healthcare services (including general practice) offering employment to provisional registrants for the duration of their course is likely to be highly variable. Provisional registrants working in general practice will not generate adequate income to cover the cost of their position;
- Professional indemnity implications associated with provisional registrants working in primary healthcare is likely to be problematic and will serve as an additional barrier for practice nurses choosing to re-enter primary healthcare.

APNA Member Case Study

APNA sought feedback from members regarding the difficulties encountered in the re-entry process. The case study below highlights commonly encountered issues:

“I had taken time away from my long health career to raise my (child). A common experience in the profession of nursing. After the hiatus, I returned to Primary Health in a Rural General Practice... The 5-year retrospective review of practice is a feature of the newly introduced standard. This poorly defined and poorly supported standard significantly affected nurses who had been away from the profession at the commencement of the National Scheme. Many of these nurses were women at home raising children. Therefore, without special consideration and policy to assist this group of nurses, disturbing loss of registration for too many nurses occurred.

To make matters worse, the only method to reconcile my registration renewal had been to resign my existing employment, and attend a full-time college program in (a capital city), remote from my home. I had been a rural based nurse with parental commitments of a young child, which prevented me from engaging in this only option. Therefore, the very reason I had not been able to meet the recent practice requirement became the same reason I could not reconcile my registration renewal ... I have been to the Health Practitioner Ombudsman. I have had an apology from AHPRA for a flawed assessment of my registration renewal, and yet there is no effort or attempt to remedy the problem.

The loss of my career equals the loss of my tertiary education and 25 years of health industry experience. The financial struggle of income depletion has threatened loss of my house. My employer has not been able to replace me in the 18 months since the refusal of my registration. Australia and especially Rural Australia need nurses. I faced a dilemma that is disgraceful in the history of Australian Healthcare. Any measures and policies to protect the value of nurses who have had a break from practice is essential.”

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APNA calls for the following:

- **Consideration in re-entry programs of the specialist skills required for nurses working in the primary healthcare workforce. Nurses choosing the re-enter the primary healthcare workforce after a period of leave, will need access to re-entry courses that specifically support and develop their individual scope of practice to ensure nurses deliver safe, effective, competent care;**
- **Measures to ensure affordability of re-entry programs, including national consistency in the cost of re-entry courses;**
- **Diversity in the modes of delivery offered by re-entry courses to support rural and remote nurses to re-skill closer to home, and support them to re-enter the workforce in their own region;**
- **Consideration of how nurses working in diverse settings can demonstrate adequate clinical experience. Re-entry to practice programs are defined as requiring both a theoretical and a clinical experience component. This may prove difficult for nurses working in private practice environments such as general practice, and some other environments such as private aged care facilities;**
- **In addition to Board-approved entry to practice programs, relevant CPD should contribute to re-entry education;**
- **Consideration of professional indemnity options for provisionally registered nurses;**
- **Consideration of non-direct supervision in isolated environments.**

APNA would be keen to be involved in the further development of re-entry pathways and standards, and particularly in the development of re-entry courses that specifically support nurses choosing to re-enter the workforce through primary healthcare.



About APNA

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing. APNA is the peak professional body for nurses working in primary health care including general practice. With more than 3500 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

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