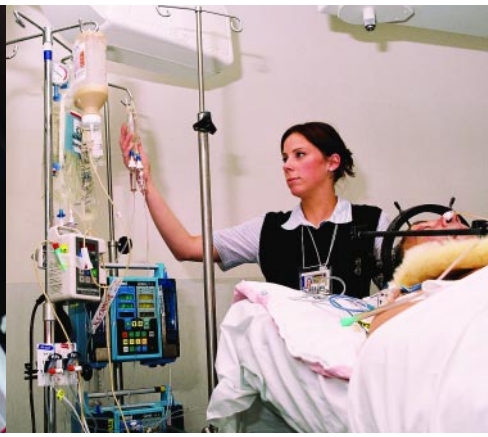
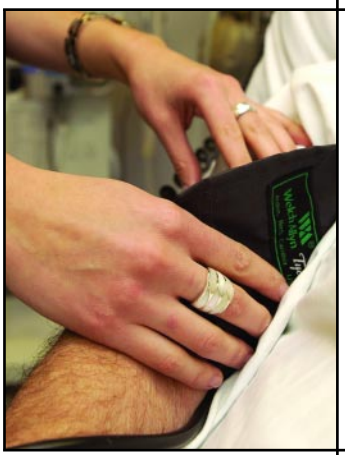
National Nursing and Nursing Education Taskforce (N^3ET)





Re-entry Programs for Nurses and Midwives



A Review of Legislative Requirements and Funding Support Across Australia for Re-entry Programs

Recommendation 25(e) of the National Review of Nursing Education (2002): *Our Duty of Care* report

June 2005

This document may also be downloaded from the N³ET website at: http://www.nnnet.gov.au/

Enquiries concerning this report and its reproduction should be directed to:

National Nursing and Nursing Education Taskforce Secretariat
Postal: C/- The Department of Human Services, Victoria
Level 12, 555 Collins Street
Melbourne VIC 3000

Telephone: (03) 9616 6995
Fax: (03) 9616 7494
E-mail: n3et@dhs.vic.gov.au

National Nursing and Nursing Education Taskforce (2005) Re-entry Programs for Nurses and Midwives. A Review of Legislative Requirements and Funding Support Across Australian For Re-entry Programs, June 2005.

Prepared by the National Nursing and Nursing Education Taskforce Secretariat.

Graphic design, editing and printing by Ideal Formats, Melbourne.

Photography "Nurse in Intensive Care" by Simon Fox, Deakin University.

Acknowledgements

The National Nursing and Nursing Education Taskforce (N^3ET) would like to thank all of the organisations that participated in the surveys and provided data and information, including public and private health care providers, Australian, state and territory health departments and nurse regulatory authorities in each state and territory. These organisations are included in all surveys undertaken for Recommendation 25, of which this review is a follow up. Individual organisations are detailed in Appendix 1.

In addition to the data gathered through the survey process, information presented in this review has been drawn from various sources, including internal National Nursing and Nursing Education Taskforce Secretariat working documents, national and international literature and the views of the taskforce members.

This report was prepared within the N^3ET Secretariat.

Thanks to Simon Fox of Deakin University for the use of several images featured in this report.

Contents

Contents

N³ET National Nursing and Nursing Education Taskforce

The National Nursing and Nursing Education Taskforce (N³ET) was appointed in November 2003 to implement recommendations of the National Review of Nursing Education (2002) *Our Duty of Care* report along with work from three recent Australian Health Workforce Advisory Committee (AHWAC) nursing workforce reports and additional work on nurse specialisation.

The Taskforce brings together some of Australia's leading nursing, nursing education and training specialists who have been nominated for their leadership qualities and collective expertise. Members of the Taskforce are supported by a Secretariat located within and supported by the Department of Human Services, Victoria.

The Taskforce is:

> **"committed to an enhanced and sustainable health care system through the promotion of professional visibility and pride, quality education, regulation to nationally consistent standards, and capacity building in practice, education and research for nurses and midwives across Australia (National Nursing and Nursing Education Taskforce 2003)."**

The Taskforce has the following terms of reference:

- To consider and develop proposals for implementation of the recommendations of the National Review of Nursing Education referred to the Taskforce by Australian Health Ministers Committee (AHMC).
- To report to AHMC, Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) and Australian National Training Authority Ministerial Council (ANTA MINCO) on implementation of the National Review of Nursing Education recommendations referred to the Taskforce.
- To consider and provide recommendations on any other nursing workforce or nursing education and training issues referred by AHMC, such as reports of the AHWAC.
- To progress and report on implementation of recommendations on any other nursing workforce and nursing education and training issues approved by AHMC that are consistent with the Taskforce's priorities.
- To progress implementation of the above recommendations, including the development and execution of individual projects, under a work plan approved by AHMAC.
- To operate for two years with continuation being subject to review by health, education and training ministers.

N³ET Membership

Chair

Adjunct Professor Belinda Moyes

Nominee of the Australian Minister for Health and Ageing

• Ms Rosemary Bryant	Executive Director Royal College of Nursing, Australia

Nominee of the Australian Minister for Education and Training

• Professor Jill White	Dean, Faculty of Nursing, Midwifery and Health University of Technology, Sydney

Nominee of the Ministerial Council for Education, Employment, Training and Youth Affairs

• Professor Pauline Nugent	Head, School of Nursing Deakin University, Victoria

Nominees of State and Territory Health Ministers

• Professor Mary Chiarella *(Nov 2003–Jul 2004)*	Chief Nursing Officer Department of Health, NSW
• Adjunct Professor Kathy Baker *(Since Aug 2004)*	Chief Nursing Officer Department of Health, NSW
• Ms Fiona Stoker	Principal Nursing Adviser Department of Health and Human Services, Tas

Nominees of the Australian National Training Authority Ministerial Council

• Ms Katherine Henderson *(Nov 2003–Feb 2004)*	Deputy Chief Executive Officer Department of Employment Education and Training, NT
• Ms Di Lawson	Chief Executive Officer Community Services and Health Industry Skills Council

Nominee — Private sector

• Ms Sue Macri	Executive Director Australian Nursing Homes and Extended Care Association (NSW)

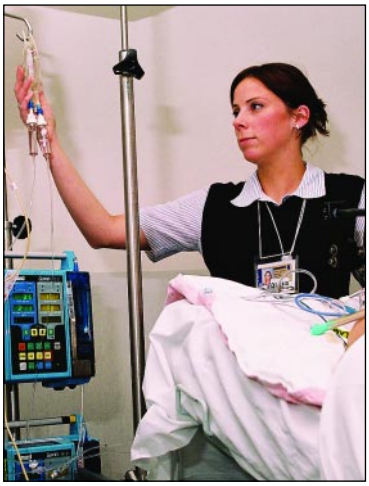
Abbreviations

ACT	Australian Capital Territory
AHMAC	Australian Health Ministers Advisory Committee
AHMC	Australian Health Ministers Committee
AHWAC	Australian Health Workforce Advisory Committee
ANC	Australian Nursing Council
ANMC	Australian Nursing and Midwifery Council
ANTA	Australian National Training Authority
ANTA MINCO	Australian National Training Authority Ministerial Council
AQF	Australian Qualifications Framework
EN	Enrolled Nurse
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
N^3ET	National Nursing and Nursing Education Taskforce
NBACT	Nurses Board of the Australian Capital Territory
NBSA	Nurses Board of South Australia
NBT	Nursing Board of Tasmania
NBV	Nurses Board of Victoria
NP	Nurse Practitioner
NRA	Nurse/Midwifery Regulatory Authority
NSW	New South Wales
NT	Northern Territory
PELS	Postgraduate Education Loans Scheme
Qld	Queensland
RCNA	Royal College of Nursing Australia
RM	Registered Midwife
RN	Registered Nurse
SA	South Australia
TAFE	Technical and Further Education
Tas	Tasmania
VET	Vocational Education and Training
Vic	Victoria
WA	Western Australia

Glossary

ANMC Competency	Refers to Australian Nursing Council, National Competency Standards for the Registered Nurse (2000) and the Australian Nursing Council National Competency Standards for the Enrolled Nurse (2002).
Australian Qualifications Framework (AQF)	Introduced in 1995, the AQF provides a comprehensive, nationally consistent yet flexible framework for all qualifications in post-compulsory education and training.
Challenge test	A challenge test is an exam administered by a competency assessment service. The exam will assess the applicants' learning needs in order to prove competence and re-register/re-enrol.
Competency assessment	Competency assessment is a service used by NRAs to assess the competency against the relevant standards through a challenge test and potentially through different modules of education as required to demonstrate competence and meet the NRA's requirement for registration/enrolment.
Recency of practice	Recency of practice is defined as practising in a nursing/midwifery capacity and holding a valid licence within the previous five years.
Re-entry pathway/ approach	The recognised pathways that a nurse/midwife may undertake to meet the NRA requirements to be re-registered/re-enrolled after a lapse in practice and removal from the roll/register.
Re-entry program	An NRA recognised or accredited program to assist nurses and midwives with lapsed registration to meet the NRA's requirements for reinstatement to the register/role. Also known as Renewal of Registration courses in WA.
Refresher	A program that supports nurses and midwives who are currently registered to increase or update their clinical skills and knowledge.
Period of supervised practice	A nurse/midwife with lapsed registration /enrolment may undertake a period of supervised practice in a clinical setting to assist them to meet the NRA's requirements for reinstatement to the register/role.

Executive Summary



To address current and projected shortages of skilled health professionals, employers and governments must provide opportunity and incentive to qualified individuals to remain in, as well as to return to, the workforce. The guiding principles of the National Health Workforce Strategic Framework includes the desirability of coordinated action and national consistency to achieve a workforce that is collaborative and flexible to deal with the current and future health care challenges (2004).

The National Review of Nursing Education (2002) *Our Duty of Care* (National Review of Nursing Education 2002) identified re-entry as a key component to building a sustainable workforce (p.16– Recommendation 25: Commonwealth Assistance for Specialty and Re-Entry Courses). In particular, it proposed that '*university based units for re-entry to nursing should be covered by a loans scheme*' (Recommendation 25(e)) as course costs may be a barrier to returning to the workforce.

Accordingly, a review in each state and territory has been undertaken by The National Nursing and Nursing Education Taskforce (N^3ET) to determine the following:

- the types of re-entry pathways or programs provided (including in which sector the pathway or program was provided)
- the support that was available to nurses/midwives returning to the workforce to undertake re-entry pathways or programs
- the total number of nurses/midwives completing each type of program in 2003–04.

In addition, a review of the legislative/regulatory requirements for re-entry in each state and territory was undertaken. The review explored whether a particular approach to re-entry was legislated or was the result of discretionary practices such as nurse/midwife regulatory authority (NRA) policies, guidelines or processes. The NRA in each state and territory sets out ways in which a nurse/midwife can meet the competency requirements for re-registration/re-enrolment through approved re-entry pathway and may exercise discretion about the type of pathways that may be required for re-registration/re-enrolment. NRAs can determine whether the applicant should undertake a period of supervised practice, a structured re-entry course or a competency assessment (these pathways are explained further in Section 3).

The key findings of this national re-entry review were that:

- legislation regarding re-entry in each state and territory varies considerably

- despite provisions for mutual recognition, there are considerable differences in the re-entry requirements, practice and policies stipulated by the eight NRAs
- four general approaches or pathways for re-entry were identified and there were significant differences in the structure, duration, content and eligibility criteria of the different pathways in each jurisdiction
- state, territory and Commonwealth governments currently provide funding for re-entry programs reflecting the focus on nursing recruitment and retention programs following the National Review of Nursing Education
- where the options existed, most nurses and midwives completed a re-entry program through a health service provider rather than a university or TAFE
- data collection differences between NRAs limit the ability to effectively compare and evaluate re-entry programs.

The implications of these findings for the nursing/midwifery workforce are significant. Based on the findings of this review, a loans scheme for university-based units would not benefit the majority of nurses/midwifery undertaking a re-entry program. Since the National Review of Nursing Education, governments have moved rapidly to focus on recruitment and retention as well as attract nurses and midwives back into the workforce and, as a result, have invested in programs such as support for postgraduate scholarships and re-entry. However, while there is investment in supporting re-entry by governments, the options (and therefore cost) for re-entry are driven largely by state and territory NRA requirements.

Ideally, the benefits of having an approved pathway rests on consistency, quality and certainty about the output, that is, participants achieve and can demonstrate the competency (including knowledge, skills and ethics) required for registration/enrolment. While it is recognised that differences in pathways provide for a range of learning styles and competency capabilities, there might be benefit in having greater consistency. The current lack of national consistency in re-entry requirements may call into question the confidence with which this can be accepted. Variation in requirements for re-entry may also effectively delay nurses and midwives returning to the workforce by placing unwarranted burden to demonstrate competence by completing a specified re-entry approach that may not be required in another jurisdiction.

Finally, while this review was not designed to determine which re-entry programs were best, it is evident that further work needs to be done to be able to make evidence-based assessments of re-entry approaches in each jurisdiction.

Currently, financial support for re-entry is available largely through government and should continue to be available in the future to provide opportunities for nurses and midwives to return to the health workforce. There is not, at this point in time, a compelling case to create a new loans scheme to address university units of re-entry. There is, however, a need to evaluate programs to ensure investment is evidence-based and that opportunities are accessible and flexible to meet the individual's learning needs.

The details about re-entry processes have been provided by NRAs and reflect the different jurisdictional environments and board understandings of approaches to professional regulation. Much variation arose from difference in discretionary processes put in place by NRAs. As a result, there are opportunities for NRAs to achieve greater national alignment in relation to re-entry without needing to have embarked on legislative changes.

Accordingly, N^3ET makes the following recommendations:

Recommendation 1:

That state, territory and Commonwealth governments continue to provide support for nurses and midwives to undertake re-entry.

Recommendation 2:

As a priority, state and territory nurse/midwife regulatory authorities and chief nurses collaborate to review the requirements for re-entry to achieve national consistency in this matter. The work of reviewing re-entry should include ensuring that in developing approaches to demonstrate competence to return to practice that:

- fair, transparent and defensible processes are employed
- policy and procedures are based on evidence and informed by ongoing evaluation and review
- re-entry approaches and processes are flexible, accessible and meet individuals needs
- cost-effectiveness and quality are central to determining and evaluating approaches.

Recommendation 3:

That all NRAs examine the competency assessment to re-entry as a model for a national approach to re-entry to the workforce for nurses and midwives and that state, territory and Commonwealth governments provide support for this pathway to re-entry.

Section 1 Re-entry programs for nurses and midwives

Introduction — re-entry in the current context

Nurses and midwives are key players in providing quality health care services; they make up 61.4 per cent of the professional health workforce in Australia (2004). Currently there is a global shortage of nurses[1] and midwives, which is reflected in both the current situation as well as the predictions for Australia's health workforce.

Within the Australian context, governments and employers, recognising the need to develop and maintain a sustainable workforce, have invested in a wide range of nursing/midwifery recruitment and retention strategies at local, state, territory and national levels[2].

One strategic approach to workforce augmentation targets the group of individuals who hold nursing and/or midwifery qualifications but who, for whatever reason, have left the nursing/midwifery workforce. This potential pool of health workers has been a significant focus for some jurisdictions in strategies to address local nursing recruitment and retention problems (Department of Human Services Victoria 2001; New South Wales Health 2002).

Returning to the workforce — registration/enrolment requirements

In order to practise, nurses and midwives must hold a current practising licence and be registered/enrolled in the state/territory in which they work (ANMC 2005). One of the requirements for registration/enrolment is that the nurse/midwife must be fit and competent to practise and, in all jurisdictions there is a requirement to prove, demonstrate or declare current competence. Recency of nursing or midwifery practice is one indicator of competence adopted by NRA's.

In general, if a nurse/midwife has allowed their registration/enrolment to lapse, they are required to meet the legislative and NRA requirements for re-registration/re-enrolment. The interval of time since an individual last practised and/or last registered/enrolled is a standard indicator of recency and/or current competence. The specific evidentiary requirements are largely set out by the NRAs.

- In Queensland, Victoria and Western Australia a five-year interval is legislated.
- In the Northern Territory, South Australia and Tasmania no actual time period is specified in the legislation and the NRAs have adopted the five-year threshold to prove recency.

[1] The use of nurse in this report will include registered and enrolled nurses.

[2] The Australian Government has identified nursing as one of two national priority areas in education and implemented a range of measures to increase the numbers of undergraduate places for nurses and to support nurses in their undergraduate education.

Section 1: Re-entry programs for nurses and midwives

- In ACT, legislation specifies five years as the threshold for registered nurses (RNs), however, the NRA applies the same principle to registered midwives (RMs) and enrolled nurses (ENs) even though legislation remains silent.
- In NSW, recency of practice is not a legislative requirement for nurses/midwives and the NRA has no power to intervene if an individual maintains registration/enrolment by paying the practising fee as required, even if they have not practised in some time. The NRA has also adopted the five-year mark for setting conditions on re-registration/re-enrolment.

In all other jurisdictions, nurses and midwives who are seeking to re-register/re-enrol and are unable to demonstrate competence (insufficient clinical experience within a required or prescribed timeframe[3]) may be required by the NRA to complete an approved re-entry to practice pathway to enable them to demonstrate competence to re-enter the nursing/midwifery workforce[4]. The interval of time since last practice is determined either by legislation or the NRA.

Re-entry pathways/approaches

Across Australia, there are a number of different pathways or approaches approved by state and territory NRAs to assist individuals to achieve the competence required for re-registration/re-enrolment. These are commonly referred to as 're-entry programs', however there are several different approaches and the terminology used by different NRAs is not consistent. In addition, some re-entry to practice programs[5] are authorised periods of supervised practice and use competency assessment services as a way to meet re-entry requirements. For the purpose of this review, all will be referred to collectively as pathways or approaches. Further explanation of these approaches is provided in Section 3.

Although costs vary between the pathways, the financial burden associated with meeting re-entry requirements stipulated by NRAs has been noted as a significant disincentive for some potential re-entrants to the workforce (National Review of Nursing Education 2002). The cost to nurses/midwives varies between and within states and territories. Participants may be charged fees in line with the real or actual running costs of the pathway, to undertake all or some of the pathway components and, depending on their registration/enrolment status at the time, they may not be able to earn a salary as a nurse/midwife while participating in a period of supervised practice or re-entry program.

[3] Majority of jurisdictions use five years as a threshold for recency of practice (Refer Appendix 4, Table 4.3).

[4] The exception is NSW where there is no legislative requirement for competence for re-registration/re-enrolment. This will be discussed in more detail in the following sections.

[5] Re-entry programs are distinguished from 'refresher' programs, which are designed to assist current registrants to update their knowledge and skills in one or more areas of practice.

Section 1: Re-entry programs for nurses and midwives

Commonwealth assistance for re-entry

Our Duty of Care (National Review of Nursing Education 2002) identified re-entry as a key component of building a sustainable workforce (p. 16 - Recommendation 25: Commonwealth Assistance for Specialty and Re-Entry Courses).

