



Submission to the Nursing and Midwifery Board of Australia for Public Consultation on Registration Standards and Guidelines:

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

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*The industrial and
professional organisation
for Nurses, Midwives and
Assistants in Nursing
in Australia*

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 240,000 nurses, midwives and assistants in nursing, our members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

Our organisation has a long standing interest in, and have participated in the development of, the suite of Nursing and Midwifery Board of Australia (NMBA) registration standards. The ANMF promotes safe, competent practice by nurses and midwives, maintaining that registration standards governing this practice must be both fair and equitable to health professionals and serve to protection of the public.

We have perused the NMBA consultation paper issued by the NMBA containing proposed options in the review of the registration standards and guideline below:

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

The ANMF submits the following feedback to strengthen clarity and usefulness of the registration standards and guidelines for nurses and midwives.

Review of Professional indemnity insurance registration standard

Opening comment:

In our submission to the 2011 revision of the Professional indemnity insurance (PII) arrangements registration standard we stated our distinct understanding that while employers provide vicarious liability cover they do not usually provide PII cover. Direct

reference to the employer providing PII cover was then removed from the 2012 registration standard, and it is pleasing to note this inference does not appear in the 2014 revised registration draft standard. However, the *Guidelines for professional indemnity insurance arrangements for midwives* (2013) still carries the wording in Figure 1 (page 2): *Employer usually provides PII coverage for employees*. The ANMF requests the NMBA takes the opportunity of this review process to amend that wording to: *Employer may provide PII coverage for employees*. Nurses and midwives should not be misled about the provision of PII cover by employers.

An example of the foregoing was provided to us by our Queensland State Branch. Their Government has made recent changes to introduce a blanket indemnity policy which covers all categories of employees in the health sector, rather than one specific to health professionals. The Australian Health Practitioner Regulation Agency (AHPRA) has indicated the changes to the indemnity policy technically meet the NMBA registration standard by ensuring indemnity for acts or omissions made in good faith. However, AHPRA has qualified this statement by adding that the individual nurse or midwife may not be fully covered for personal liability.

The registration standard should provide clarity for nurses and midwives on this issue. We consider, in addition to its legislated duties under the National Law, the NMBA has a moral duty to protect nurses and midwives from misinformation regarding matters that, without an in-depth understanding of the nuances of indemnity law and insurance, could potentially destroy an individual nurse or midwife's financial future.

The ANMF position remains consistent in that an employer's indemnity policy which is conditional upon the nurse or midwife acting without gross negligence will not provide appropriate and full indemnity to the practitioner. We note the registration standard clearly states there must be insurance against civil liability incurred as a result of a negligent act. Gross negligence is still negligence, so it is difficult to understand how State or Territory government indemnity policy meets the registration standard if it does not provide indemnity for gross negligence.

Options statement:

The ANMF supports Option 2 – a revised Professional indemnity insurance registration standard.

Feedback against the NMBA questions for consideration

The ANMF provides the following feedback on the questions posed by the NMBA's public consultation paper on *Review of Professional indemnity insurance registration standard*.

1. From your perspective, how is the current registration standard working?

Members of the ANMF have not experienced difficulties in complying with the current registration standard due to their PII coverage within their ANMF membership. Given our insurance arrangement has been chosen because it meets the requirements set by the NMBA, our members covered by this PII know they will meet the registration standard if audited.

However, non-members have expressed to ANMF officials they are unsure how their employer's indemnity protects them, except that the employer has told them they are covered and that they meet the NMBA registration standard. These nurses and midwives have reported difficulty obtaining written evidence of PII cover from their employers and remain unsure of the format evidence should take in order to meet NMBA audit requirements.

2. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

Generally, the language of the new headings is much clearer and more helpful to the reader. The layout and language throughout the draft registration standard is also easier to understand.

