



National Registration and Accreditation Scheme

Presentation by

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Context and Environment

- Demographics
- Disease
- Socio-Political Issues
- Patient Education
- Technology and Telecommunication
Advances
- Economics and Funding

Current Issues In Regulation

- Increasing government influence
- Regulatory failure
- Lay members on regulatory boards
- Workforce shortages

Current Issues In Regulation (cont'd)

- Task Shifting
- Mutual Recognition Agreements
- Continuing competence
- Higher education
- Shared competencies

The “Scheme”



Commences 1st July 2010

The same law will apply for all health practitioners,
it will register and regulate health practitioners
and will register students

Health Practitioner Regulation National Law

Health Professions in the Scheme



July 2010

- chiropractors
- dental care (including dentists, dental hygienists, dental prosthetists & dental therapists),
- medical practitioners
- **nurses and midwives**
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists
- psychologists

July 2012

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- medical radiation practitioners
- occupational therapists

Logo - NMBA



Nursing and Midwifery
Board of
Australia

NMBA Members



Clinicians:

- Angela Brannelly NT
- Mary Chiarella NSW
- Anne Copeland Qld
- Lynette Cusack SA
- Denise Fassett Tas
- Lynne Geri (EN) Vic
- Louise Horgan WA
- Mary Kirk ACT

Consumers:

- Gillie Anderson
- Christine Murphy
- Heather Sjoberg
- Margaret Winn

Milestones



- COAG signed Intergov't agreement March 2008
- Agency Management Committee March 2009
- **National Boards appointed Aug 2009**
- **Orientation for board members Sept 2009**
- Establishment of national Agency office
- **Anne Morrison, EO for NMBA March 2010**
- **State and Territory managers Feb 2010**
- Business processes, including IT systems, being developed
- AHPRA and Board websites established

Main Benefits



- Main benefit is that a registrant can pay once, and practise everywhere in Australia: workforce mobility
- Australia will have national registers of all registered health practitioners with any current conditions on practice available online
- Consultation and transparency: eg registration standards, endorsements, codes and guidelines
 - NMBA is adopting ANMC codes and guidelines
- Economies of scale (one office in each state and territory, head office in Melbourne)
 - NMBA will have 8 members on each State and Territory Board.

Opportunities

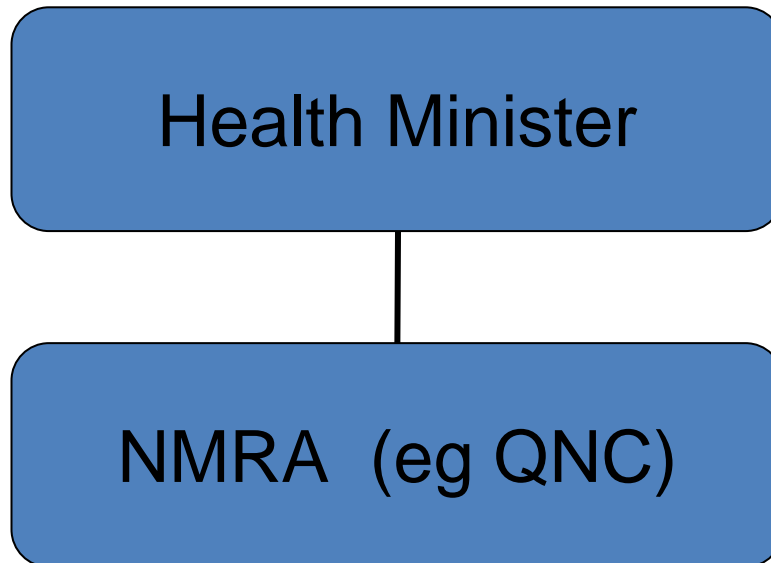


The focus on the protecting the public
is still the same

Current Structure



This model is duplicated around Australia about 80 times with 65 pieces of legislation, to be replaced by one model and one law



Key Players



- **Ministerial Council**
 - May give direction to Boards and the Agency
 - May ask a Board to review standards
- **Advisory Council** (plus National Registration Advisory Subcommittee)
 - Provide independent advice to MinCo about any matter relating to Scheme

Key Players



- The Boards
 - Develop or approve standards, code and guidelines
 - Determine requirements for registration and register health practitioners
 - Maintain registers (with Agency)
 - Oversee receipt and follow-up of notifications on health, performance and conduct
 - Approve accredited programs of study

Key Players



- The Agency
 - Provide support and administration services to all National Boards and their committees through one organisation with a National office and State/Territory offices
 - Develop and manage procedures
 - Operate in accordance with Health Profession Agreements with National Boards eg employ staff and manage contracts

Key Features of the National Law



- Five registration standards (next slide)
- Student registration
- Independent accreditation functions
- Handling of notifications and complaints
 - Health, competence and conduct matters
 - Mandatory notifications
- National registration fee for each profession
 - \$115 for nurses and midwives
- All nurses and midwives will renew 31st May

Legislated Registration Standards:



- English language
- Criminal history
- Professional indemnity insurance
- Continuous professional development
 - (20 hours)
- Recency of practice
 - (3 months within 5 years)

Nursing and Midwifery:



- CPD
 - 20 hours per year for RN/EN
 - 20 hours per year for RM
 - Plus extra for endorsement
 - If CPD activity is relevant across both professions and endorsements, it may be counted for all
 - Mandatory education can count

Nursing and Midwifery:



- CPD
 - Each nurse / midwife is responsible for keeping his/her own records. Keep evidence for 3 years
 - Relevant to context of practice
 - Stat dec and audit

Nursing and Midwifery:



- CPD examples
 - Reading / writing professional journals or books
 - Skills development: clinical, IT, communication
 - Inservice, workshops, conferences, lectures
 - Conducting or contributing to research
 - Keeping a practice journal
 - Acting as tutor / preceptor /mentor
 - Committee work
 - Clinical audits, case reviews,
 - Developing policy and procedures

NMBA Endorsements



- Endorsements:
 - Nurse practitioner
 - Scheduled medicines:
 - RIPERN (rural and isolated practice: to allow transition in Qld and Vic, then for review)
 - Eligible Midwives: NMBA is working with DOHA

Mandatory Notifications



- Practitioners and employers must report a registrant who they believe has engaged in notifiable conduct.
- Belief formed through the practice of the profession
- Notifiable conduct is:
 - practising while intoxicated by drugs or alcohol
 - engaging in sexual misconduct in professional practice
 - placing the public at risk of substantial harm through a physical or mental impairment affecting practice
 - placing the public at risk of harm through a substantial departure from accepted professional standards

Managing the transition



- Automatic transition for practitioners who are registered on 30 June 2010
- Practitioners will be advised of their category and type of registration well ahead of 1 July 2010.

More information?



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