The Australian Government does provide some support for re-entry through the Australian Government Rural and Remote Nurse Scholarship Program: Re-entry Scheme (Royal College of Nursing Australia 2004). This program targets those living in rural and remote areas who are seeking to re-register/re-enrol. However, the National Review of Nursing Education anticipated that with the introduction of the Postgraduate Education Loans Scheme (PELS)[6] and the trend to charge fees at the postgraduate level, a loans scheme would be required to cover those wishing to undertake postgraduate courses in the AQF, which is discussed in Section 5. The National Review of Nursing Education accordingly made the following recommendation:

Recommendation 25—Commonwealth assistance for speciality and re-entry courses

The maintenance of nursing specialities and re-entry programs are important in meeting labour market needs. To enable these needs to be met:

a) an audit should be undertaken of the current postgraduate coursework scholarships, including those offered by the States and Territories

b) using the audit outcome and advice from the Australian Health Ministers' Advisory Council (AHMAC) on shortages in specialised areas of nursing, recommendations should be made to the Commonwealth on the number of additional scholarships to be funded and the specialties to which they should be allocated

c) new scholarships should be offered for three years in the first instance, subject to review

d) specialised nursing areas where small numbers of graduates are needed should be identified and opportunities investigated for the contracting of these courses on a national basis

e) university-based units required for re-entry to nursing should be covered by a loans scheme.

[6] In January 2005, the Postgraduate Education Loan Scheme (PELS) was replaced by FEE-HELP in the revised program of Australian Government assistance for students undertaking tertiary studies. It is an indexed but interest free loan, which allows students enrolled in a fee paying non-research based course to defer payment until such time as their income reaches a set threshold. Further explanation of FEE-HELP is in Section 5.

Section 1: Re-entry programs for nurses and midwives

Following the release of the report, the Australian, state and territory Health Ministers reviewed this recommendation and directed the National Nursing and Nursing Education Taskforce (N^3ET) to consider part (e) of the recommendation in the light of results of an audit of postgraduate scholarships undertaken by the Taskforce (part a).

Scope of re-entry review

N^3ET has completed and commented on the first part of Recommendation 25 in 2004–2005 in the National Nursing and Nursing Education Taskforce (2005) *Scholarships for Nurses and Midwives*: A Review of Australian Scholarship Programs for Postgraduate Study in Specialty Nursing Areas. The purpose of this review therefore is to examine the option of a Commonwealth-funded loans scheme to support individuals undertaking units of study at a university for the purpose of re-registration/re-enrolment and re-entry to the workforce, and to examine if a loans scheme of this type would meet the broader objective of assisting in meeting the labour market needs as identified in Recommendation 25 (National Review of Nursing Education 2002).

To be able to make an assessment of this option, it is necessary to understand the context in which a loans scheme would operate, including issues such as:

- What is the current and projected demand for re-entry support in each state and territory?
- What are the legislative and NRA requirements with respect to re-registration/re-enrolment and re-entry in each state and territory?
- What are the approaches to re-entry in each state and territory?
- Who is currently providing re-entry approaches in each state and territory?
- Who is currently providing support for nurses and midwives to undertake re-entry?
- What proportion of nurses/midwives re-registering/re-enrolling completed re-entry pathways provided through universities and what proportion through other providers, such as health services?

Additional factors, such as what influences a nurse/midwife's choice of provider for re-entry and other options/models for re-entry, were considered pertinent but beyond the scope of this review.

Similarly, it was not within the scope of this review to consider approaches to re-entry outside Australia.

Section 1: Re-entry programs for nurses and midwives

Process used for the re-entry review

The following data (some through surveys) was compiled as the basis of this review:

- initial exploration of re-entry, literature review activities
- review of current legislation pertaining to nursing, nurses and midwives
- state and territory government departments of health (or equivalent) via chief nurses
- state and territory NRAs.

Requests for information were distributed to key people in the target organisations, via email, as an attached survey tool (Appendix 2.1, 2.2). Follow-up telephone calls resulted in all NRAs and chief nurses responding to the surveys. Further follow-up calls were used to clarify information as required.

Determining current support for re-entry

Scoping and initial research undertaken on postgraduate scholarships for the work on Recommendation 25, part (a), indicated that the Australian, state and territory governments have schemes in place to support nurses and midwives to return to the workforce, and were the major providers of such supports. Therefore, all state and territory health departments (through the Chief Nurse/Principal Nurse Advisor) were surveyed to determine:

- the level of financial support provided by state and territory governments for re-entry approaches
- actual numbers of nurses and midwives that had received assistance to undertake a re-entry approach in any one year
- indications of demand for support to undertake re-entry in 2003–2004
- evidence of the efficacy and/or evaluation of programs of support for re-entry.

The Royal College of Nursing Australia (RCNA), as fund holder for the Australian Government re-entry programs, was also surveyed.

A copy of the survey sent to RCNA and state and territory governments on re-entry. The survey was designed to capture data retrospectively for a two-year period (2002–03 and 2003–04). The fiscal year was used in this survey as it was anticipated that data available from state and territory health departments would be based on the financial year's funding/budget arrangements. Respondents were also asked to indicate if they intended to continue providing support in the calendar year 2005.

Section 1: Re-entry programs for nurses and midwives

Determining the proportions of re-registrants/ re-enrolments and re-entry pathways

To ascertain the actual number and proportion of people who had re-registered/re-enrolled, and completed re-entry approaches provided by the higher education sector in 2003–04, the NRAs in each state and territory were approached to:

- provide numbers of nurses and/or midwives re-registered/re-enrolled in 2003–04 who had completed a re-entry program, period of supervised practice or competency assessment and provider details
- confirm the types of re-entry approaches available in the state/territory and the details of all accredited providers of re-entry programs, supervised practice or competency assessment
- verify the legislative requirements and NRA processes/steps for re-registration/re-enrolment in the state/territory.

The key findings of both the NRAs and governments are discussed in the following sections of this review. A consolidated view of the key data can be found in Appendix 4, Table 4.5.

Outline of this review

The following sections provide a synthesis and analysis of the data received from the various surveys, data collections and sources.

Section 2: outlines both the legislative and regulatory requirements of the states/territories regarding re-entry.

Section 3: explains the different approaches/pathways under the banner of re-entry across Australia.

Section 4: examines the current financial support that is available to eligible individuals undertaking various approaches to re-entry at the time of the review.

Section 5: examines the option and benefits of Commonwealth-funded **loans schemes** along the lines of FEE-HELP (previously known as PELS) and its application to re-entry.

Section 6: examines next steps and recommendations for re-entry across Australia.

Section 2 Legislative basis for registration/ enrolment and re-entry

Nursing and midwifery are regulated professions in Australia. The legislation and regulation of nursing and midwifery is state/territory based, and the titles of registered nurse (RN), enrolled nurse (EN)[7] and registered midwife (RM)[8] are protected under the various statutes in place within each state/territory. This regulatory process is managed by the NRAs authorised under state/territory law through the maintenance of registers and rolls as outlined in Appendix 4, Table 4.1. Administering the annual (or periodic) renewal of registration/enrolment is part of this function, and includes ensuring nurses and midwives are competent to practice.

In meeting the requirement to **safeguard the public**, NRAs may also prepare codes and guidelines outlining the standards expected for professional practice and, in so doing, address issues of unprofessional behaviour.

In addition to legislation, national standards were developed for RNs and ENs (Australian Nursing and Midwifery Council 2000; Australian Nursing Council 2002) and have been set out by the ANMC and endorsed by the NRAs. These standards act as guidelines to measure quality care, safe practice, responsibility and accountability of the professions (Australian Nursing and Midwifery Council 2000). They are the benchmark requirements for competence and registration/enrolment in each state and territory in Australia.

In this section, the legislative and regulatory basis for registration/enrolment will be discussed in terms of:

- initial registration/enrolment or entry to practice
- renewal of registration/enrolment
- re-registration/re-enrolment and re-entry to practice after a lapse
- accreditation of courses leading to registration
- mutual recognition
- limited review of legislation only
- regulatory process, board guidelines were provided by NRA's
- examples of board processes have been provided to highlight the differences between state and territory approaches and reflect their different legislative frameworks and environments.

[7] Includes Registered Nurse, Division 2 in Victoria and Registered Enrolled Nurse, Division 2 Western Australia.

[8] In this review, the use of the term 'Registered Midwife (RM)' is inclusive of midwives who are authorised, certified or endorsed.

Section 2: Legislative basis for registration/enrolment and re-entry

Registration/enrolment — legislative and regulatory requirements

Across Australia, legislation makes provisions for NRAs to accredit pathways leading to registration/enrolment. Successful completion of an accredited pathway indicates that the participant has demonstrated the required competency level for registration/enrolment. The legislation and decision making frameworks for NRAs vary across Australia in the requirements and policies for registration/enrolment, renewing registration/enrolment and restoration to the register/roll.

Whilst processes for gaining initial registration/enrolment, retaining registration/enrolment and gaining re-registration/enrolment are integral parts of a professional regulation continuum, this review focuses on restoration of a name to a register/roll after a lapse in practice. However, some understanding of all the registration/enrolment 'steps' is necessary to contextualise current practices in re-entry.

Requirements for initial registration/enrolment and entry to practice

The requirements for entry to practice differ depending on the registration/enrolment category in which the individual is seeking registration/enrolment.

Registered nurses

Across Australia, to meet the requirements for registration, applicants must undertake a minimum three-year undergraduate degree program (AQF 8)[9] and demonstrate that they meet the ANMC Competencies for Registered Nurses (Australian Nursing and Midwifery Council 2000). Nursing programs leading to registration are conducted in the higher education sector and must be accredited by the NRA in the state/territory in which the course is delivered.

Enrolled nurses

NRAs also accredit courses leading to enrolment for ENs. These one-year or 18-month courses (AQF IV or V-diploma level)[10] are currently delivered in the vocational education sector (VET sector). While ENs provide care under the supervision or direction of an RN, they must demonstrate compliance with the ANMC Competencies for Enrolled Nurses (Australian Nursing Council 2002) to be eligible for enrolment.

[9] Australian Qualifications Framework is a unified system of national qualification in schools, vocational education and training (TAFEs and private providers) and the higher education sector (mainly universities).

[10] The Community Services and Health Industry Skills Council and the ANMC are currently jointly progressing work to incorporate EN education into the Health Training Package and, in so doing, will bring greater uniformity to the preparation of ENs for registration.

Section 2: Legislative basis for registration/enrolment and re-entry

Midwives (registered/authorised/endorsed/certified)

There are many pathways in Australia to gain registration as a midwife. One is through a Postgraduate Diploma of Midwifery; the prerequisite for this pathway is current registration as a nurse. Others include a Masters with previous completion of a Bachelor of Nursing; completion of a joint Bachelor of Nursing and Midwifery program, or through completing a Bachelor of Midwifery, commonly known as a 'direct entry' midwifery program. Midwifery courses and course providers are approved or accredited by the NRA in the state/territory where the course is provided.[11]

Midwives are recognised on the state/territory registers through different mechanisms. In NSW, for example, midwives have a separate division of a separate register. In Victoria, in contrast, graduates of both bachelor degree and postgraduate diploma courses for midwifery are eligible to apply to be registered in Division 1 of the register; a Bachelor of Midwifery graduate who is not also an RN will have limits or conditions placed on the registration to practise only in midwifery.

Nurse practitioners

With the development of the nurse practitioner (NP) role, issues of competency have been considered through limitations on the length of time that the NP endorsement is valid. While it is generally clear that endorsement may not be given where insufficient evidence of NP practice can be demonstrated,[12] the pathway to 're-endorsement' after a lapse in registration or endorsement has not yet been tested and is therefore not included in this review.

Renewal of registration/enrolment

Following initial registration, there is a legislative requirement to renew registration/enrolment periodically. In six jurisdictions, annual renewal of registration is legislated. In Western Australia, nurses and midwives can elect to renew their registration for a three-year period and in South Australia the NRA can determine the interval and currently undertakes this annually.

With the exception of NSW, the various state and territory regulations pertaining to nurses and midwives all require that individuals demonstrate recency of practice before an annual practising 'licence' is granted.

[11] The ANMC is currently developing national competency standards for midwives which, once endorsed, will be used as the measure of competency for the registration of all midwives in Australia.

[12] In NSW, NPs must submit evidence of 5000 hours of advanced practice during the last six years appropriate for the relevant broad area of practice recognised by the Board. This evidence must be substantiated and verified.

Section 2: Legislative basis for registration/enrolment and re-entry

Recency of practice is one indicator of competence adopted by NRA's and is generally defined as practising in a nursing/midwifery capacity and holding a valid licence at some point within the previous five years. Although there is a high degree of concordance between the states and territories about this interval of five years, the basis of this is unclear. The likely assumption is that those that have practised within the last five years will be safer and more competent in regards to equipment, technology changes, treatment options and pharmaceutical interventions (Pearson, Fitzgerald et al. 2002).

Further, some NRAs require individuals to have current competence to maintain registration/enrolment (Appendix 4 Table 4.2), although the ways in which this is determined varies across Australia and includes jurisdictions that have self-declaration (with or without self-assessment) as well those that perform formal regular audits (Pearson, Fitzgerald et al. 2002).

Currently, most jurisdictions require individuals to sign a prepared declaration on the registration/enrolment renewal form using the ANMC Competencies for Registered Nurses and Enrolled Nurses as the benchmark. In Tasmania, self-reporting of competence is periodically audited and nurses and midwives are required to maintain a portfolio of evidence in support of their declaration (Nursing Board of Tasmania 2004). The Nurses Board of South Australia (NBSA) has recently introduced a similar approach in a tool kit to assist nurses/midwives to maintain and keep evidence of their competence to practice. In SA, the option of periodic or random auditing is still under consideration[13].

NRAs can decline to renew or restore a name to a register/roll if the applicant does not meet these standards.

In NSW, there is no requirement for nurses or midwives to undertake a re-entry approach or to demonstrate recency of practice. Recent legislative changes (August 2004) mean that the NRA can now choose to place conditions on persons whose registration/enrolment has been cancelled through non-payment and who are seeking to be re-registered/re-enrolled. The NSW NRA may now require that the nurse or midwife: '*practice only in employment in a clinical setting in which a person at the level of nurse manager undertakes to provide, within three months of commencement of employment, a report on the nurse or midwife's competence to practice*' (Nurses and Midwives Board of New South Wales 2005).

It is not within the scope of this review to evaluate models of continuing competence. Some work has been done in this regard (Department of Human Services Victoria 2001; Department of Human Services Victoria 2003).

[13] Note that Recommendation 6: National ANCI *(now ANMC) principles to underpin legislation and registration* of the *Our Duty of Care* report, calls for the introduction in all states/territories of audited self-reporting of currency of competence, including ongoing education.

Reinstatement to register or roll

There are many reasons why an individual's name may have been removed from a register/roll, including failure to disclose criminal history, voluntary cancellation, unfit to practise or cancellation where the person does not have the qualifications to practise. This review does not cover such reinstatement cases.

Re-registration/re-enrolment and re-entry to practice after a lapse

The corollary of **self-declared competence** is that there is a professional expectation for individuals who may be registered/enrolled, but have not practised within a stipulated time frame (generally five years) or who have not retained current competence, to remove themselves or be removed from the register/roll.

In general, state and territory legislation imposes a requirement that, if the person has practised as a nurse/midwife or completed an accredited course leading to registration/enrolment, including an accredited re-entry pathway, within a stipulated time frame (which may be in legislation or determined by the NRA), the NRA cannot refuse to reinstate the person (or must consider the application; or the person is eligible to be reinstated) to the register/roll, **provided they meet the NRAs other requirements**.

With the development of direct entry midwifery programs comes another layer of complexity to re-entry programs. However, there are currently a number of options for re-entry specifically targeted to midwives. Victoria appears to be the exception, where an RN with midwifery qualifications may need to complete two re-entry programs (one as an RN one as an RM) before restoration to the register as a midwife. This will change as direct entry midwives in Victoria re-register.

Appendix 4, Tables 4.2 and 4.3 summarise the legislative and regulatory requirements for re-entry of each of the states and territories. Initial work for this review indicated that there was some confusion about whether completing a specific pathway was in fact a **legislative** requirement for re-registration/re-enrolment. To understand this, a review of legislation was completed which illustrates that particular pathways are not specified in the legislation. For the most part, legislation makes provision for consideration of applications to be reinstated to the register/roll by nurses/midwives who have allowed their registration/enrolment to lapse and each NRA approaches this challenge differently. The legislation does not specify how decisions are made or through what approach that competency must be demonstrated. The exception to this is in Western Australia (2004) (Section 22 (2c) (ii)).

Section 2: Legislative basis for registration/enrolment and re-entry

Provisional or temporary registration/enrolment

Within some statutes, there are also mechanisms available to the NRAs to facilitate re-entry pathways, such as temporary registration/enrolment or registration/enrolment with conditions, which vary between NRAs (Appendix 3, Flow Charts 1–8). Mechanisms affect whether a nurse/midwife can be employed and earn income as an RN/EN/RM prior to gaining registration/enrolment.

Example 1

In Victoria, nurses/midwives completing a period of supervised practice cannot be paid a salary as they are not registered/enrolled.

Example 2

In Tasmania, nurses are given temporary registration in order to complete the clinical component of the re-entry program. Nurses in the re-entry program provided through the Department of Health and Human Services are paid a salary up to 60 shifts. The length of the clinical component depends on the Nursing Board of Tasmania's (NBT) assessment and, if the Board determines that nurse needs more training, a different re-entry program may be considered.

Accreditation of courses leading to registration/ enrolment

Legislation makes provisions for the NRA to accredit re-entry programs as these programs lead to registration/enrolment. Accredited programs assess students against the ANMC Competency Standards for Registered and Enrolled Nurses. These competency standards are an industry benchmark of competency and readiness to practise. Therefore, completion of an accredited program indicates that the participant has attained the required competency level for registration/enrolment.

Accreditation can occur when an education provider makes an application to the NRA to be accredited or if the NRA approaches a provider (university, TAFE, hospital, health service) to offer this service. Renewal of accreditation is at the NRA's discretion and varies between states and territories in terms of duration of accreditation period and standards for the content.

Section 2: Legislative basis for registration/enrolment and re-entry

Mutual recognition

The *Mutual Recognition Act 1992* recognises a need for fundamental regulatory reform to enhance the flexibility and competitiveness of the Australian economy. It recognises that the existence of multiple regulatory environments across the states and territories is a barrier to the 'free trade' of both goods and occupations.

Through the Act, processes exist between each state and territory that allow nurses and midwives who are registered/enrolled to practise in one jurisdiction to be recognised (upon notifying the appropriate NRA) in a second jurisdiction within the equivalent occupation. Similarly, the *Trans Tasman Mutual Recognition Act 1997* provides for the registration and enrolment within Australia of nurses who have a current practising certificate in New Zealand. When the mobility of the nursing and midwifery workforce is considered, the impact of such legislation is clear.