Of concern, however, is that the wording of the current standard in Requirement 3: "...The following PII cover should be considered..." has now become in the revised standard: "Your PII cover must include..." That is, the revised standard seems to demand an imperative rather than a standard with exceptions. The ANMF reiterates commentary previously supplied to the NMBA in relation to the PII registration standard and the level of understanding required of nurses and midwives:

It is the view of the ANF that the proposed Standard places an obligation upon nurses and midwives to make an assessment ... [about the nature of the PII cover]... which they may not be equipped to make. In many States and Territories the legal profession does not place the onus upon lawyers and barristers to make such complex assessment as to what constitutes insurance 'arrangements' appropriate to their practice, it designates approved insurance

providers. If the legal profession has determined lawyers should not make their own assessments, the question must be asked, why the NMBA thinks that nurses and midwives are any better equipped to do so. The ANF contends that this may lead to many nurses and midwives under insuring [and inadvertently breaching the registration standard]. The consequence of this would undermine the public policy objective of the Standard and the objective in Section 129 of the National Law.

The ANMF submits that the requirement by the NMBA that every nurse or midwife assess and understand their level of cover is unreasonable and impractical. As stated above, despite an experienced legal practitioner being in a position to understand indemnity insurance, the regulation of the legal profession does not place the onus upon them to do so. Instead the legal profession advantages itself of indemnity law experts and consequently designates approved insurance providers that provide appropriate indemnity cover, for both the practitioner and the public. We believe the NMBA should follow suit and protect nurses and midwives, and the public, in similar fashion.

3. Is there any content that needs to be changed or deleted in the revised draft registration standard?

Yes, as follows:

- The wording of the first sentence under *Does this standard apply to me?* reads as if the ‘non-practising registration’ applies only to eligible midwives. Suggested word change:
This standard applies to all enrolled nurses, registered nurses, nurse practitioners, midwives and eligible midwives, except those nurses and midwives with non-practising registration.
- The section referring to the PII arrangements guideline documents needs to be positioned closer to the start of the registration standard so that the reader is aware of this additional information as they read through the standard. Also, a web address and link to the documents on the NMBA website would aid in accessibility.
- Under the section *What I must do?*
 - Point 2 (e) page 7, while there is a definition for ‘Third party cover’ to include insurance through an employer the reference to ‘self-insurance by public sector employers’ is not defined – it is unclear if this is referring to the same cover (Third party cover) and if so the language should be consistent throughout the document.
 - Point 3. page 8, reference the last sentence “should any area of your practice specifically be precluded from your third party PII arrangement, you must not

practice in that area”. Clarification is sought as to whether this statement applies to all manner of insurance – not just third party. In addition the use of the word “area” is perhaps not the best descriptor - does this more appropriately refer to ‘specific activities’ rather than ‘area of practice’?

- Point 4 page 8, is confusing and requires re-wording for clarity. It should be broken down as dot points of its component parts, as follows:

If your PII arrangements are provided by your employer, then you must have individual PII arrangements in place if you intend to:

- *practice outside your stated employment;*
 - *practice as a volunteer (unless you are already or separately covered in that capacity, for example by the volunteering organisation);*
 - *undertake practical components of continuing professional development.*
- Under the section ‘Amount of cover’, reference clause (h) - “any advice from an insurance broker or insurer”. This would appear to be included in clause (g) “any advice from professional indemnity insurers, professional associations...” If the NMBA intends that this point be quite different then this intent needs to be spelt out more clearly.

4. Is there anything missing that needs to be added to the revised draft registration standard?

Under the headings PII arrangements guideline for enrolled nurses, registered nurses and nurse practitioners and PII arrangements guideline for registered midwives it would be useful to have a link to the Guidelines document on the NMBA website and/or the web address, for ease of access.

Under the ‘Definitions’ section (page 10) there is a definition for ‘Nurse’ but not for ‘Midwife’.

5. Do you have any other comments on the revised registration draft standard?

With reference to the review period for the registration standard the ANMF considers the most appropriate period to be three years. Given changes which may occur within the nursing and midwifery professions, the health and aged care sectors and the broader public and political spheres, this period of review would allow for continuous improvement of the standard. In addition, information gained through the annual auditing of nurses and midwives (via random sampling selection) will provide valuable evidence for necessary changes.