In the absence of legislative guidance, NRAs assess applicants individually and make rulings or recommendations about requirements for re-registration/re-enrolment based on a range of considerations. Upon successful completion of a re-entry to practice pathway, the nurse/midwife is eligible for restoration to the register/roll and, upon re-registration/re-enrolment, can return to the workforce as a competent professional.

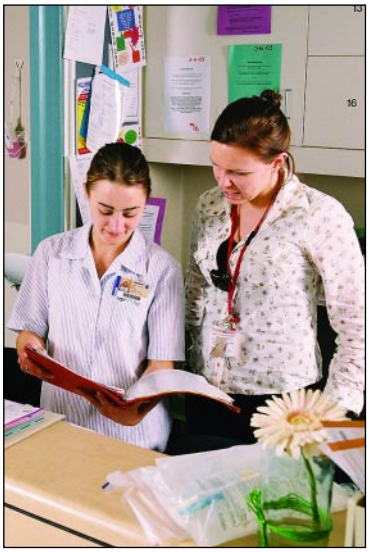
Because of processes that facilitate mobility, such as mutual recognition, it is important that all pathways that lead to re-registration/re-enrolment provide the same outcome in terms of quality, including demonstrating competency. Importantly, this does not necessarily mean that all pathways must be identical, as there are benefits for providing options as people have different learning styles and needs. However, a challenge exists as currently there are no agreed national standards to guide NRAs to bring uniformity across Australia. The variation in re-entry practice and policies between the states and territories may impact on the confidence with which provisions such as mutual recognition operate.

Section 2 — Legislative basis for registration/enrolment and re-entry

Key points

- Legislation and regulation governing nursing and midwifery is state and territory based and has resulted in considerable variation in practice and policy.
- Lack of consistency in the way re-entry is addressed diminishes confidence in the quality of re-entry programs between jurisdictions that have different programs for re-registration/re-enrolment.

Section 3 Approaches to re-entry to practice



Issues of national consistency and health workforce are central to the work of the N³ET and are fundamental to achieving a flexible, mobile health workforce. Unnecessary or unwarranted variation in return to work approaches and requirements has the potential to have a detrimental effect on the workforce, such as:

- deterring or delaying workers' return to the workforce, thus exacerbating shortages
- increased cost of return to work
- impact on confidence with which policies such as mutual recognition operate.

While approaches to re-registration/re-enrolment and re-entry to the workforce clearly must meet any legislative requirements, where legislation is silent or not specific, the following principles could reasonably be applied to underpin decisions and processes, namely that:

- fair, transparent and defensible processes are employed
- policy is evidence-based
- approaches and processes are flexible, accessible and able to meet individual's needs
- cost-effectiveness and quality are key considerations
- ongoing evaluation and review occurs.

These principles have guided the following examination of re-entry approaches.

The different approaches to re-entry

The different pathways to re-registration/re-enrolment available across Australia are intended to provide eligible nurses and midwives with a range of opportunities to re-gain registration/enrolment while recognising their previous qualifications and experience. Not every pathway is available for a given category of nurse/midwife in each state/territory —Table 1 summarises the approaches currently available in each state/territory.

Table 1: Current approaches to re-registration/re-enrolment after lapse in practice >5 years

	Automatic, direct re-registration/ re-enrolment	Re-entry program	Period of supervised practice	Competency assessment
ACT	X	√	√	X
NSW	√	No requirement to undertake course to re-register/re-enrol		
NT	X	√	X	X
QLD	X	X	X	√
SA	X	√	X	√
TAS	√	√	√	X
VIC	√	√	√	X
WA	X	√	X	X

Nurses/midwives seeking to be re-registered/re-enrolled, make an application to the NRA in the state/territory in which they wish to work. The NRA then assesses the individual's application and makes a decision regarding re-entry to practice pathways prior to registration/enrolment (NSW excepted). In some cases, the applicant will be given their registration/enrolment after application to the NRA (potential in Tas and Vic); in others they will be referred to one, or a choice of, re-entry pathways.

The criteria for making assessments on which pathway an individual may follow vary between NRAs. In some cases, the options and eligibility criteria for each opportunity are fully available at the 'point of contact' with a NRA. In other cases, the decisions are less transparent and it is not always clear if all applicants have a choice between pathways in those jurisdictions where more than one option exists. Advice on appeals processes was frequently omitted.

Example 1

Nurses and midwives seeking re-registration/re-enrolment in Queensland are provided with clear guidance about the process and requirements. In addition to a comprehensive *Registration Policy*, a detailed flowchart demonstrates the decision tree that leads the nurse/midwife through the process to restore their name to the register/roll (Appendix 3.4).

Example 2

> The NBSA allows for a range of options. The nurse/midwife can choose the competency assessment service to meet their needs or they can enrol in a university or TAFE re-entry program to prove competency. As demonstrated in the flowchart (Appendix 3.5), there are a number of options available to restore a name to a register/roll, however as individuals choose the pathway it is unclear how informed decisions are made.[14]

Currently, there is a lack of uniformity in the different approaches and no agreed national standards to guide NRAs in this matter.[15] The duration, structure, content, cost, provider and number of pathways accredited remains at the discretion of the NRA.

Overall, four approaches or pathways for re-entry have been identified:

1. 'automatic' or direct re-registration/re-enrolment
2. formal or structured re-entry program
3. period of supervised practice
4. competency assessment.

Automatic, unconditional or direct re-registration/ re-enrolment

In some jurisdictions (NSW, Tas, Vic), an option exists to re-register/re-enrol a nurse/midwife who has had a lapse in practice of greater than five years without a requirement to undertake a re-entry approach, at the discretion of the NRA. In these cases, legislative guidance may include the NRA being satisfied the applicant has sufficient capacity (physical, mental), 'good character', competency and English language proficiency to practise. This option was often not acknowledged in NRA re-registration/re-enrolment documents.

This direct pathway to re-registration/re-enrolment is based on the NRA's assessment of the applicant. The applicant must provide detailed evidence of recency, skill and competency (Tas, Vic). The NRA identifies, as an example of who may be eligible for such a pathway, ex-nurses who have worked in a role closely related to health services.

[14] At the time of this review, SA was in the process of evaluating the outcomes for nurses/midwives using the competency assessment service.

[15] Note: standard criteria to be applied to re-entry courses may be addressed in work planned by ANMC to develop national guidelines for the accreditation of courses leading to registration although the extent to which NSW will be aligned with this work is uncertain.

Example 1

The arrangement that exists in NSW, where those who have lapsed due to non-payment are granted registration/enrolment, is direct re-registration/re-enrolment, although the NRA may choose to place a condition on the individual as previously discussed.

Example 2

In Tasmania, there is an option for direct re-entry if the nurse or midwife can provide sufficient evidence that they meet the NBT requirements for competency and capacity. Although this rarely happens, if the nurse/midwife kept up their knowledge and skill set, generally through employment in an allied health role, the Board can, through their assessment process, determine that the applicant has sufficient evidence to practice.

Formal or structured re-entry programs

Formal or structured re-entry programs are offered by a range of providers, including universities, TAFEs and public and private health service providers, such as hospitals. This pathway usually contains prescribed theoretical and clinical components. The clinical component may be a clinical practice placement (Tas). University-based re-entry programs can draw on part of whole units from existing undergraduate courses to form a pathway tailored for re-entry purposes. The majority of nurses/midwives undertaking a re-entry program do so through a health service provider and health services see this approach as an investment in recruitment.

Structured re-entry programs vary considerably between states and territories with respect to duration, cost (and level of support), and the provider of pathways, including the mode available to individuals undertaking the program. Currently across Australia, the duration of formal re-entry programs ranges from eight weeks to one year (Appendix 4, Table 4.4).

Example 1

In SA, an RN can take a re-entry program for one semester or one year at a university (cost of $2000 and $3847 respectively); a midwife can take a 13-week program at a university ($2000), and an EN one semester at a TAFE (funded by the Department of Health). The only other option for these categories (RN, EN, RM) of nurses in SA is to use the competency assessment approach described later.

Example 2

In WA, an RN can take a one-semester re-entry program through a university ($2400) or a hospital based re-entry program for eight weeks at no cost to the individual if they are in a public hospital (fully funded by the Department of Health).

Period of supervised practice

Periods of supervised practice are different to structured re-entry programs as they focus on the clinical component, with less emphasis on prescribed course work or theoretical content. Supervised practice is generally provided in a health service setting for a set period of time, after which an evaluation is made on whether the nurse/midwife is competent to practise. The curriculum includes structured theory integrated with clinical experience that is supervised. Nurse educators within the health service provider generally offer the curriculum. In addition, arrangements for preceptors are often included. ACT and Victoria are the only territory and state to offer a period of supervised practice, however, Tasmania has a provision to provide it in exceptional circumstances.

Periods of supervised practice vary between and within the states and territories in terms of cost, duration and provider (Appendix 4, Table 4.4). Periods of supervised practice are determined on an individual basis but usually NRAs specify a minimum period.

Example 1

The Nurses Board of Victoria (NBV) requires that periods of supervised practice in an approved facility can be undertaken either part-time or full-time. Part-time supervised practice of not less than 16 hours (2 x 8-hour or 3 x 6-hour shifts) per week. Night duty or weekend shifts are not included as supervised practice. The period of supervised practice must be a minimum of six weeks and up to a maximum of 12 weeks (at FTE). The Department of Human Services provides funding to public providers (tagged for the individual) of up to $2,000 per participant.

Example 2

The Nurses Board of the ACT (NBACT) has a maximum of 16 weeks for supervised practice. The cost to the nurse/midwife is $400, of which $200 is reimbursed at the end of the program. ENs and RMs can only complete a period of supervised practice in the ACT, while RNs have a choice of completing a re-entry program (unless more than ten years since last practice).

While there may be some consistency **within** Victoria or ACT in relation to how decisions on the duration of periods of supervised practice are made, there is little evidence of a uniform approach or criteria underpinning these decisions. While the minimum standards are set, there is no information on how decisions on time frames are made or the implications of increased cost to the nurse/midwife or funding agency if the period is extended.

Competency assessment

An independent competency assessment service is available in SA and Queensland only. Competency assessment is an individualised, structured and streamlined approach to determining re-entry needs. Competency assessments are provided on contract to the NRA and must be conducted in partnership with an educational institution.

Competency assessment services submit the applicant to a 'challenge test'[16] (typically three hours) to assess if education modules are needed to update knowledge and skills. In both states there is a separate clinical component that must also be completed. The challenge test assesses the nurse/midwife's competency in a range of areas and then evaluates the learning needs of an unsuccessful candidate. Unsuccessful candidates are referred to the education modules on an individual basis to address their learning needs.

The competency assessment provides a flexible option and results in a more individualised and arguably cost-effective use of educational resources. Applicants have access to the challenge test that is conducted on a regular basis in both SA and Qld. If the applicant is successful, it provides a fast, efficient and cost-effective means to demonstrate competence for restoration to the register/roll. In cases where further education modules are needed, the modules are specifically targeted to the areas where the applicant did not demonstrate competence. The applicant is only required to pay for the services they need in order to demonstrate competency.

While both Qld and SA offer these services, there are some subtle differences between them.

Example 1

In SA, applicants who choose to use the competency assessment service are required to successfully complete two steps as a minimum—a challenge test (three hours, $153) and a clinical assessment of two weeks ($449). Depending on the results of the challenge test, the applicant may need to complete one or more education modules. Simulated clinical is not offered

[16] Challenge test is defined in the glossary.

as an option but can be used at the discretion of the assessor and does not necessarily replace the clinical assessment. It is generally used in addition to clinical assessment when the applicant needs more clinical experience. In SA, there are no funding arrangements in place to assist a nurse/midwife demonstrate competence through this pathway. All expenses must be paid by the nurse directly to the competency assessment service.

Example 2

As no other approaches are available in Qld, all nurses seeking restoration of their names on a register/roll must complete the same challenge test and/or range of education modules as needed (one stream for RNs and one for ENs). The nurse/midwife who successfully completes a challenge test has the option of the simulated clinical (two to five hour exam) or the clinical assessment (two weeks) to prove their clinical competence. Once deemed successful in both components, they have demonstrated competency. A nurse/midwife in Qld also has the option to enrol straight into the entire program (all education modules) without completing the challenge test.

The single provider ensures reliable and consistent results across the state. Qld offers scholarships for nurses undertaking competency assessment up to a maximum of $3000. The challenge test is provided across the state in more than 240 locations through the University Centre Network; the clinical assessment is provided in 100 settings; and the education modules can be completed through distance learning.

In SA, as in Qld, the challenge test and clinical assessments are provided in various locations throughout the state. In both, additional education modules are $800 each and, depending on the assessment, the nurse/midwife only pays for what is needed.

Access and uptake of re-entry pathways

Nurses and midwives seeking re-registration/re-enrolment have a variety of providers offering a range of different re-entry approaches across Australia; however, the same options are not available by all providers to all categories of nurses/midwives.

Australia-wide, there is a total of 144 NRA accredited providers of re-entry pathways[17]. Of these, the majority (83 per cent or 120) are health service providers, 15 per cent (22) are university or TAFE providers and 1 per cent (two) are competency assessment services. Table 2 demonstrates this distribution across the states and territories.

[17] As of April 2005

Table 2: Total providers of pathways across Australia, April 2005

2005*	University/ TAFE providers		Health service providers		Competency assessment services		Total	
ACT	1		1		0		**2**	
NSW	0		0		0		**0**	
NT	1		0		0		**1**	
QLD	0		0		1		**1**	
SA	8		0		1		**9**	
TAS	2		2		0		**4**	
VIC	8		112		0		**120**	
WA	2		5		0		**7**	
Total	**22**	**15%**	**120**	**83%**	**2**	**1%**	**144**	**100%**

* Number confirmed by NRAs in Survey 2.2, April 2005

Access to re-entry courses varies greatly depending on geography:

Example 1

The NT currently has one accredited university re-entry program for midwives only. Accreditation for NT Department of Health and Human Services[18] has expired and is in the process of re-accreditation. For the financial year 2003–2004, five nurses or midwives completed a re-entry pathway through a health service provider in the NT.

Example 2

Victoria recently instigated an intensive nursing recruitment campaign. This was a multifaceted campaign that aimed to improve the image and working conditions of nurses and midwives, with emphasis on attracting more nurses and midwives back to the workforce. This was facilitated through financial support to re-entry participants and by expanding the options and opportunities to access re-entry pathways (Department of Human Services Victoria 2001). In particular, employers were encouraged to be engaged in developing opportunities for re-entry. This was reflected in both the large number of individuals who completed a period of supervised practice (financial year 2003–04) through a health service in Victoria (Table 3) and the re-entry provider profile (Table 2). Of the 120 providers of pathways in Victoria, 112 are health service providers and eight are university/TAFE pathways. Of these providers, nine offered re-entry programs only, 103 offered supervised practice only, and the remaining eight offered both. Sixty-five of these providers are located in rural/regional areas and 55 in the metropolitan area[19].

[18] Accreditation for the Department of Health and Humans Services re-entry program expired November 2004.

[19] NBV has developed comprehensive standards for supervised practice to assist health care facilities to develop appropriate supervised practice programs Nurses Board Victoria (2004). Standards for Supervised Practice. Melbourne, Nurses Board Victoria.

The number of accredited providers in Victoria may change following the deadline for re-accreditation of 30 June 2005, and as demand for pathways alter.

While providers vary between state and territories, there is also variation in available pathways through those providers. As demonstrated in Table 3, states/territories that offer more than one pathway have varying levels of participation. Data regarding why certain pathways are chosen over others was not collected through the surveys.

Table 3: Nurses and midwives to re-register/re-enrol by type of pathway, Australia, financial year 2003–2004

State/ territory	Re-entry program		Period of supervised practice		Competency assessment service		Total by state/ territory	
ACT	12	63%	7	37%	–	–	19	3%
NSW*	–	–	–	–	–	–	–	–
NT	5	100%	–	–	–	–	5	1%
QLD	18	23%	–	–	59	77%	77	14%
SA**	–	–	–	–	–	–	–	–
TAS	26	100%	–	–	–	–	26	5%
VIC	67	27%	185	73%	–	–	252	45%
WA	179	100%	–	–	–	–	179	32%
Total by program	**307**	**55%**	**192**	**34%**	**59**	**11%**	**558**	**100%**

* No re-entry programs in NSW
** SA unable to distinguish re-entrants from renewals.

Across Australia, the many providers of re-entry pathways are located in different sectors and geographical locations and they offer different pathways, reflecting the diversity of settings in which nurses and midwives practice, such as:

- 69% of providers are public, 31% are private providers
- 55% are located in metro areas, 45% are in rural/regional areas
- 83% of pathways are in hospitals, nursing homes or other health service providers ranging from large tertiary hospitals to community hospitals and retirement villages.

A full list of providers accredited by NRA is in Appendix 5.

During the financial year 2003–2004, a combined total of 558 nurses and midwives re-registered/re-enrolled by completing one of the approaches to re-entry (excluding SA), of which:

- 55% a completed a structured re-entry program
- 34% undertook a period of supervised practice
- 11% used a competency assessment service.

The differences in NRA requirements makes it difficult to draw many conclusions from the data about which pathway was used. It is important to note that the exclusion of SA data and the limitations of WA data affect these findings (Table 3 and 4).

Analysis of the distribution and uptake of re-entry pathways is affected by the lack of uniformity in NRA processes for determining pathways and providers. It is also affected by the data they routinely collect. Indeed, each NRA has developed a unique approach to managing this process and these variations are illustrated in Appendix 3, Flow Charts 1–8. In some instances, a threshold is set where only one option is possible.

Example 1

Tasmanian applicants who have not registered in over 16 years must undergo individual assessments for credits to a Bachelor of Nursing Program to re-register as an RN.

Example 2

In ACT, a nurse or midwife who has not practised or registered in the last ten years or more will be referred to the university re-entry program that consists of 12 months of full-time study.

The lack of consistency in data collected by and available from NRAs is illustrated in Table 4. WA was unable to readily distinguish the type of provider a re-entry nurse/midwife used to regain registration/enrolment and SA does not distinguish between renewals and re-entry registrations/enrolments.

Table 4: Total nurses and midwives to re-register/re-enrol by provider, Australia, financial year 2003–2004

State/territory	University/ TAFE provider	Health service provider	Competency assessment service	Total of all re-entrants by state/territory	
ACT	–	19	–	**19**	3%
NSW*	–	–	–	**–**	–
NT	0	5	–	**5**	1%
QLD	18	–	59	**77**	14%
SA**	–	–	–	**–**	–
TAS	0	26	–	**26**	5%
VIC	27	225	–	**252**	45%
WA***	–	–	–	**179**	32%
Total by provider type, excluding WA	45	275	59	379	100%
Total % by provider type excluding WA	12%	73%	16%		100%
Total to re-register/ re-enrol including WA				**558**	100%

* No re-entry programs in NSW.
** SA unable to distinguish re-entrants and renewals.
*** WA unable to distinguish between the providers of re-entry programs.

NOTE: Queensland accreditation for the one university provider for re-entry programs expired 31/12/04.

It will not be re-accredited as Qld has chosen to move to a single provider for re-entry to practice programs.

Section 3: Approaches to re-entry

Key points

- Overall, four approaches or pathways for re-entry have been identified:
  1. 'automatic' or direct re-registration/re-enrolment
  2. formal or structured re-entry program
  3. period of supervised practice
  4. competency assessment.
- There are significant differences in the structure, duration and content of the different pathways leading to re-entry. There are variations in eligibility criteria for certain pathways, depending on length in lapse of registration (5–15 years).
- At present, there are no national guidelines to bring uniformity to re-entry pathways (not withstanding that the outcome must be achievement of competency). While it is recognised that differences in pathways provide for a range of learning styles and competency capabilities, there might be benefit in having greater consistency.
- A variety of providers of re-entry in a variety of settings are currently accredited by NRAs.
- Differences in data collected by NRAs on re-entry pathways are, in part, a result of different process and requirements. This hinders the ability to evaluate programs for cost efficiency, outcomes, or conduct a national evaluation.

Section 4 Current support for re-entry pathways

The variation in pathway type, provider, location and duration means that there is also a variation in costs associated with undertaking re-entry, ranging from nil to full fees for one year of university (Appendix 4, Table 4.4). There are currently a number of different avenues for financial support for re-entry pathways for nurses and midwives and it was clear from examining state and territory health department websites that cost is recognised as a disincentive to re-enter the nursing and midwifery workforce. In response, most state and territory governments are offering some form of financial support for re-entry.

To provide advice about the option of a loans scheme, the financial support currently available across the states and territories has been examined in this review as well as the extent to which the loans scheme strategy would address some of the perceived barriers to re-entry.

While a number of organisations provide financial and other forms of support for nurses and midwives wishing to return to the workforce, the major providers of financial support for re-entry pathways are state, territory and Commonwealth governments. Therefore, the analysis in this section has been directed to the responses received from government providers.

Who is providing support for re-entry?

In 2003–04, all states and one territory government provided financial assistance for re-entry. ACT suspended re-entry support for 2004, however, is currently seeking to reintroduce support for 2005. Where re-entry support was offered, it was open to those seeking support to re-register/re-enrol as an RN, RM or as an EN in all states and territories, except in Qld where it was not available to midwives.

The Australian Government also provides financial support for re-entry and this funding is available to all categories of nurses.

In many cases (including Vic, Tas, SA and WA), private providers are accredited to provide re-entry, however, they were ineligible for government funding. Results from survey 2.1 indicated that some private providers stated they would provide further funding for specialty re-entry nurses[20] and others indicated that they would continue to fund re-entry as long as there was an employment gap for their services.

In WA, mental health nurses receive funding for university-based units of re-entry at one university while RNs are charged a fee through another university provider.

[20] Specialty re-entry nurses are nurses that practice in a specialty area such as mental health nurses or acute care nurses. N^{3}ET has begun work on nurse specialisation, which will address the lack of agreed definition of specialty nursing and agreed framework for nursing specialisation and the development and attainment of postgraduate qualification.

Section 4: Current support for re-entry pathways

Comparative funding for re-entry

In terms of re-entry support provided by governments, various funding arrangements have been identified, including:

- funding direct to providers of pathways (Vic)
- funding direct to re-entry participant as a grant covering course fees and salary (WA) or the nurse applies for an interest free loan from the private hospital provider
- In Qld, a nurse/midwife could apply after completing the challenge test and be reimbursed the test fee while the remaining portion would be paid directly to the competency assessment service which invoices the Department of Health for any future education modules.
- In Tas, split funding by the Department of Health and Human Services funds the hospital to run the re-entry course (theoretical and clinical) per applicant. The applicant is also remunerated directly for the clinical portion through time sheet arrangements.

Financial support for re-entry was targeted in two main areas: support for re-entry course fees or support to the individual in the form of salary (Table 5). Two states offered only support with course fees (SA, Vic); NT and NSW only offered support with salaries/wages; Qld, Tas and WA all supported re-entrants offering a combination of both. As of 31 December 2004, Qld moved to a single provider of competency assessment so only support in the form of scholarships will be available for those using this service (max of $3000).

Table 5: Type of support for re-entry provided by state and territory governments, financial year 2003–2004

State/Territory	Salary/Wage	Course Fees
ACT*	Not applicable	
NSW**	Not applicable	
NT	√	X
QLD	√	√
SA	X	√
TAS	√	√
VIC	X	√
WA	√	√

* ACT in process of reviewing their support during this period
** NSW does not run re-entry programs

Section 4: Current support for re-entry pathways

While the Nurses and Midwives Board NSW does not accredit re-entry programs, it does offer re-connect/refresher programs aimed at encouraging nurses/midwives to re-enter the workforce through fully paid course placements and salary while the nurse/midwife completes the program. These programs are available free of charge to all categories of nurses.

The cost structure for re-entry depends on the approach undertaken and, in particular, the duration of the program and whether a salary is paid. The level of support for re-entry in some states and territories includes a component for costs and a significant amount of salaries and wages for a period of supervised practice or clinical component of re-entry. The extent to which this salary payment for supervised practice is mandated through regulation or industrial agreements has not been explored in this review. Payment of a salary is possible where temporary or provisional registration/enrolment is granted and, therefore, is precluded in some jurisdictions.

Example 1

In WA, the applicant does not necessarily pay for re-entry programs in public hospitals. The Department of Health provides a 'grant' to cover the cost of the course and payment of salary is made by the hospital running the program. If this arrangement is in place, and the nurse/midwife re-registers/re-enrols, the nurse/midwife must then work full-time or part-time for the next twelve months at a public hospital or public health service provider. If the nurse/midwife wishes to work in the private sector, the cost of the re-entry program is to be paid directly by the nurse/midwife.

Example 2

In Tasmania (as in Qld), the clinical component of the re-entry program can be supported for up to 60 shifts and so there is variation in the 'unit cost' for each individual. The theoretical portion of the re-entry program is paid for by the Department of Health and Human Services (DHHS) to one of the three hospitals that run the program and is given a flat rate per applicant. For the clinical component of the re-entry program, the nurse/midwife completes a time sheet through the coordinator and is paid a portion of salary through the DHHS.

Several providers noted that support provided to them for re-entry nurses and midwives did not reflect full cost of the overheads of these pathways, such as advertising and administration. Qld moved away from a hospital-based re-entry program as hospitals did not want to take on re-entry nurses/midwives even though they received a flat rate of $3000 per nurse/midwife to support the salary and course. The initial funding for this hospital's project anticipated the program to last four weeks, in practice, the program was extended to eight to twelve weeks to enable the nurse/midwives to demonstrate competence.

Section 4: Current support for re-entry pathways

There was considerable variation in the level of financial support provided to re-entry participants in 2004 across government providers (Table 6). The average amount provided to RNs to undertake re-entry pathways was $4222 per participant (range $3000–$5550), for registered midwives it was $5012 per participant (range $4000–$6000), and $4101 was the average amount provided to ENs (range $3000–$6191).

Table 6: Average support ($) by nurse category, financial year 2003–2004, state, territory and Commonwealth governments

State/Territory	RN	RM	EN
ACT*		**Not Applicable**	
NSW		**Not Applicable**	
NT	$3,474	$–	**$–**
QLD		Not specified	
SA	$4,625	$4,000	**$4,625**
TAS	$5,550	$–	**$6,191**
VIC	$3,000	$–	**$3,000**
WA	$5,200	$5,200	**$3,000**
Commonwealth	$3,485	$5,836	**$3,690**
Average	**$4,222**	**$5,012**	**$4,101**

* ACT in process of reviewing their support during this period

This represents approximately $3.4 million expenditure by state, territory and Commonwealth governments into 798 re-entry pathways in 2004, with the majority ($2.3 million) being for RN re-entry.

The majority of re-entry support went to RNs (70%). Those seeking to re-register as a midwife comprised 14 per cent and those seeking pathways to re-enrol (EN) made up 16 per cent.

Data from state and territory governments revealed that more individuals had been funded for re-entry than was reflected in the number re-registered/re-enrolled (NRA data). This reflects differing funding periods, a lag time between funding and completion, and failures to re-register/re-enrol (refer to Appendix 4 Table 4.6). While it was intended to collect data from governments about the demand for re-entry, this was problematic.

Section 4: Current support for re-entry pathways

Which re-entry approach is best?

The variation in re-entry practices and policies prompts the question – **which one is best?** To date, the respective benefits and burdens of any given approach do not seem to have been subject to rigorous evaluation. Indeed, there is no national agreement on fundamentals such as what should be measured in assessing pathways to re-entry; however, it may be enough to start with questions such as:

- Which re-entry approach is the most cost-effective?
- Which approach is associated with greater participant satisfaction?
- Which approach meets health service providers' needs best in terms of workforce/human resources management?
- Will individuals who have completed a given re-entry pathway be more or less likely the subject of complaints or errors/near misses?
- Do we know if five years is an appropriate interval for determining recency of practice?
- Do we have any evidence to set critical thresholds (for example, university program after ten years lapsed registration)?

Evaluation of government re-entry funding programs

A limited investigation found that all state, territory and Commonwealth governments that had funded re-entry indicated they had evaluated the effectiveness of assisting nurses and midwives to return to the workforce (the ACT had not offered re-entry support in 2004 but had evaluated their program prior to this time).

Three jurisdictions had evaluated their support for re-entry programs but were unable to provide details of the outcome of that evaluation at the time of being surveyed as the reports were incomplete (Vic, NT and Tas). These jurisdictions indicated that they had focused evaluation processes on the re-entry participants' experience and had used the evaluation to make changes to the pathway structure and content.

SA was able to provide details of evaluation outcomes that were directly related to workforce outcomes. In particular, SA was able to provide a summary of comprehensive follow-up data of recipients including:

- placements undertaken during re-entry program
- areas worked in since completion of re-entry
- participation rates
- metro/rural distribution
- qualitative information from participants about workplace environment.

Section 4: Current support for re-entry pathways

Of note was an observation from Queensland Health that it had recently restructured its approach to re-entry in light of feedback that acute organisations were electing to employ new graduates in preference to re-entry nurses/midwives due to perceptions of the level of support and assistance re-entry nurse/midwife required.

More rigorous focus on policy development is needed to ensure that safe, appropriate, cost-effective and timely re-entry approaches are developed and funded.

Section 4: Current support for re-entry pathways

Key points

- The state, territory and Australian governments are major providers of support for re-entry.
- There is considerable variation in the approaches to funding (amounts, funding arrangements).
- The aim of investment in re-entry programs is to maximise opportunities and incentives for nurses/midwives to return to the workforce while providing consistent, cost-effective quality programs to ensure nursing/midwifery competence and public safety. There is little evidence that the benefits and burdens of the different approaches adopted by jurisdictions have been evaluated.

Section 5 The option of a loans scheme

Recommendation 25 of the National Review of Nursing Education poses the option of a Commonwealth-funded loans scheme to support individuals undertaking units of study at a university for the purpose of re-registration/re-enrolment and re-entry to the workforce. In particular, the review considered the PELS. In examining this issue, the N³ET has taken into account if a loans scheme of this type would assist in meeting labour market needs at this time.

What do we know about re-entry currently?

From the work undertaken for this review, the following is known:

- A variety of approaches or pathways for re-entry are currently used by state and territory NRAs.
- Currently, governments provide funding that delivers minimal/no cost pathways for potential re-registrants (although other 'out of pocket' expenses may be incurred and generally individuals do not earn a salary while undertaking re-entry).
- Demand for a given re-entry approach is largely determined by the NRA's requirements for individuals.
- Where the option exists, there appears to be strong demand for pathways undertaken within health services.
- Recruitment and retention programs that have focused on the re-entry pool have successfully engaged employers in the 'problem and solutions' by paying them to provide re-entry programs and periods of supervised practice. The extent to which health services would offer such programs without government funding is unclear.

What are the current funding arrangements for support?

In seeking ways to address financial barriers to assist nurses and midwives to return to the workforce, and specifically to undertake re-entry approaches, governments have adopted a variety of different approaches to funding as outlined in the previous section. Each has its advantages and disadvantages and aims to act as an incentive to those seeking to re-enter the workforce rather than trying to provide totally free or full cost recovery opportunities. In some cases, the focus has changed to include an incentive to providers to offer courses (through payments direct to providers) rather than just supporting individual nurses and midwives. This type of approach addresses both provider and user.

Section 5: The option of a loans scheme

Existing loan schemes

Currently, the Australian Government offers FEE-HELP, a loans scheme that is a deferred payment arrangement for postgraduate fee-paying students (previously known as the PELS).[21] FEE-HELP assists **eligible fee paying students** attending **eligible higher education providers** undertaking **eligible studies** (Training 2005). The conditions for accessing FEE-HELP include:

- Only universities or privately funded non-university education providers that offer full fee courses leading to awards (that is, courses accredited by the university that meet the AQF, for example, Bachelor of Nursing program) are eligible for FEE-HELP.
- Students who pay full fees at these institutions and are not in Commonwealth-supported places are eligible for FEE-HELP.
- Students must be an Australian citizen or permanent resident, have a Tax File Number and not have exceeded the FEE-HELP limit ($50,000).
- Students eligible for FEE-HELP can pay part of their tuition up front and then apply for FEE-HELP to fund the outstanding amount or they can apply for full tuition cover.
- The Commonwealth pays the outstanding tuition fees directly to the student's provider and the amount is added to any other HELP or student debt.
- FEE–HELP generally must be repaid (through income tax).
- Repayment of FEE-HELP does not commence until the individual's income is above the minimum threshold.

Application of FEE-HELP to nursing/midwifery and re-entry

The FEE-HELP eligibility criteria means that (as it currently operates) the application of FEE-HELP to re-entry would be limited by the following:

- FEE-HELP is only available for re-entry purposes if the nurse/midwife requires or chooses a university-based pathway to re-gain registration and if the pathway is an eligible program.
- Support for a university-specific loans scheme would not assist nurses and midwives who choose (or are advised) to undertake periods of supervised practice or competency assessments.
- Potential pathways in the VET sector are not eligible for FEE-HELP and, as such, ENs would be excluded from the benefits of such a scheme.
- There is generally a requirement for the individual to repay the FEE-HELP loan.

[21] Changed from PELS to FEE-HELP January 2005.

- FEE-HELP subsidises tuition fees but does not address out-of-pocket expenses or loss of earning.

Data provided for this review found that the majority (73 per cent) of nurses and midwives who undertook re-entry pathway leading to re-registration/ re-enrolment in 2003–04 did so through a health service provider. Health services formed the largest group of NRA accredited providers (83 per cent).

Of the 144 current accredited providers of re-entry pathways across Australia, only twelve organisations (eight per cent) are currently approved to offer FEE-HELP for their students. However, it is unclear how many of these twelve organisations run re-entry approaches that would meet the criteria for FEE-HELP related to course content. For example, at Deakin University in Victoria, the Re-entry and Overseas Qualified Nurses program is not an award course and students are ineligible for FEE-HELP.

There is also evidence that where there are particular specialty workforce needs, state and territory governments are moving to provide support for university-based re-entry. In WA, university-based re-entry programs for mental health nurses are currently funded by the Department of Health.

If those states or territories that currently do not have a university-based re-entry option available are excluded (NSW – where there are no re-entry requirements), the potential impact of a loans scheme approach is restricted to some categories of nurse/midwife in just six jurisdictions (ACT, Tas, WA, NT, SA and Vic).

Influences on the uptake of different re-entry pathways

Since the National Review of Nursing Education, the issue of health workforce and, in particular, nursing/midwifery, has been a major focus of governments. A number of state and territory governments have made investments in recruitment and retention strategies (including re-entry), and the Commonwealth Government has introduced ways to support nursing and midwifery, such as identifying it as a 'national priority' area. As a consequence of workforce pressures, state and territory governments have responded by offering support to individuals who wish to return to the workforce and need to undertake a re-entry pathway.

In general, NRAs determine the specific re-entry requirements for individuals and, therefore, shape demand for the approaches. The deliberations of the various NRAs and the respective policies underpinning what individuals must do before being re-registered/re-enrolled are, however, not always apparent and have not been rigorously evaluated across the range of dimensions that sound policy development requires.

The other market forces that may be exerting an influence on the demand for certain pathways include both the individuals seeking re-registration/re-enrolment and the providers of re-entry pathways. It was not within the scope of this re-entry review to look specifically at why nurses/midwives choose certain paths over others, however, the data collected indicates that universities are not the main providers of re-entry pathways and that hospitals and health services were more commonly used. This pattern could be influenced by a number of factors, including proximity of provider to the individual's place of residence, the cost of the pathway, flexibility in work and completion, a disinclination to return to study through the higher education sector rather than a health service, or enhanced opportunities for employment upon completion. More detail is required to address the needs for incentives and opportunity so policy will be based on sound evidence.

In addition, the introduction of **competency assessment** re-entry approaches, as adopted by Qld and SA, are likely to change the demand profile of theory/units of study as individuals are only required to complete units they were not able to demonstrate competence in, rather than undertake a more generic re-entry program.

For a Commonwealth funded loans scheme such as FEE-HELP to meet the needs of nurses and midwives undertaking university-based units of re-entry, the scheme would need to take into account all pathways provided by universities, even if they are short intensive courses not part of an undergraduate degree program or formal postgraduate award program. The scheme would also need to be inclusive of other education providers, such as the VET/TAFE sector to benefit ENs.

Modifying the loans scheme to better meet nursing/midwifery re-entry may alter demand and may add options for re-entry. However, it could be argued that current investment in this area by state and territory governments is appropriate and strategies that encourage the involvement of industry are worthy of consideration.

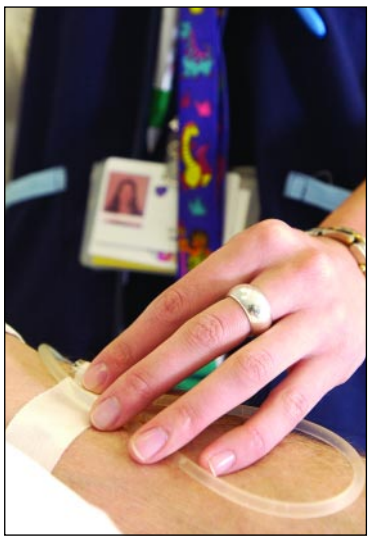
At this time, there does not seem to be a compelling case for modifying FEE-HELP or introducing a complementary loans scheme while the support currently provided by governments for re-entry continues.

Section 5: The option of a loans scheme

Key points

- Where the option exists, there appears to be considerable demand for re-entry pathways undertaken in health services rather than through higher education providers. Data provided for this review found that the majority (73 per cent) of nurses and midwives who undertook re-entry pathways leading to re-registration/re-enrolment in 2003–04, did so through a health service provider, and health services formed the largest group of NRA accredited providers (83 per cent).
- Demand for particular pathways is affected by a number of factors, including NRA requirements, participant choice, access and funding.
- FEE-HELP, a deferred payment arrangement, is available for students enrolled in an eligible university award-based course. Only twelve (eight per cent) of the currently approved re-entry pathway providers are eligible for FEE-HELP, and not all courses run by these providers meet the guidelines for FEE-HELP.
- Based on the data provided, a loans scheme for university-based units for re-entry would have limited application while government support for re-entry continues.