This three yearly review process applies to the review of all other NMBA registration standards for nurses and midwives.

Review of Continuing professional development registration standard

Opening comment:

In point 26 under Summary of issue there is mention of a commissioned review of literature to ascertain if there was any available evidence regarding the effectiveness of continuing professional development (CPD). The reference for this systematic review is then cited at the end of the Guideline: continuing professional development document. The document is cited as 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.

The ANMF was interested to read this systematic review but have found that it is not publicly available. While the Australian Health Practitioner Regulation Agency (AHPRA) may have reasons for not allowing public access to this document, the fact that it is not accessible should be transparent to the reader. This includes both a note in the public consultation paper when the review is first mentioned, and, a statement at the end of the citation, in the Guideline, to the effect that the systematic review is not accessible to the public.

Options statement:

The ANMF supports Option 2 – a revised registration standard for Continuing professional development.

Feedback against the NMBA questions for consideration

The ANMF provides the following feedback on the questions posed by the NMBA's public consultation paper on *Review of Continuing professional development registration standard*.

1. From your perspective, how is the current registration standard working?

The ANMF is not aware of any difficulties experienced by nurses and midwives in meeting the Continuing professional development registration standard. It has been reported that there has been a lack of clarity in relation to mandatory training and whether all components can be included as evidence in an annual record. This appears to have been addressed in

the revised guideline. However, this clarification should also be added to the revised registration standard.

2. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

Yes, as follows:

- The language of the new headings is much clearer and more helpful to the reader. The layout and language throughout the draft registration standard is also easier to understand.
- Providing a separate registration standard on continuing professional development (CPD) for nurses and midwives gives greater clarity of requirements for each of the professions.
- The statement about the standard applying equally to nurses/midwives who work either full time or part time is a useful inclusion in the revised standard. The inclusion, however, of the standard applying also to 'unpaid practice' (page 14) is unclear. If the intent is to convey that if a nurse/midwife is not working there is still an obligation to undertake CPD, then this intent is not achieved. The terminology of 'unpaid practice' is confusing - is this volunteer work? A definition of 'unpaid practice' is required for clarity.
- The section *What happens if I don't meet this standard?* and the listed consequences for not meeting the registration standard, is a vital inclusion. Nurses and midwives need to understand their individual responsibilities so they can better manage risk in relation to their own practice and registration. This will address the questions ANMF members ask in relation to possible consequences of an audit, which they quite rightly need to know.
- The pro rata CPD requirements information for registrants of less than 12 months or endorsed Nurse Practitioners/ eligible midwives of less than 12 months, is clear.

3. Is there any content that needs to be changed or deleted in the revised draft registration standard?

Yes as follows:

- Referring to the table under the heading 'Specific requirements for nurses who hold an endorsement' (page 14), we make the following suggested changes for greater clarity of CPD hours required:

Under heading 'Additional CPD requirements' (Table page 14):

Instead of "*Registered nurse – 20 hours*" change to "*As for a Registered Nurse, complete 20 hours of CPD*"

Instead of “*Nurse practitioner endorsement–10 additional hours...*”
change to “*For Nurse practitioner endorsement, complete an additional 10 hours, relating to*”

This concept applies also to the box referring to “Registered nurse with scheduled medicines endorsement”.

These suggested changes for clarity apply to both the registration standard for nurses and for midwives.

- Referring to ‘When you apply for registration’ we suggest the following changes to improve understanding of the statement:

*“You don’t need to **have met** this registration standard **at the time of applying** for registration in Australia as*”

This change applies to both nurses and midwives registration standard.

Vic Branch

- Referring to ‘At renewal’ (page16), the following change is suggested for clarity:

*“When you apply to renew your registration **as a registered nurse or an enrolled nurse**, you are required to declare whether you comply with this standard”*

- Referring to ‘Evidence’ (page 16), we seek clarification as to why the requirement to keep records is now for a period of five (5) years when the audit timeframe is for the preceding 12 month registration period. Three years has previously been recommended in the Boards documentation, and we believe this is sufficient.
- Referring to ‘CPD obligations for other reasons’ we suggest the following additions to improve understanding of the statement:

*“If you have a condition on **your registration** or an undertaking to complete....”*

This change applies to both nurses and midwives registration standard.