Section 6 Re-entry — next steps



The surveys collected for this review indicate the need to be more consistent and transparent regarding the process of re-entry to the workforce for nurses and midwives. A university-based loans scheme may not be the answer to augmenting the workforce as it will benefit only a small percentage of those undertaking re-entry. While the Australian Government has a loans scheme that assists nurses/midwives at the postgraduate level, it does not meet the needs of this particular group seeking to restore their names to the register/roll. Availability of a loans scheme, such as FEE-HELP, would provide no benefit to nurses/midwives choosing alternative pathway options. Comments and data provided in this review indicate that there is considerable variation between jurisdictions in terms of support for re-entry and approaches to re-entry.

Recommendation 1:

That state, territory and Commonwealth governments continue to provide support for nurses and midwives to undertake re-entry.

Data provided by the NRAs indicate that a significant number of nurses and midwives re-entering the workforce are choosing to participate in pathways provided by health services. State, territory and Commonwealth governments are currently providing financial support to participants of these pathways and this will continue to be available in 2005.

Through reviewing Australian nursing and midwifery legislation, it is apparent that legislation is mostly silent on how decisions for re-entry programs are to be made and how a nurse/midwife should demonstrate competence or capacity. This indicates that there is an opportunity to develop more regularity, with the goal of increasing consistency of the legislation and regulatory framework and ensuring appropriate education and training for an effective health workforce, as outlined in the *National Health Workforce Strategic Framework (2004).*

Given that the data provided may be distorted by the snapshot view provided by this survey, rather than longitudinal data, information on the number of nurses completing re-entry programs warrants further investigation.

Recommendation 2:

As a priority, state and territory nurse/midwife regulatory authorities and chief nurses collaborate to review the requirements for re-entry to achieve national consistency in this matter. The work of reviewing re-entry should include ensuring that, in developing approaches to demonstrate competence to return to practice, that:

- **fair, transparent and defensible processes are employed**
- **policy and procedures are based on evidence and informed by ongoing evaluation and review**
- **re-entry approaches and processes are flexible, accessible and meet individuals' needs**
- **cost-effectiveness and quality are central to determining and evaluating approaches.**

The competency assessment service provides a very clear process for applicants who wish to re-enter the nursing/midwifery workforce. The applicant's current competencies are assessed and subsequent education modules are allocated in line with the individual's learning needs. The competency assessment services are flexible in that they run on a continual basis and can be started with the challenge test that is available throughout both states in various geographical locations. If the applicant is successful, it is a quick and clear route to restoration of their name to the register or roll. The education modules are taken on a unit-by-unit basis and address the individual's learning needs. It is cost-effective as the applicant pays only for what is needed and, with support programs such as the scholarship in Queensland for the Competency Assessment Service, nurses and midwives have a fast, efficient and cost-free method of restoring their names to a register/roll. It is also cost-effective for the state in that the program tailors to individual needs.

Recommendation 3:

That all NRAs examine the competency assessment approach to re-entry as a model for a national approach to re-entry to the workforce for nurses and midwives and that state, territory and Commonwealth governments provide support for this approach to re-entry.

The competency assessment model meets all the principles which should be applied to underpin decisions and processes for re-entry programs. The model could be adopted and adapted to meet jurisdictional needs while providing a national standard of evaluation that is transparent, evidence-based, addresses national inconsistencies, increases confidence in mutual recognition and provides an accessible pathway to encourage nurses and midwives to return to the workforce.

Appendix 1 Survey respondents — alphabetical listing

Organisation	State/Territory
ACT Health	ACT
ACU National	VIC
Albury Wodonga Private Hospital	NSW
Alexandra District Hospital	VIC
Alpine Health	VIC
Austin Health	VIC
Australian College of Critical Care Nurses	VIC
Australian College of Midwives	ACT
Australian Confederation of Paediatric and Child Health Nursing	VIC
Australian Diabetes Educators Association	ACT
Australian Infection Control Association	VIC
Avondale College	NSW
Bairnsdale Regional Health Service	VIC
Ballarat Health Service	VIC
Barwon Health	VIC
Bass Coast Regional Health	VIC
Bayside Health	VIC
Bayside Health Service District	QLD
Beechworth Health Service	VIC
Bethesda Hospital Inc	WA
Boort District Hospital	VIC
Box Hill Hospital	VIC
Brisbane Waters Private Hospital	NSW
Cape Hawke Community Private Hospital	NSW
Caulfield General Medical Centre	VIC
Ceduna District Health Service	SA
Central Gippsland Health Service	VIC
Charleville District Health Service	QLD

Appendix 1: Survey respondents — alphabetical listing

Organisation	State/Territory
Cobram District Hospital	VIC
Colac Area Health	VIC
College of Emergency Nursing Australasia, Queensland Branch	QLD
CSIT, Nambour	QLD
Dalziel Dialysis Centre (Baxter Healthcare Pty. Ltd)	QLD
Deakin University	VIC
Department of Health and Community Services, Northern Territory	NT
Department of Health and Human Services, Tasmania	TAS
Department of Health, Western Australia	WA
Department of Health, South Australia	SA
Department of Human Services, Victoria	VIC
East Wimmera Health Service	VIC
Eastern Health	VIC
Edenhope and District Memorial Hospital	VIC
Edith Cowan University	WA
Flinders Medical Centre, Southern Adelaide Health Service	SA
Gastroenterological Nurses College of Australia	QLD
Gawler Health Service, SA	SA
Goulburn Valley Health	VIC
Healthscope Limited	VIC
Heywood Rural Health	VIC
Hollywood Private Hospital	WA
Innisfail Health Service District Queensland Health	QLD
Ipswich Hospital	QLD
Kerang District Health	VIC
Killarney and District Memorial Hospital Ltd.	QLD
Kingston Soldiers' Memorial Hospital Inc.	SA
Kyabram and District Health Services	VIC

Appendix 1: Survey respondents — alphabetical listing

Organisation	State/Territory
La Trobe University	VIC
Latrobe Regional Hospital	VIC
Lower Eyre Health Services	SA
Mallee Health Service Inc - Pinnaroo SM Hospital	SA
Mallee Track Health and Community Service	VIC
Maryborough District Health Service	VIC
Melbourne Day Surgery	VIC
Melbourne Health	VIC
Mercy Health and Aged Care	VIC
Mercy Hospital for Women	VIC
Mildura Base Hospital	VIC
Millicent and District Hospital and Health Services Inc	SA
Moranbah Hospital, Queensland Health	QLD
Moreton Institute of TAFE	QLD
Mount Gambier and District Health Service Inc	SA
Mt Barker and District Health Services	SA
Naracoorte Health Service Inc	SA
Northeast Health Wangaratta	VIC
Northern and Far Western Regional Health Services	SA
Nova Health	VIC
NSW Health	NSW
Nurses and Midwives Board of New South Wales	NSW
Nurses Board of South Australia	SA
Nurses Board of Victoria	VIC
Nursing and Midwifery Board of the Northern Territory	NT
Nursing Board of Tasmania	TAS
Omeo District Health	VIC
Orbost Regional Health	VIC
Orroroo and District Health Service Inc	SA

Appendix 1: Survey respondents — alphabetical listing

Organisation	State/Territory
Peninsula Eye Centre	QLD
Peninsula Health	VIC
Penola War Memorial Hospital Inc	SA
Peter MacCallum Cancer Centre	VIC
Port Lincoln Health Service Inc	SA
Portland District Health	VIC
QEII Hospital Health Service District, Queensland Health	QLD
Queensland Health	QLD
Queensland Health - Health Advisory Unit (Nursing)	QLD
Queensland Nursing Council	QLD
Queensland University of Technology	LD
Quorn Health Services Inc	SA
Repatriation General Hospital	SA
Rochester and Elmore District Health Service	VIC
Rosebery Community Hospital	TAS
Roxby Downs Health Service/Woomera Hospital	SA
Royal College of Nursing Australia	ACT
Royal District Nursing Service	VIC
School of Nursing and Midwifery, University of Tasmania	TAS
School of Nursing and Midwifery, Victoria University	VIC
School of Nursing, The University of Melbourne	VIC
South Burnett Health Service District	QLD
South West Healthcare	VIC
Southern Health	VIC
Sportsmed SA Hospital	SA
St Andres's Hospital	SA
St Margaret's Rehabilitation Hospital	SA
St Vincent's Health	VIC
Swan Hill District Hospital	VIC

Appendix 1: Survey respondents — alphabetical listing

Organisation	State/Territory
TAFE NSW	NSW
TAFE WA	WA
Tallangatta Health Service	VIC
The Alfred	VIC
The Association of Discharge Planning Nurses Inc	NSW
The Burnside War Memorial Hospital Inc	SA
The College of Nursing (incorporating the NSW College of Nursing)	NSW
The Faculty of Nursing and Health, Griffith University	QLD
The Royal Children's Hospital	VIC
The Royal Women's Hospital and the Royal Children's Hospital	VIC
Toowoomba District Mental Health Service	QLD
Toowoomba Health Service District	QLD
University of Ballarat	VIC
University of Newcastle	NSW
University of Wollongong	NSW
Wakefield Hospital	SA
Warwick Health Service, Q Health	QLD
Werribee Mercy Hospital	VIC
West Gippsland Healthcare Group	VIC
West Wimmera Health Service	VIC
Western District Health Service	VIC
Western Health	VIC
Wimmera Health Care Group	VIC
Women's and Children's Hospital	SA
Wonthaggi Hospital	VIC
Yarrawonga District Health Service	VIC

Appendix 2 Survey of State/Territory and Commonwealth government support for re-entry, Australia 2004

N3ET Re-entry Survey

The ★ symbol indicates required information.

For Further Information Contact:
Eithne Irving
N3ET Secretariat
Ph. 02 9743 0357
Email - eithne.irving@dhs.vic.gov.au

The following information is being collected by the National Nursing and Nursing Education Taskforce as part of a suite of work being undertaken to implement recommendation 25 from the National Review of Nursing Education 2002: Our Duty of Care Report.

By completing the survey, you will be contributing to the Taskforce gaining an understanding of the financial support provided to nurses and midwives to re-enter the workforce.

Information submitted will be encypted and secure. Data provided in this survey will be collated and analysed by the Taskforce secretariat and will be included in a report to be submitted to the Australian Health Ministers Advisory Council regarding the need for re-entry programs to be covered under the Postgraduate Education Loans Scheme.

If you would like further information regarding the work of the Taskforce please visit www.nnnet.gov.au

If you require assistance with completing this form please contact the Taskforce Secretariat at the number above

Please complete this survey by 4th November 2004

Your Contact Details

★ Organisation | Campus if appl | ★ State -SELECT-

★ Contact Name | ★ Position/Title

Contact Email | ★ Contact number including area code

General Question on Re-entry Programs

For the purpose of this survey the following definition is used:

Re-entry: A formal program of study which is required prior to reinstatement on the roll or register of the State or Territory Nursing or Midwifery Regulatory Authority

★ 1. Is there a legislative requirement in your state for nurses and midwives to undertake a structured/accredited re-entry course prior to regaining registration
○ Yes ○ No

Appendix 2: Survey of State/Territory and Commonwealth government support for re-entry, Australia 2004

★ 2. Does your organisation offer financial assistance to RN's (Division 1 in Victoria) wishing to re-enter the workforce?
○ Yes ○ No

★ 3. Does your organisation offer financial assistance to registered midwives wishing to re-enter the workforce?
○ Yes ○ No

★ 4. Does your organisation offer financial assistance to EN's (RN Division 2 In Victoria) wishing to re-enter the workforce?
○ Yes ○ No

If you answered yes to any of the last three questions please select from the following list, the type of support that your organisation provides

Salary/Wage
Travel/accom/living allowance
Course Fees

(You may select more than one option by holding down the Control (Ctrl) key)

If you answered no to providing financial assistance please provide details as to why your organisation does not provide support before going to the last question

5. In order to establish demand, (the number of people who would undergo re-entry programs if funding was available), please indicate in the following table, the number of nurses and midwives who have requested financial support from your organisation for each financial year.

Year	RN (Div 1)	RM	EN (Div 2)
2002 - 2003			
2003 - 2004			

6. Please indicate in the table below the number of nurses & midwives that your organisation has assisted to re-enter the workforce for each financial year, including details of the amount of support that is provided on average

	2002 - 2003	2003 - 2004
Number of RN (Div 1) supported		
Average amount given per recipient ($)		
Number of RM supported		
Average amount given per recipient ($)		
Number of EN (Div 2) supported		
Average amount given per recipient ($)		

7. Has your organisation evaluated the effectiveness of assisting nurses and midwives to return to the workforce?
○ Yes ○ No

If you have evaluated this program please provide further details here.

8. Does your organisation intend to continue to provide financial assistance to nurses and midwives wishing to re-enter the workforce in 2005?
○ Yes ○ No

If you answered no to this question please provide further explanation here

9. Are there any additional comments that you would like to make?

Submitting data

If you would like to provide any supporting documentation eg. criteria or policies, you may attach it here. Mulitple files can be attached as a single zip file.

Please attach any relevant documents in a single file Browse... Submit Form

Printable Form

A jointly funded initiative by State/Territories and Commonwealth Departments.
This page was authorised by the National Nursing & Nursing Education Taskforce
This page was last updated 25 May, 2004
Copyright | Disclaimer | Privacy | Security | Contact Us

Appendix 2: Survey of State/Territory and Commonwealth government support for re-entry, Australia 2004

Appendix 2.1: Survey of NRAs

National Nursing and Nursing Education Taskforce

Nursing and Midwifery Re-entry/Supervised Practice Survey
Information from Nurses Board of X

The following information is being collected by the Taskforce in order to inform a report being prepared for Health Ministers regarding Recommendation 25 part (e) from Our Duty of Care which states that:

university based units required for re-entry to nursing should be covered by a loans scheme

To provide advice on this matter, we need to be able to provide information on the number of nurses and midwives who regained registration or enrolment by undertaking a re-entry program or period of supervised practice during the 2003/04 financial year.

Please return your survey to erin.statz@dhs.vic.gov.au by April 11 2005

This survey has three pages, some of which only requires you to verify the details as correct or incorrect.

Please ensure that you work through each of the tabs so that you do not miss a section.

Tab 1	A table to collect numbers of nurses that regained registration by completing a re-entry/supervised practice program.
Tab 2	A list of organisations currently accredited by your organizations to provide re-entry/ supervised practice programs. Please review and/or make any relevant comments/ changes.
Tab 3	Our interpretation of the relevant legislative/regulatory authority regarding re-entry/ supervised practice and the process by which the Board determines requirements for re-registration/enrolment. Please review and advise of any corrections or other comments.

When you have completed, please save and rename as Re-entry Data survey for X Confirmed, then return to erin.statz@dhs.vic.gov.au

Your assistance in providing this information is greatly appreciated and will be acknowledged accordingly in the report.

If you have any questions on how to complete this form, please contact Erin Statz on 03 9616 8137 or by email to erin.statz@dhs.vic.gov.au

Appendix 2: Survey of State/Territory and Commonwealth government support for re-entry, Australia 2004

Survey of NRAs – Page 2

TAB 1
RE-entry/Supervised Practice Data

Re-entry: A nurse regulatory authority (NRA) recognised or accredited program to assist nurses with lapsed registration to meet the Knars requirements for reinstatement to the register or role.
Supervised Practice: A NRA approved supervised practice program to assist nurses to meet the Knars requirements for registration.
Tab 1 - Numbers of nurses that regained registration by completing a re-entry/ supervised practice program

Your Name: Email Address: Telephone Number:

1 How many nurses/midwives regained registration/enrolment between July 1 2003 and June 30 2004 by undertaking a re-entry/supervised practice program or through a Competency Assessment Service?

Do not *include nurses who have trained overseas and who may have undertaken the program in order to get registration or enrolment in Australia for the first time.*

	Re-entry			Supervised Practice			Challenge Test	Total (re-entry + supervised practice + test) who regained
Registration Category	University based re-entry program	Health service re-entry program	Total Re-entry in FY 03/04	University based supervised practice	Health service supervised practice	Total Supervised practice FY 03/04	Challenge test	
RN								
RM								
EN								

Comments on data provided above:

TAB 2

Re-entry/Supervised Practice Providers
Tab 2 - Organisations currently accredited to provide re-entry/supervised practice

Please confirm that the following information is current and add any additional information you feel is necessary

NB: Please confirm there is only one (1) re-entry provider in X state/territory that is university based?

Category	Provider	Course Type	University re-entry provider (Yes)	Total length (wks unless otherwise specified)	Clinical Component (wks) Cost	Mode	State Funding Support
RN	UNI	RE	Yes	13	4	Flex	No
RM	HASP	SP	No	8	6	Internal	Yes
EN	Hospital	SP	No	8	6	Flex	Yes
EN	CAS	CAS	No	?	?	?	Yes

Comments/Additional Information regarding re-entry/sp provider

Appendix 2: Survey of State/Territory and Commonwealth government support for re-entry, Australia 2004

Survey of NRAs – Page 3

TAB 3

Registration Process and Legislation/Regulation
Tab 3 — Legislative requirement and process used by the Board to ensure applicants meet requirements

Please confirm that the following information is correct and add any additional information that you feel is necessary

Board Requirement to re-register	Legislation	Process			
		1	2	3	4
Not practised nursing within previous 5 years	A legislative requirement to complete re-entry for all categories of nursing	Application to Board	either an education program or competency assessment service	registration granted upon successful completion	

Please attach any appropriate documents or website references that related to this step in the process.

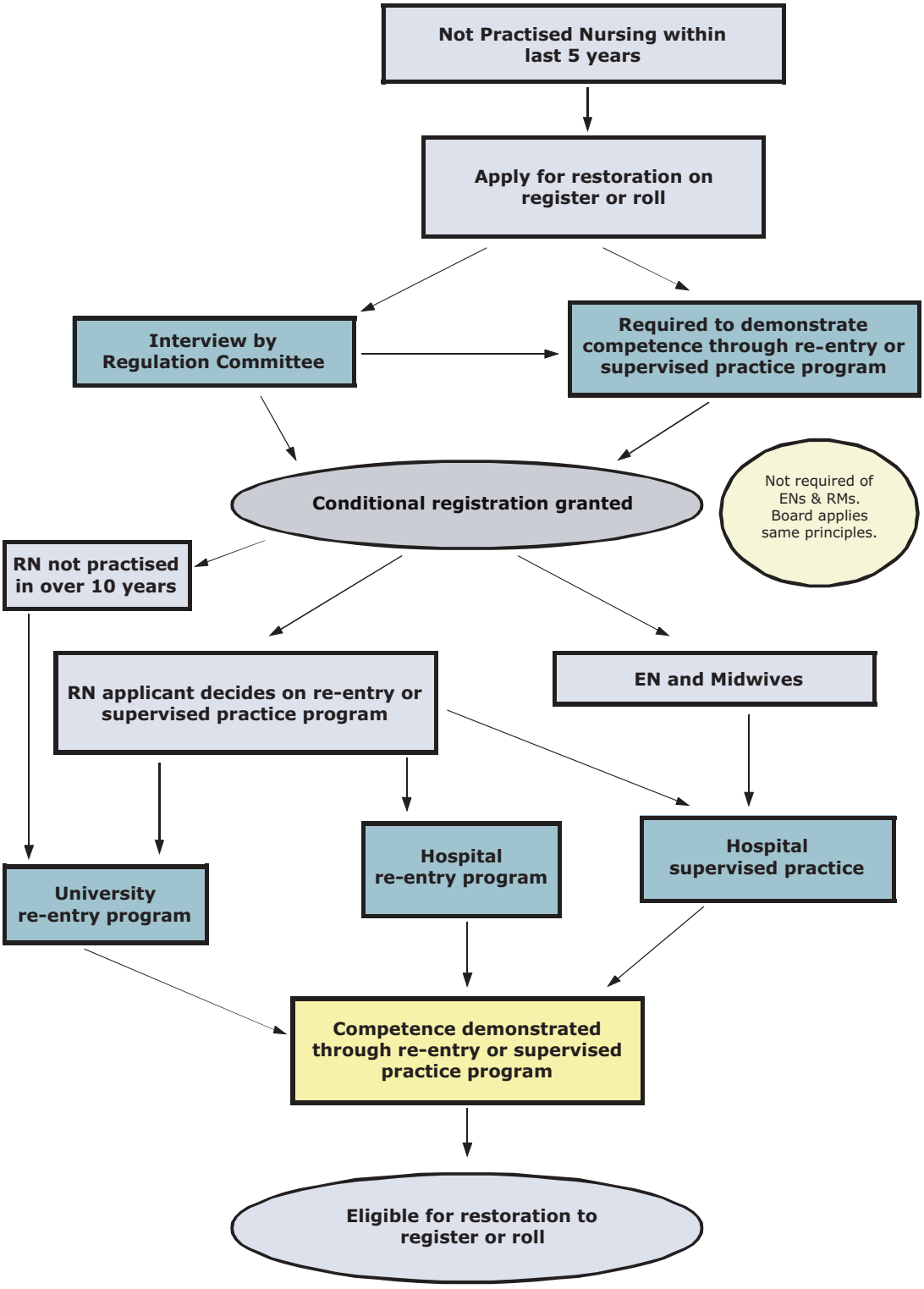
Process 1 Notes:

Where a nurse applies for initial registration or enrolment, there must be evidence of nursing practice within the past five years... etc..

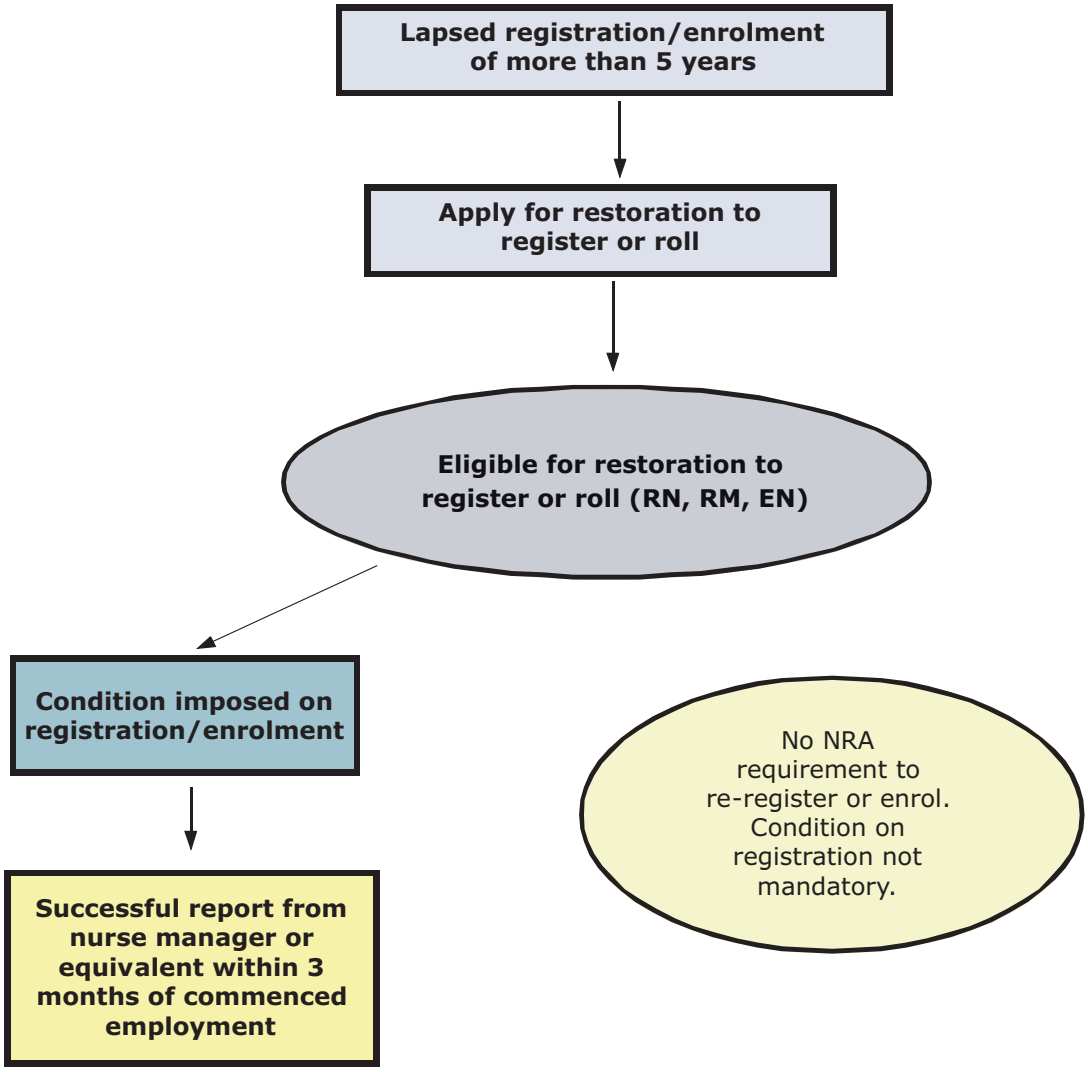
Thank you. Remember to save and email this version.

Appendix 3 NRA Re-entry processes — flow charts

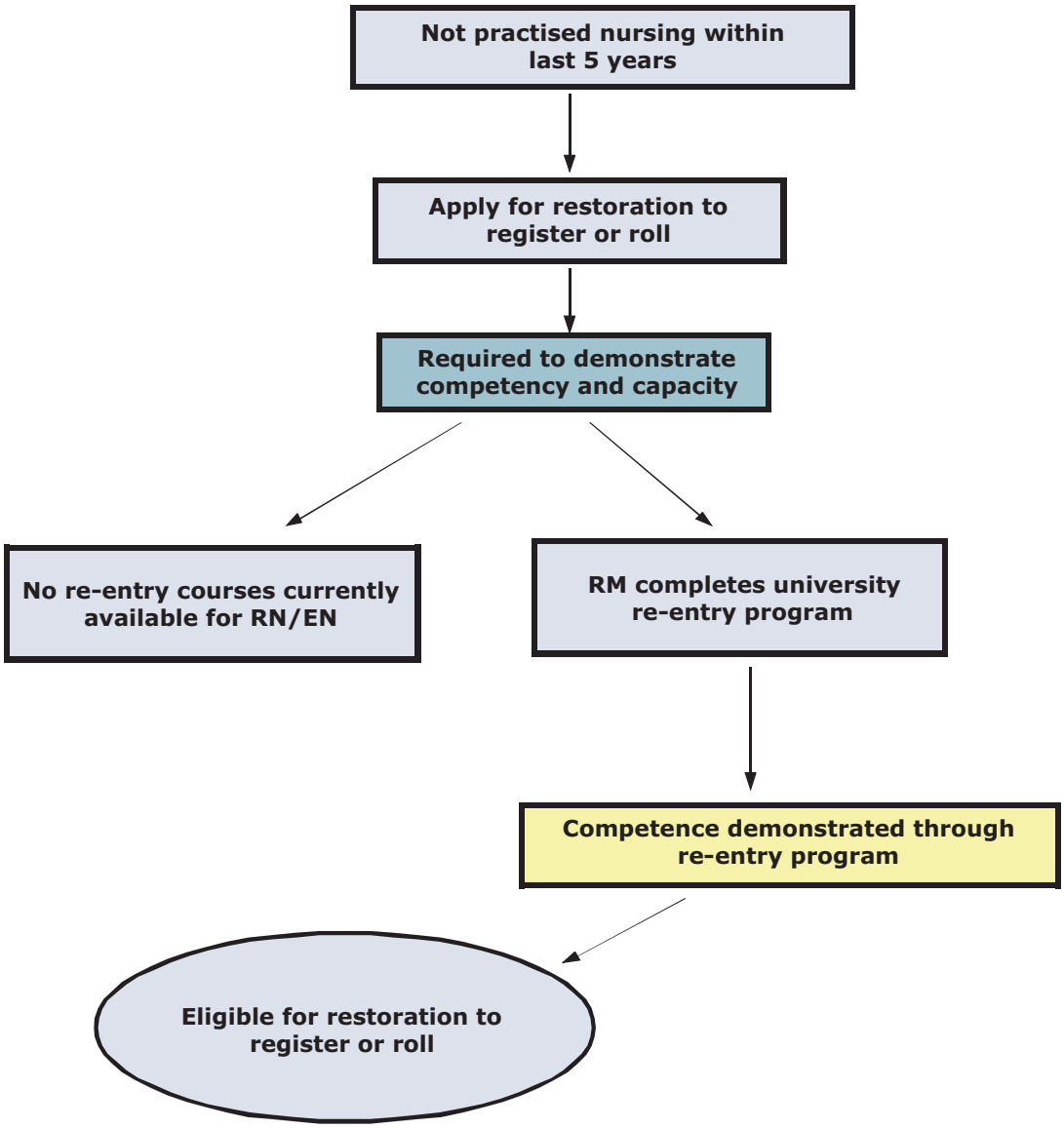
Appendix 3.1: Australian Capital Territory (ACT) Re-registration/Re-enrolment



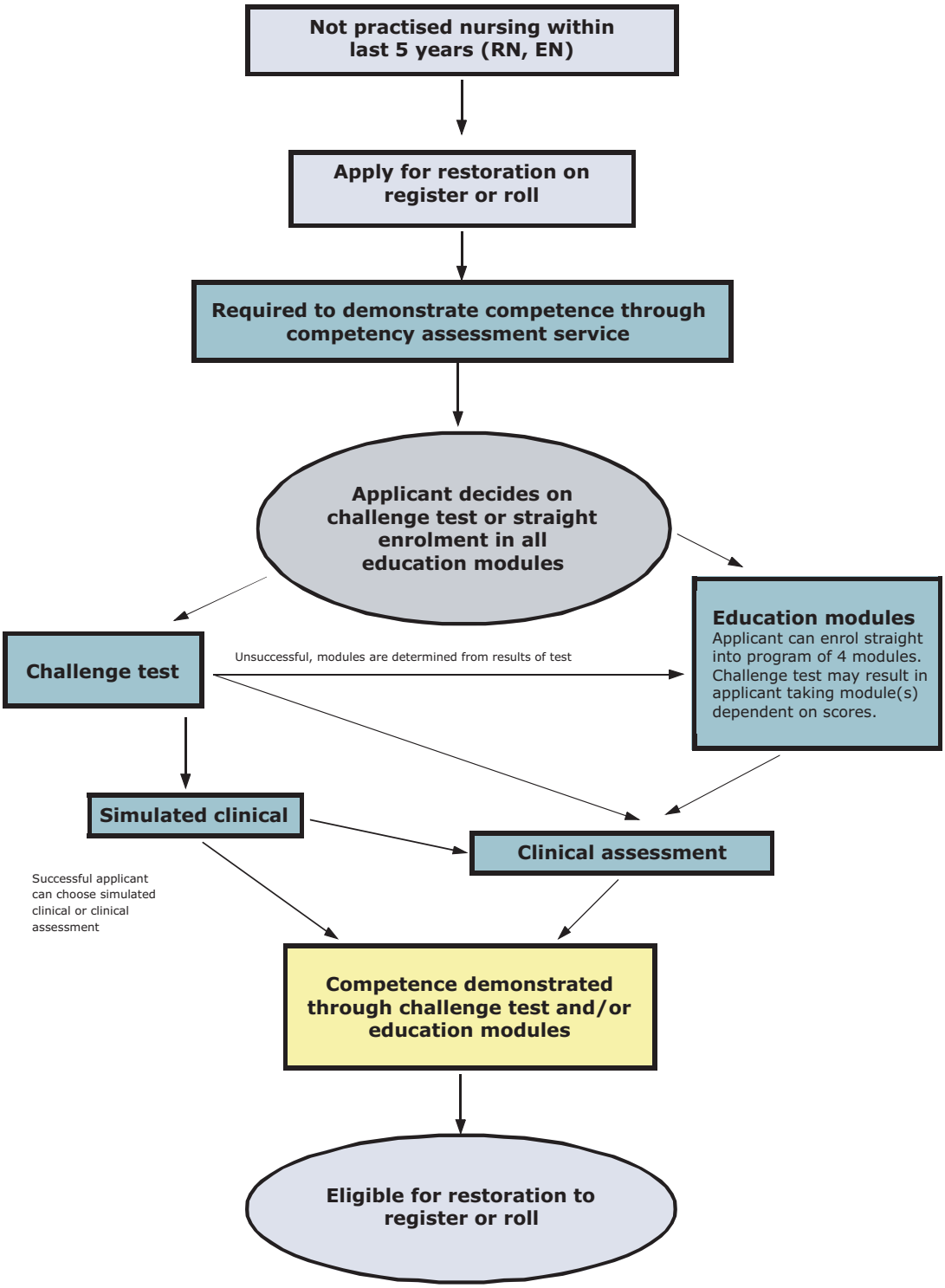
Appendix 3.2: New South Wales (NSW) Re-Registration/Re-enrolment



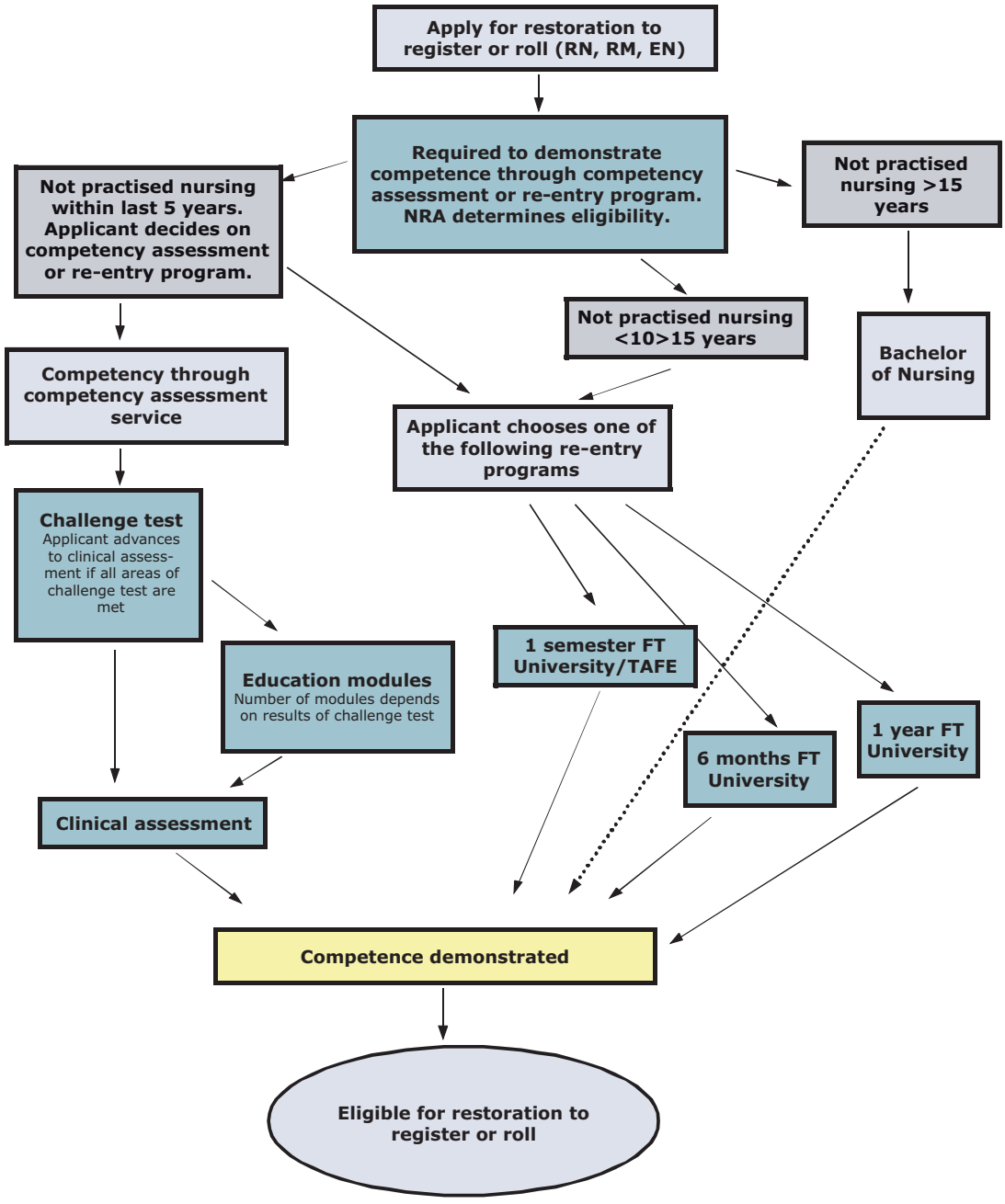
Appendix 3.3: Northern Territory (NT) Re-Registration/Re-enrolment