- Referring to ‘Scope of practice’ definition, the wording of the definition of *Scope of practice* in the registration standard should conform to the definition adopted by the NMBA in 2010 for the *Decision Making Framework*.

Therefore the wording should be:

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

This change applies to both nurses and midwives registration standard.

4. Is there anything missing that needs to be added to the revised draft registration standard?

Yes, as follows:

After the first sentence under 'What must I do?' (page 14) (for both the nurse and midwife standard) we recommend insertion of the sentence: The CPD can be either relevant to the nurse's/or midwife's area of professional practice or to the nursing and midwifery professions. The standard should allow for nurses and midwives to undertake CPD to support transition to other areas of practice or to broaden their understanding of the health and aged care sectors. Examples are: an emergency nurse who is making a career move into Community nursing and studying the social determinants of health; and nurses working across a variety of practice areas in agency, pool or bank arrangements.

Where this CPD qualifier is included in the *Guideline: continuing professional development* and the *Frequently asked questions* documents, the above amendment to the sentence should be added. In relation to the latter two named documents, there should be a link to these provided in the registration standard under the heading Continuing professional development guidelines and policies.

Where there are periodic changes to registration standard requirements they need to be clearly communicated to registrants. It would be beneficial to list the updated registration standards and guidelines on the home page of the NMBA website.

5. Do you have any other comments on the revised registration draft standard?

The ANMF has had reports from nurse and midwife members on extended sick leave, long service leave or maternity leave who have thought they were not required to undertake CPD activities as they were not working.

There needs to be a specific statement identifying that if you are registered you must comply with the CPD requirements even if you are not employed or if you are on extended leave (excluding the non-practicing registration category).

Guidelines on continuing professional development (CPD)

Comments relating to the *Guidelines on continuing professional development* include:

- Under “Who needs to use the guideline? (page 22), *“The guideline is relevant to and provides direction for”* last dot point lists employers. While they are certainly an interested party to the information contained in the registration standard and guidelines, these documents are intended to provide direction for nurse and midwife registrants who practice under the National Law. A separate sentence could be included to indicate that the guidelines provide information for other relevant parties such as employers.
- Under ‘Background’ the first sentence should read:
*“The aim of continuing professional development is to enable nurses and midwives to maintain, improve and broaden their professional knowledge, expertise, competence **and personal and professional qualities** to meet their obligation to provide ethical, effective, safe and competent practice.”*

The registration standard makes it clear that maintaining, improving or broadening personal and professional qualities contributes to CPD, so the guideline should do the same. We concur with the Board about the importance of highlighting to nurses and midwives that personal and professional qualities affect their practice. This inclusion also helps to inform direct-care nurses and midwives that CPD activities are not just about clinical expertise, but can also address interpersonal and professional skills, for example, advocacy, public speaking, assertiveness, communication, and writing policy. Such skills will enable nurses and midwives to be more effective in the provision of person-centred care and advocacy in what is often an overwhelming experience and environment. It also informs non-direct care nurses, midwives and managers that education to develop personal and professional skills such as strategic thinking, conflict resolution, and communication can be included in a CPD portfolio.

- Under ‘Scope of these CPD Guidelines’, first dot point (page 22) – “training for registration” should be amended to read “preparatory education leading to registration”
- With regard to mandatory skills acquisition which may be counted as CPD: in the registration standard continuing professional development this is defined as “...the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence...”. In the Guideline, participation in mandatory skills

acquisition is eligible for inclusion as CPD if it "...builds on competence'. The ANMF considers the words 'maintain' and 'build on' to be different concepts and suggests that both words should be included in the eligibility for inclusion of mandatory skills update as valid and consistent methods of evidence for CPD records. This would provide clarity for nurses and midwives for their CPD requirements in relation to annual mandatory activities.