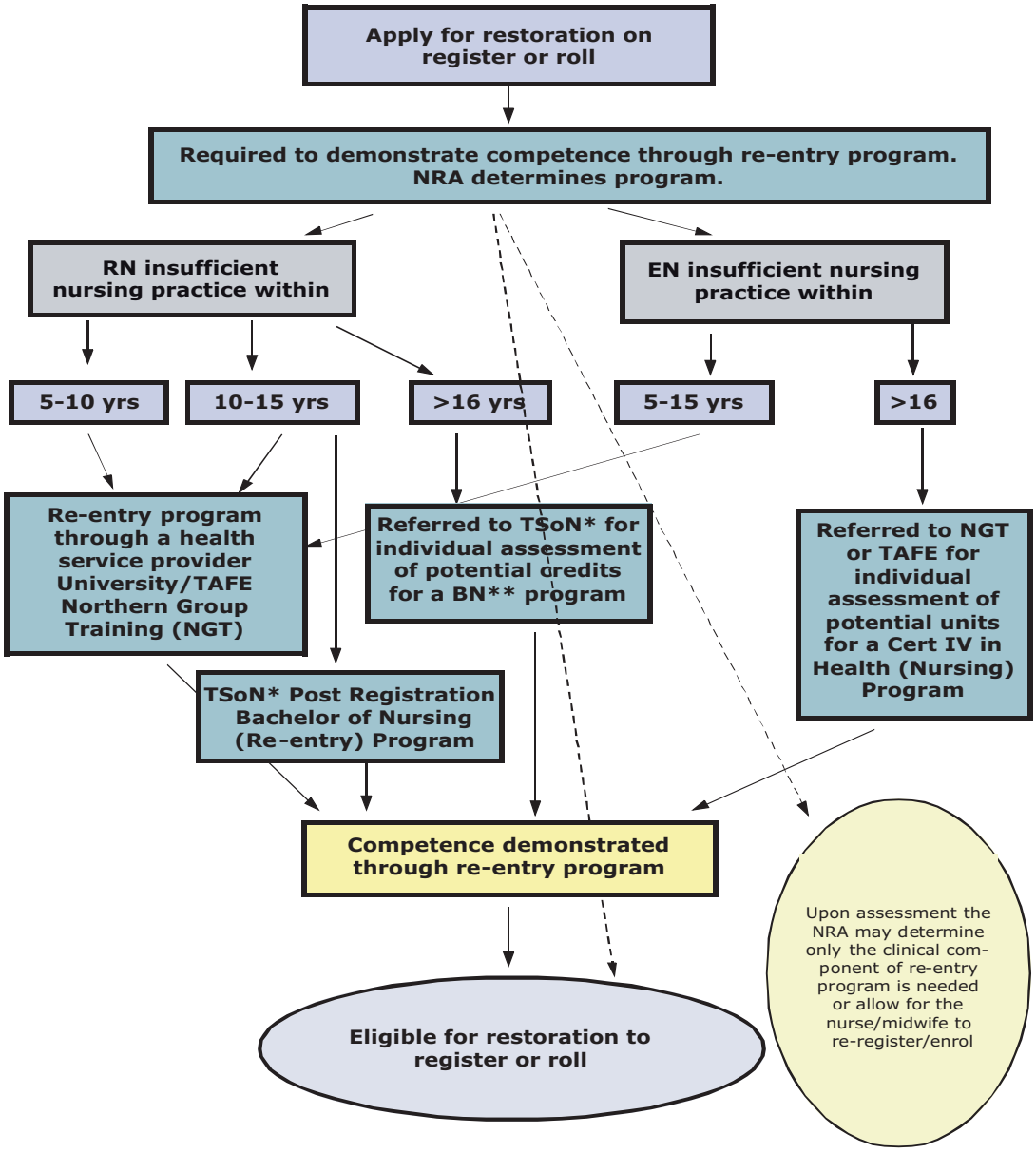
Appendix 3.4: Queensland (Qld) Re-registration/Re-enrolment



Appendix 3.5: South Australia (SA) Re-registration/Re-enrolment

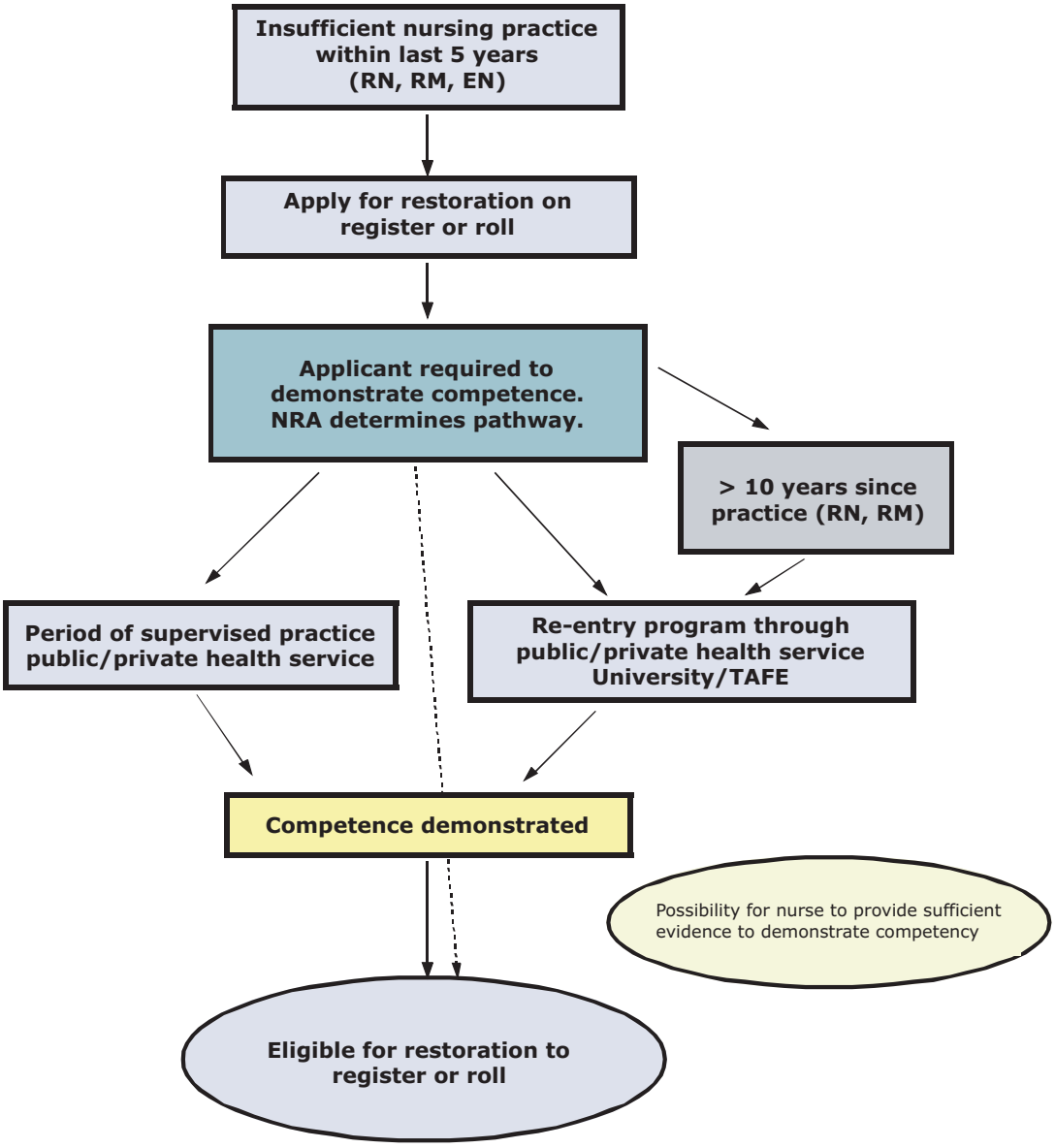


Appendix 3.6: Tasmania (Tas) Re-registration/Re-enrolment

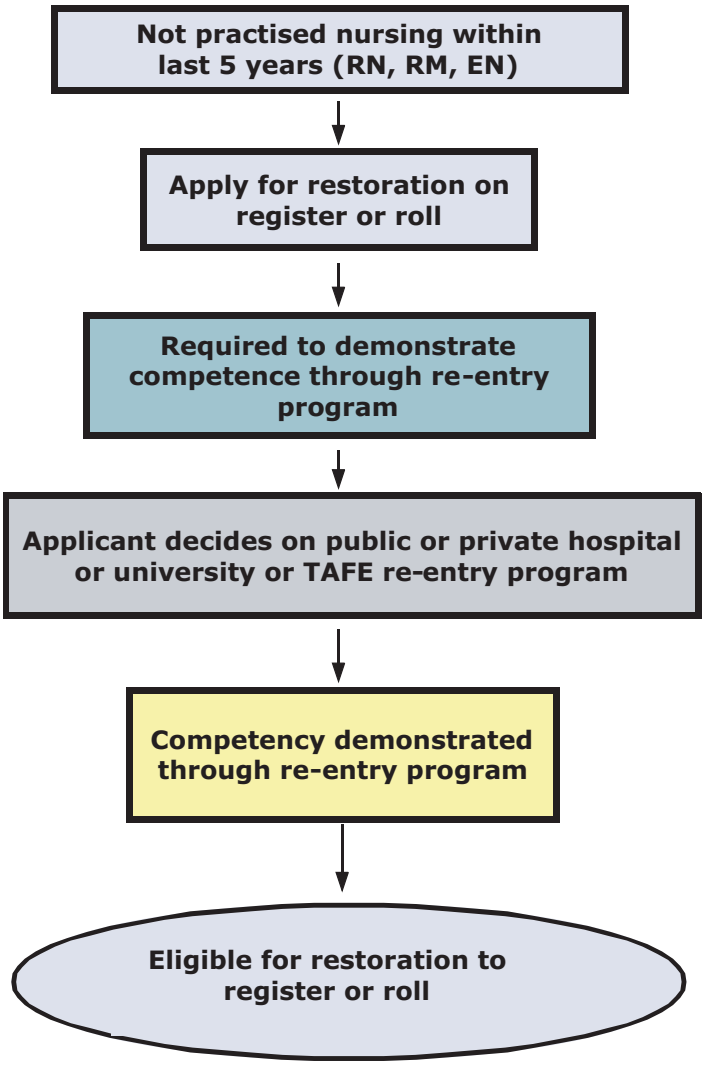


*TSoN - Tasmania School of Nursing
**BN - Bachelor of Nursing Program

Appendix 3.7: Victoria (Vic) Re-registration/Re-enrolment



Appendix 3.8: Western Australia (WA) Re-registration/Re-enrolment



Appendix 4 Tables

Appendix 4.1: State and territory registration processes

State/Territory	Registration process	
Australian Capital Territory	Single register Single roll	Endorsements within register *Mental Health. Nurse Practitioner* or *Midwife* Endorsements within roll Medication Administration
New South Wales	Two registers: • Registered nurse +/- authorisation to practise as nurse practitioner • Registered midwives +/- authorisation to practise as midwife practitioner Single roll of nurses with two lists: • List A Enrolled nurse • List B Enrolled nurse (mothercraft)	
Northern Territory	Register for RNs with three divisions: • Register for nurses • Roll for enrolled nurses • Register for DE midwives	RNs can apply for an authorisation to work in restricted practice area. Midwifery (authorised) Nurse practitioner (authorised) — work underway to enable NPs
Queensland	Single register Single roll	Endorsements within register Medication Administration Midwife
South Australia	Three registers: • General nurses register • Midwives register • Mental health register One roll for enrolled nurses	Endorsements within register NP
Tasmania	Single register for RNs and midwives One roll for ENs	Psychiatric/mental health nurses by authorisation
Victoria	Single register with five divisions: *Division 1:* BN graduates; additional qualifications of midwifery; maternal & child health; psychiatric and NP endorsement *Division 2:* Graduates of VET sector* *Division 3:* Psychiatric nursing (closed) *Division 4:* Mental retardation (closed) *Division 5:* Mother craft nursing (closed)	Endorsements within register Only nurses from Division 1, 3 or 4 endorsed as NP Medication administration endorsement for Division 2 nurses Notation of Chinese medicine
Western Australia	Single register with six divisions: *Division 1:* Nurses capable of practising independently as professional nurses *Division 2:* Nurses capable of practising only under the supervision of a nurse registered in Division 1 or in a particular specialty* *Division 3:* Contains the names and particulars of bodies corporate *Division 4:* Nurses granted honorary registration *Division 5:* Nurses granted provisional registration *Division 6:* Nurses granted temporary registration NPs registered as NP in Division 1	

* Known as Enrolled Nurses for the purpose of this report

Appendix 4: Tables

Appendix 4.2: Excerpts of nursing and midwifery Acts of Australia regarding restoration of a name to a register or roll

State/Territory	Legislation (ref)
ACT (2004). *Nurses Act 1998* (ACT). A1988–61.	S. 12 The person is entitled to be registered if S. (12c) (iii) has not practised as a nurse within 5 years immediately before the date of the application and S. (12c) (iv) has undertaken the further education or training and passed the examinations that the Board requires. Note: in the Health Practitioners Act and regs: the schedules for nursing registration etc will be in the regulation
NSW (2004). *Nurses and Midwives Act 1991* No 9 (NSW).	S. 18 any person that satisfies the Board shall be entitled to be registered as a nurse and to be issued with a certificate of that registration if: S. (18d) (iii) the person has passed such examinations and has successfully completed such additional training as the Board may in the particular case require S. 33(6) If the Board does not grant an application for restoration the application may be considered as a new application for registration and the Board may place conditions on the new registration, if granted. Note: no time specified in the legislation in which the nurse is entitled to restoration of registration
NT *(2004). Health Practitioners Act 2004* (NT). No 21 of 2004.	S. 22 (1) applicant entitled to be registered or enrolled if the Board is satisfied that.. S. 22 (1b) is competent to practice in that category; S. 22 (2) 1b the Board may take into account evidence of an applicant's recent practice or continued competence… S. 49 (2) Board may refuse to issue a practising certificate if — S. 49 (2c) Board is not satisfied that the applicant complies with S. 22 S. 52 (4) Board may refuse to restore a name to a register or roll if they do not comply with relevant requirements of S. 22 Note: no time frame specified in legislation — at the discretion of the Board
Qld (2000). *Nursing Act 1992* (QLD).	S. 75 (3) If the council is not satisfied that the applicant has practised …within the previous 5 years, the council may — S. 75 (3a) refuse to grant the renewal of registration S. 75 (3b) grant the renewal subject to conditions, including conditions about education
SA (2003). *Nurses Act 1999* (SA).	S. 26 (1) a person whose name has been removed from the register or roll — S. 26 (1b) may apply to the Board at any time for reinstatement S. 26 (6a) The Board should, ..reinstate the name of a person who applies under this section if satisfied the person has sufficient competence and capacity to practice in the field
Tas (2004). *Nurses Act 1995* (Tas). No 100 of 1995	S. 22 Applicant is entitled to be registered or enrolled if — S. 22 (b) sufficient mental & physical capacity and competence to practice S. 22 (c) is of good character S. 22 (d) has adequate command of the English language S. 53 (3) the Board may refuse to restore a persons name to the register or roll if they do not meet 22 (1) (b), (c) and (d)
Vic (2004). *Nurses Act 1992* (Vic).	S. 13A applies to the Board within 2 years from date of removal from register shall be restored S. 14 The Board may refuse an application.. (a) if the Board is not satisfied that the applicant for renewal has not had sufficient nursing experience in the preceding 5 years to be able to practice as a nurse….
WA (2004). *Nurses Act 1993* (WA). No 111/1993.	S. 22 (1) the name will be entered in the register if.. S. 22 (2c) (ii) completed a refresher course in nursing, approved by the Board within the 5 years preceding his/her application under this section

Appendix 4.3: Nurse regulatory requirements and processes to restore a name to a register or roll, April 2005

NRA	Board Requirement to Re-register/ Re-enrol	Legislation	Process				
			1	2	3	4	5
Nurses Board of the ACT	Not practised nursing within last 5 years	RN required to undertake training, same principles applied to EN/RM	Application to the Board	Interview by regulation committee, RM/EN supervised practice only, RN supervised practice or re-entry (over 10 years since registration)	Analysis by NRA Regulation Committee when necessary	Conditional registration/ enrolment granted	Registration/ enrolment granted after successful completion
Nurses and Midwives Board NSW	No requirement	No requirement	Application to the Board	Nurse or Midwife has not practised in over 5 years condition may be imposed	Registration/ enrolment granted	Condition varied or removed as determined by the Board	
Nurses Board of the Northern Territory	Not practised nursing within last 5 years	Requirement to demonstrate competency & capacity RN/RM/EN	Application to the Board	Conditional registration/ enrolment granted	Referral to undertake a re-entry program	Registration/ enrolment granted after successful completion	
Queensland Nursing Council	Not practised nursing within last 5 years	Requirement to complete re-entry RN/EN	Application to the Board	Eligibility determined by the Board and approval for competency assessment service (CAS) granted	Applicant chooses enrolment in all CAS educational modules or challenge test	Challenge test completed, clinical component completed, education modules completed dependent on test results	Successful completion of all modules as per challenge test results or completion of entire CAS program, registration/ enrolment granted
Nurses Board of South Australia	Not practised nursing within last 5 years	Requirement to complete re-entry RN/RM/EN	Application to the Board	Referral to undertake a re-entry program or competency assessment service (CAS)	Lapse in registration/ enrolment (5-10 yrs) the applicant chooses re-entry or CAS, lapse of 10-15 yrs, re-entry program only	Registration granted after successful completion	
Nursing Board of Tasmania	Unable to demonstrate sufficient nursing practice within last 5 yrs	Requirement to complete re-entry RN/EN	Application to the Board	Referral to undertake a re-entry program if required	Registration granted after successful completion		
Nurses Board of Victoria	Unable to demonstrate sufficient nursing practice within last 5 yrs	Requirement to complete re-entry or supervised practice RN/RM/EN	Application to the Board	Referral to supervised practice or if lapse is longer than 10 years, re-entry program is required	Registration granted after successful completion		
Nurses Board of Western Australia	Not practised nursing within last 5 years	Requirement to complete re-entry program RN/RM/EN	Application to the Board	Eligibility determined and approval to undertake a re-entry program	Registration granted after successful completion		

Appendix 4: Tables

Appendix 4.4: Pathway providers, type, duration and support by state and territory

State/Territory	Category	Provider	Course type	Ave length	Clinical component	Funding support	Ave cost ($) to applicant
ACT	RM/EN	Hospital	Supervised practice	16 weeks	14 weeks	Shared	$200
	RN	Hospital	Re-entry	16 weeks	14 weeks	Shared	$200
	RN/RM	University	Re-entry	1 year FT		Full Fees	
NSW	none	none	none	none	none	none	none
NT	RM	University	Re-entry	1 semester	400 hours	Full fees	none
Qld	RN/EN	Competency Assessment Service	Competency Assessment	3hr exam			$165
			Clinical Competency Analysis		2 weeks		$474
			Education Modules	Individualised			$800
			Simulated Clinical				$196
	Midwife	Competency Assessment Service	Supervised practise	3–12 weeks		Scholarship offered to max of $3000	
SA	RN	University	Re-entry	1 semester FT	4 weeks		$2,000
		University	Re-entry	1 year	6 weeks		$3,847
	RM	University	Re-entry	13 weeks	10 weeks		$2,000
	All	Competency Assessment Service	Competency Assessment	3hr exam		none	$153
			Clinical Competency Assessment		2 weeks	none	$449
			Education Modules	Individualised	6 weeks	none	$800
			Simulated Clinical		2hrs	none	$175
	EN	TAFE	Re-entry	1 semester FT		DoH	
Tas	RN	University	Re-entry	2 semesters	26 weeks	none	
		DHHS 10<5 yrs since practice	Re-entry	Self paced distance education	12 weeks	partial	
	EN	TAFE	Re-entry	Self paced distance education	12 weeks	none	
		Northern Group Training15<5	Re-entry	Self paced distance education	12 weeks	none	
		DHHS 15<5 yrs since practice	Re-entry	Self paced distance education	12 weeks	partial	
Vic	RN/RM	Hospital	Supervised practice and/or Re-entry	min 10 weeks	min 6 weeks	DHS	
	RN/RM	University	Re-entry	min 10 weeks	min 6 weeks	none	
	EN	Hospital	Supervised practice and/or Re-entry	min 10 weeks	min 6 weeks	DHS	
	EN	University	Re-entry	min 10 weeks	min 6 weeks	none	
WA	RN	University	Re-entry	1 semester FT	4 weeks		$2,400
		Hospital	Re-entry	8 weeks	4 weeks		nil
	EN	Hospital	Re-entry	6–18 weeks			nil
	RM	Hospital	Re-entry	6 weeks	4 weeks		nil

Not all jurisdictions provided information in relation to course cost, support or length. These are examples only, not inclusive of all re-entry approaches available. NSW offers no programs for the purpose of re-registration. Information as per survey 2.2, April 2005.

Appendix 4: Tables

Appendix 4.5: Total number of all nurse categories completing a re-entry to practice program by pathway and provider, Australia financial year 2003–2004

CATEGORY / JURISDICTION		Re-entry			Supervised Practice			Competency Assessment Service			
		UNIVERSITY BASED PROGRAM	HEALTH SERVICE PROVIDER	TOTAL RE-ENTRY	UNIVERSITY BASED PROGRAM	HEALTH SERVICE PROVIDER	TOTAL SUPERVISED PRACTICE	COMPETENCY ASSESSMENT	TOTAL COMPETENCY ASSESSMENT	TOTAL REGAINED REGISTRATION FY by 03/04
RN	**ACT**	0	12	12	0	0	0	N/A	N/A	**12**
	NT	U/A	4	4	N/A	N/A	N/A	N/A	N/A	**4**
	QLD	18	0	18	N/A	N/A	N/A	47	47	**65**
	TAS	0	18	18	N/A	N/A	N/A	N/A	N/A	**18**
	VIC	14	46	60	0	88	88	N/A	N/A	**148**
Total RN		32	80	112 **45%**	0	88	88 **36%**	47	47 **19%**	**247**
Mid	**ACT**	0	0	0	0	4	4	N/A	N/A	**4**
	VIC	1	0	1	0	5	5	N/A	N/A	**6**
Total RM		1	0	1 **10%**	0	9	9 **90%**	N/A	N/A N/A	**10**
EN	**ACT**	0	0	0	0	3	3	N/A	N/A	**3**
	NT	U/A	1	1	N/A	N/A	N/A	N/A	N/A	**1**
	QLD	0	0	0	N/A	N/A	N/A	12	12	**12**
	TAS	0	8	8	N/A	N/A	N/A	N/A	N/A	**8**
	VIC	6	0	6	0	92	92	N/A	N/A	**98**
Total EN		6	9	15 **12%**	0	95	95 **78%**	12	12 **10%**	**122**
ALL	**NSW***	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
	SA**	U/A	U/A	U/A	N/A	N/A	N/A	U/A	U/A	**N/A**
	WA***	U/A	U/A	179	N/A	N/A	N/A	N/A	N/A	**179**
Total by program				307 **55%**			192 **34%**		59 **11%**	**558 100%**

*No re-entry programs in NSW
**SA unable to distinguish re-entrants
***WA, unable to determine provider of pathway
N/A - Not available as an option in that State/Territory
U/A - Unavailable, used as an option in that State/Territory, no data available

Appendix 4: Tables

Appendix 4.6: Total nurses and midwives supported for re-entry state, territory and Commonwealth governments Australia, financial year 2003–2004

FY 03/04	Supported for re-entry			Total	% of all Re-entry
	RNs	RMs	ENs		
ACT*	***Not Applicable***			***Not Applicable***	
NSW**	***Not Applicable***			***Not Applicable***	
NT	6	0	0	6	1%
QLD	8	0	3	11	2%
SA	133	9	47	189	32%
TAS	18	0	13	31	5%
VIC	112	0	12	124	21%
WA	86	85	20	191	32%
Commonwealth	22	2	15	39	7%
Total	385 **65%**	96 **16%**	110 **19%**	591	**100%**

*ACT in process of reviewing their support during this period

** NSW provides support for a re-fresher course but does not have any requirements for re-registration or re-enrolment

Appendix 5 NRA accredited re-entry to practice providers, April 2005

State/ Territory	Category	Provider Type	Provider	Public/ Private	Rural/ Metro
ACT	RN/RM	UNI	University of Canberra	Public	Metro
ACT	ALL	HSP	Calvary Hospital	Public/Private	Metro
NSW	ALL	N/A	N/A	N/A	N/A
NT	RM	UNI	Charles Darwin University	Public	Metro
QLD	RN/EN	CAS	Competence Assessment Service	Private	Metro
QLD	RN/EN	CAS		Private	Metro
QLD	RN/EN	CAS		Private	Metro
QLD	RN/EN	CAS		Private	Metro
QLD	RN/EN	CAS		Private	Metro
QLD	RM	CAS		Private	Metro
SA	RN	UNI	University of SA	Public	Metro
SA	RN	UNI	Flinders University	Public	Metro
SA	RM	UNI	University of SA	Public	Metro
SA	MHN	UNI	University of SA	Public	Metro
SA	MHN	UNI	Flinders University	Public	Metro
SA	All	CAS	Competency Assessment Service (University of SA & Nursing Agency of Australia	Private	Metro
SA	All	CAS		Private	Metro
SA	All	CAS		Private	Metro
SA	All	CAS		Private	Metro
SA	EN	TAFE	Onkaparinga	Public	Metro
SA	EN	TAFE	Torrens Valley	Public	Metro
SA	EN	TAFE	Murray	Public	Metro
SA	EN	TAFE	Douglas Mawson	Public	Metro
SA	EN	TAFE	Spencer Inst	Public	Metro
SA	EN	TAFE	South East Inst	Public	Metro
SA	EN	HSP	Nursing Agency of Australia	Private	Metro
TAS	RN	UNI	University of Tasmania	Public	Metro
TAS	RN	HSP	DHHS (Department of Health & Human Services)	Public	Metro
TAS	EN	TAFE	TAFE Tasmania	Public	Metro
TAS	EN	AGENCY	NGT (Northern Group Training)	Private	Metro
TAS	EN	HSP	DHHS (Department of Health & Human Services)	Public	Metro
VIC	RM	TAFE	ACMI	Public	Metro
VIC	RN	HSP	Alfred Hospital	Public	Metro
VIC	EN	HSP	Andrew Kerr Aged Care Complex	Public	Rural/Regional
VIC	RN/EN	HSP	Andrina Private Nursing Home	Private	Metro
VIC	RN	HSP	Angliss Health Service	Public	Metro
VIC	RN	HSP	Austin Health	Public	Metro
VIC	RN/EN	HSP	Bairnsdale Regional Health Service	Public	Rural/Regional
VIC	EN	HSP	Bairnsdale Aged Care Facility	Private	Rural/Regional

Appendix 5: NRA accredited re-entry to practice providers, April 2005

State/ Territory	Category	Provider Type	Provider	Public/ Private	Rural/ Metro
VIC	RN/EN	HSP	Ballarat Health	Public	Rural/Regional
VIC	RN/EN	HSP	Balmoral Grove Nursing Home	Private	Metro
VIC	EN	HSP	Bartling Place Residential Care Service	Private	Rural/Regional
VIC	RN/EN	HSP	Barwon Health	Public	Rural/Regional
VIC	RN	HSP	Beleura Private Hospital	Private	Metro
VIC	RN/EN	HSP	Benalla & District Memorial Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	Bendigo Health Care Group	Public	Rural/Regional
VIC	EN	HSP	Berwick Private Nursing Home	Private	Rural/Regional
VIC	EN	HSP	Bethlehem Hospital	Public	Metro
VIC	RN/EN	HSP	Boort District Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	Box Hill Hospital	Public	Metro
VIC	EN	HSP	Brookfield Park Nursing Home	Public	Rural/Regional
VIC	RN	HSP	Cabrini Health	Private	Metro
VIC	RN/EN	HSP	Caulfield General Medical Centre	Public	Metro
VIC	RN/EN	HSP	Central Gippsland Health Service	Public	Rural/Regional
VIC	RN	HSP	Cliveden Hill Private Hospital	Private	Metro
VIC	RN/EN	HSP	Cohuna District Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	Colac Area Health – Colac	Public	Rural/Regional
VIC	RN/EN	HSP	Cotham Private Hospital	Private	Metro
VIC	EN	HSP	Darnlee Residential Aged Care Facility	Private	Metro
VIC	RN	UNI	Deakin Uni	Public	Metro
VIC	EN	HSP	Donwood Community Aged Care Services Inc.	Public	Metro
VIC	RN/EN	HSP	Dromana Nursing Home	Public	Rural/Regional
VIC	RN/EN	HSP	East Grampians Health Service	Public	Rural/Regional
VIC	RN/EN	HSP	East Wimmera Health Services	Public	Rural/Regional
VIC	RN/EN	HSP	Echuca Regional Health	Public	Rural/Regional
VIC	RN/EN	HSP	Epworth Hospital	Private	Metro
VIC	RN/EN	HSP	Euroa Hospital	Public	Rural/Regional
VIC	RN/RM/EN	HSP	Frances Perry House	Private	Metro
VIC	RN/EN	HSP	Freemason's Hospital	Private	Metro
VIC	RN/EN	HSP	Gippsland Southern Health Service	Public	Rural/Regional
VIC	RN/EN	HSP	Glen Waverley Nursing Home	Private	Metro
VIC	EN	HSP	Good Shepherd Aged Services I	Public	Metro
VIC	EN	TAFE	Goulburn Ovens TAFE	Public	Rural/Regional
VIC	RN/EN	HSP	Hepburn Health Service	Public	Rural/Regional
VIC	EN	HSP	Hesse Rural Health Service	Public	Rural/Regional
VIC	EN	HSP	Hobson's Bay Nursing Centre	Private	Metro
VIC	EN	HSP	Homestead Residential Aged Care	Private	Rural/Regional
VIC	EN	HSP	Hurlingham Nursing Home	Private	Metro
VIC	RN	HSP	Inglewood & Districts Health Service	Public	Rural/Regional
VIC	EN	HSP	Innisfree Residential Aged Care Facility	Public	Rural/Regional

Appendix 5: NRA accredited re-entry to practice providers, April 2005

State/ Territory	Category	Provider Type	Provider	Public/ Private	Rural/ Metro
VIC	RN/EN	HSP	Kerang & District Hospital	Public	Rural/Regional
VIC	EN	HSP	Kirralee Residential Aged Care Facility	Private	Rural/Regional
VIC	RN/EN	HSP	Kyabram & District Memorial Community Hospital	Public	Rural/Regional
VIC	RN/M&CH	UNI	La Trobe University	Public	Metro
VIC	EN	HSP	Lakes Entrance Private Nursing Home	Private	Rural/Regional
VIC	RN/EN	HSP	Latrobe Regional Hospital	Public	Rural/Regional
VIC	EN	HSP	Manningham Centre Association Inc	Private	Metro
VIC	RN/EN	HSP	Mansfield District Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	Maroondah Hospital	Public	Metro
VIC	RN/EN	HSP	Maryborough & District Health Service	Public	Rural/Regional
VIC	EN	HSP	Mayflower Retirement Community	Public	Metro
VIC	RN/EN	HSP	McIvor Health & Community Service	Public	Rural/Regional
VIC	RN/EN	HSP	Melbourne Private Hospital	Private	Metro
VIC	RN/EN	HSP	Mildura Base Hospital	Public	Rural/Regional
VIC	RN	HSP	Mildura Private Hospital	Private	Rural/Regional
VIC	RN	HSP	Mitcham Private Hospital	Private	Metro
VIC	EN	HSP	Moyne Health Services	Public	Rural/Regional
VIC	EN	HSP	Mt Alexander Hospital	Public	Rural/Regional
VIC	EN	HSP	Nathalia District Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	North East Health	Public	Rural/Regional
VIC	RN/EN	HSP	Numurkah District Health Service	Public	Rural/Regional
VIC	RN/EN	HSP	Orbost Region Health	Public	Rural/Regional
VIC	EN	HSP	Otway Health & Community Service	Public	Rural/Regional
VIC	EN	HSP	Paynesville Private Nursing Home	Private	Rural/Regional
VIC	RN	HSP	Peninsula Health	Public	Metro
VIC	RN	HSP	Peninsula Private Hospital	Private	Metro
VIC	RN/EN	HSP	Peter James Centre	Public	Metro
VIC	RN/EN	HSP	Portland & District Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	Regent Aged Care Facility	Private	Metro
VIC	EN	HSP	Regis Sherwood Park Nursing Home	Public	Metro
VIC	RM/EN	UNI	RMIT	Public	Metro
VIC	RN/EN	HSP	Robinvale District Health Service	Public	Rural/Regional
VIC	RN/EN	HSP	Ronnoco Private Nursing Home	Private	Metro
VIC	RN/EN	HSP	Royal Children's Hospital	Public	Metro
VIC	RN/EN	HSP	Royal Melbourne Hospital	Public	Metro
VIC	RN/RM	HSP	Royal Women's Hospital	Public	Metro
VIC	RN	HSP	Sandringham & District Memorial Hospital	Public	Metro
VIC	RN	HSP	Seymour District Memorial Hospital	Public	Rural/Regional
VIC	EN	HSP	Shepparton Aged Care Facility	Private	Rural/Regional
VIC	RN	HSP	South Eastern Private Hospital	Private	Metro

Appendix 5: NRA accredited re-entry to practice providers, April 2005

State/ Territory	Category	Provider Type	Provider	Public/ Private	Rural/ Metro
VIC	RN/EN	HSP	South West Healthcare	Public	Rural/Regional
VIC	EN	TAFE	South West Inst	Public	Rural/Regional
VIC	RN	HSP	St John of God Health Care Geelong	Private	Rural/Regional
VIC	RN	HSP	St John of God Hospital Ballarat	Private	Rural/Regional
VIC	RN	HSP	St Vincents & Mercy Private Hospital	Private	Metro
VIC	RN	HSP	St Vincent's Hosp	Public	Metro
VIC	RN/EN	HSP	Stawell Regional Health	Public	Rural/Regional
VIC	RN/EN	HSP	Strathdon Community	Public	Metro
VIC	RN/EN	HSP	Sunshine Hospital	Public	Metro
VIC	RN/EN	HSP	Swan Hill District Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	Tallangatta Health Service	Public	Rural/Regional
VIC	EN	HSP	Taylors Lodge Nursing Home	Private	Metro
VIC	RN/EN	HSP	Terang & Mortlake Health Service	Public	Rural/Regional
VIC	RN	HSP	The Valley Private Hospital	Private	Metro
VIC	EN	HSP	Ti Tree Gardens Aged Care	Private	Rural/Regional
VIC	EN	HSP	Tongala & District Memorial Aged Care Services — Tongala	Private	Rural/Regional
VIC	RN/EN	UNI	Uni of Ballarat	Public	Rural/Regional
VIC	RN/EN	HSP	Vaucluse Hospital	Private	Metro
VIC	RN	UNI	Victoria Uni	Public	Metro
VIC	RN/EN	HSP	Wangaratta District Base Hospital	Private	Rural/Regional
VIC	RN/EN	HSP	Warringal Private Hospital	Private	Metro
VIC	RN/EN	HSP	Werribee Mercy Hospital	Public	Metro
VIC	RN/RM	HSP	West Gippsland Health Care Group	Public	Rural/Regional
VIC	RN/EN	HSP	West Wimmera Health Service	Public	Rural/Regional
VIC	EN	HSP	Western District Health Service	Public	Rural/Regional
VIC	RN/EN	HSP	Western Hospital	Public	Metro
VIC	EN	HSP	Western Private Hospital	Private	Metro
VIC	RN/EN	HSP	Wimmera Base Hospital	Public	Rural/Regional
VIC	RN/EN	HSP	Wodonga Regional Health Service	Public	Rural/Regional
VIC	EN	HSP	Wyndham Lodge Community Aged Care	Private	Metro
VIC	RN	HSP	Yarra Ranges	Public	Metro
WA	RN	HSP	Fremantle	Public	Metro
WA	RN	HSP	Hollywood Private	Private	Metro
WA	RN	UNI	Curtin	Public	Metro
WA	MHN	HSP	Graylands	Public	Metro
WA	MHN	UNI	Edith Cowan	Public	Metro
WA	EN	HSP	Hollywood Private	Private	Metro
WA	EN	HSP	Royal Perth	Public	Metro
WA	RM	HSP	King Edward Memorial Hospital	Public	Metro

References

Australian Health Ministers Council (2004). National Health Workforce Strategic Framework.

Sydney, Australian Health Ministers Council. (2004). Nurses Act 1992 (WA).

Australian Nursing and Midwifery Council (2000). Australian Nursing Council National Competency Standards for the Registered Nurse. ACT, Australian Nursing Council Inc.

Australian Nursing Council (2002). Australian Nursing Council National Competency Standards for the Enrolled Nurse. ACT, Australian Nursing Council Inc.

Department of Human Services Victoria (2001). Nurse Recruitment and Retention Committee: Final Report. Melbourne, Department of Human Services Victoria.

Department of Human Services Victoria (2001). Regulation of Medical Practitioners and Nurses in Victoria. A Discussion Paper. Melbourne, Department of Human Services Victoria,.

Department of Human Services Victoria (2003). Regulation of the health professions in Victoria: a discussion paper. Melbourne, Policy and Strategic Projects Division, Victorian Government Department of Human Services.

National Nursing and Nursing Education Taskforce (2003). Statement of Endeavour. 2004.

National Nursing and Nursing Education Taskforce (2005). Scholarships for Nurses and Midwives.

National Review of Nursing Education (2002). National Review of Nursing Education 2002: Our Duty of Care, Department of Education, Science and Training.

New South Wales Health (2002). Recruitment and Retention of Nurses Progress Report.

Nurses and Midwives Board of New South Wales (2005). Nursing and Midwifery Re-entry data (Personal Communication). N^3ET. Sydney.

Nurses Board Victoria (2004). Standards for Supervised Practice. Melbourne, Nurses Board Victoria.

Nursing Board of Tasmania (2004). Competence to Practice Audit: Five Year Evaluation Report (1998–2002).

Pearson, A., M. Fitzgerald, et al. (2002). "Nurses' views on competency indicators for Australian nursing." Collegian 9(1): 36–40.

References

Pearson, A., M. Fitzgerald, et al. (2002). "Continuing competence and the regulation of nursing practice." J Nurs Manag 10(6): 357-364.

Royal College of Nursing Australia (2004). Australian Government Rural and Remote Nurse Scholarship Program: Re-entry Scheme: Guidelines Form. ACT, Royal College Nursing.

Training, D. o. E. S. a. (2005). FEE-HELP Information Online Booklet, Department of Education Science and Training.