- Under 'Continuing Professional Development Activities', similar to the point made previously, the first sentence should read:

*"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, competence **and personal and professional qualities** to meet their obligation to provide ethical, effective, safe and competent practice."*

- Under 'Self Assessment/Self Reflection' (page 25), the second sentence should read:

*"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 **professional or personal** knowledge, practice **or skills** deficits."*

This highlights to registrants that self assessment and self reflection includes consideration of personal qualities and also the identification of opportunities for the advancement of skills and knowledge in all areas relevant to practice.

Also under this section, in view of the change occurring in language with current reviews of national 'competency' standards, the ANMF considers it is timely to amend the wording in the Guideline to read:

"Registrants are also encouraged to refer to their professions' national standards for practice (previously competency standards)"

This is particularly pertinent as by the time of the next review period for this Guideline, all existing 'competency' standards documents should have been renamed as 'standards for practice'.

- Under 'Engagement with the profession' (page 25), it says "*Registrants are encouraged to engage others such as peer, mentor or supervisor during practice reflection for support and guidance*". The ANMF considers this should read "*engage with*" and would prefer this to be under a heading of 'How to enhance CPD' not 'Engagement with the profession' as

there is a concern nurses and midwives will think they have to undertake this process as part of CPD and the audit process.

Also, *“When practitioners engage other professionals in their CPD activities their learning and connection to the profession is enhanced”* should be amended to read *“may be enhanced”*.

- Under ‘What counts as CPD?’ (page 25): While the ANMF acknowledges the list of examples provided on page 25 is not exhaustive, we suggest including “reading professional literature” (as this is the CPD activity most accessible for all nurses and midwives irrespective of geographical location); amend “completing training courses” to “completing short courses”; and extend “Interactive E-learning activities” to “Interactive E-learning activities using technology for example, themed professional/specialty Webinars; The Health Channel; structured on-line learning programs; electronic books and manuals.

Some of the listed activities are quite structured and do not reflect the variety of available CPD activities. It would be less common for the majority of nurses and midwives to author a book chapter, participate in journal clubs or undertake simulation training outside of a training course or post graduate studies. CPD activities that do not generally include a cost should also be included in the overview, for example mentoring, participating on committees and attending meetings. These are the types of activities that most nurses and midwives should continue to be encouraged to undertake and be able to include as CPD.

The ANMF considers it appropriate to continue to outline the content of the original list provided by the Board as suitable CPD.

This list included:

- Reflecting on feedback, keeping a practice journal
- Acting as a preceptor/mentor/tutor
- Participating on accreditation, audit or quality improvement committees
- Undertaking supervised practice for skills development
- Participating in clinical audits, critical incident monitoring, case reviews, and clinical meetings
- Participating in professional reading and discussion groups
- Developing skills in IT literacy, communications, improving own performance, problem solving and working with others
- Writing or reviewing educational materials, journal articles, books
- Writing for publication

- Developing policy, protocols or guidelines
 - Working with a mentor to improve practice
 - Presenting at or attending workplace education, in-service sessions or skills workshops
 - Undertaking undergraduate or post graduate studies
 - Presenting at or attending conferences, lectures, seminars, or professional meetings
 - Conducting or contributing to research
 - Undertaking relevant online or distance education
- Some ANMF members have expressed confusion about the breakdown of CPD activity requirements, such as the number of hours allowed for researching information versus attending sessions or completing online learning programs. Also, questions are asked about what constitutes evidence for CPD activities, for example, certificates, or a link to articles/publications read. Perhaps there could be more clarity around these specifics of CPD requirements, in the Guideline document.
 - The ANMF seeks clarification on what process is required for evidence to be 'verified'. Is it sufficient for nurses and midwives to self verify CPD using a portfolio?
 - We take this opportunity to make reference to the CPD template found on the current *Frequently Asked Questions* document on the NMBA website: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ.aspx>. While ANMF members have found this template useful, it could be enhanced by increasing the number of specific examples (simple and common examples such as 'reading nursing journals x12 times per year' with generalised learning outcome comments rather than needing to reference each article); and, the manner of recording these activities, as has been done in the example for midwifery shown on the website. A re-design would also assist with meeting the Registration Standard requirements, for example, including an annual learning plan for each registration period.

Review of Recency of practice registration standard

Options statement:

The ANMF supports Option 2 – a revised registration standard for Recency of practice.

Feedback against the NMBA questions for consideration

The ANMF provides the following feedback on the questions posed by the NMBA's public consultation paper on *Review of Recency of practice registration standard*.

1. From your perspective, how is the current registration standard working?

The following commentary provides some examples of issues experienced by ANMF members in relation to this registration standard.

Some members have had difficulty demonstrating recency of practice, although this perhaps has not related to the standard per se, but rather the interpretation by a State or Territory AHPRA office of the standard.

For example:

...one member with dual registration as a registered nurse and midwife, worked in a maternity unit for several years but, when audited by the NMBA, experienced difficulty with the AHPRA officer accepting her recency of practice for her nursing registration, despite the maternity unit frequently caring for women and their babies postoperatively or with illness or disease. The AHPRA officer required the member to provide and keep a diary of the midwifery work and nursing work performed on each shift. The ANMF Branch considered this requirement to be excessive, far too onerous and were of the opinion that this AHPRA decision on recency of practice was probably not made by a clinician who understood nursing and midwifery work.

'Practice' (page 33) is defined as "[meaning] any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession."

The ANMF has had reports from nurses being audited who have been denied the ability to include non-remunerated hours as it was suggested it did not relate to their area of practice.

For example:

In one scenario a nurse was able to take her disabled infant home only because she was a nurse (with a letter to support this). She was informed at audit [by AHPRA] that as she wasn't a paediatric nurse this would not count as practice even though she was using her nursing skills.

It would be beneficial to identify what is meant by “whether remunerated or not” in the standard.

2. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

The language of the new headings is much clearer and more helpful to the reader. The layout and language throughout the draft registration standard is also easier to understand.

Under “Does this standard apply to me” (page 31), for greater clarity point 2 could be extended to read:

*“ to all applicants applying for registration as an enrolled nurse or registered nurse or a registered midwife, **except for recent graduates or students of nursing or midwifery programs.**”*

Then the sentence after point 3 could be deleted.

The statement starting with “Meeting the Board’s minimum requirements...” on page 31, would equally apply to all registration standards and should be considered as an inclusion in all other revised standards.

3. Is there any content that needs to be changed or deleted in the revised draft registration standard?

Yes, as follows:

- Under the ‘What must I do section’ (page 31): in relation to points (b) and (c) where it discusses assessment/supervised practice approved by NMBA, it would be helpful to include a direct link to the documents on the NMBA website: *Re-entry to practice policy* (March 2012) and *Principles for the assessing supervised practice re-entry* (February 2013). These documents provide information on the assessment process and/or re-entry programs approved by the NMBA.
- Under ‘Are there exemptions to this standard?’ (page 32): a meaningful typo in the second sentence! – “*What happens if I don’t meet (delete ‘mean’) this standard?*”

- Under ‘When you apply for registration’ (page 32): the sentence needs amending to read:

*“You need to meet this registration standard when you apply for registration in Australia as an enrolled nurse, registered nurse, or **midwife**, unless you are a recent graduate of an entry to practice nursing or midwifery program”.*

- We seek clarification as to why the definition of ‘practice’ includes the word ‘working’ in brackets.

4. Is there anything missing that needs to be added to the revised draft registration standard?

Under ‘Evidence’ (page 32), it would be useful to include examples of how nurses and midwives might provide this evidence, for example certificates of service from previous employers, or pay slips.

Conclusion

The ANMF submits the foregoing as input to the consultation process for review of the:

Registration standards and guidelines:

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

We appreciate the opportunity to participate in this consultation process on behalf of our membership. The ANMF has supported the development of national registration standards in the lead up to, and since establishment of, the National Registration and Accreditation Scheme. We have a primary interest in fair and equitable registration standards which will enable our members and the broader nursing and midwifery professions to be safe and competent in whatever sphere of health or aged care they practice.