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Continuing professional development and changed re-registration requirements: Midwives' reflections

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SUMMARY

Background: In 2010 new legislation in Australia led to the establishment of the Australian Health Practitioner Regulatory Authority standards, now used to manage nursing and midwifery registration and the annual re-registration requirements for midwives and nurses. These clearly articulate the continuing professional development (CPD) requirements together with a guiding framework. Individuals need to engage in adult pedagogy which makes explicit the need for self-examination to identify and prioritise their learning needs.
Objectives: This study aimed to investigate how existing registered midwives approach and are challenged by these changed statutory requirements in Australia, particularly completion of CPD activity.
Design: This paper reports the findings from phase one of a two phase, longitudinal, case study in which midwives describe their experience during in-depth qualitative interviews.
Setting: Australia
Participants: A sample of 20 female participants was recruited nationally from four states using a purposive sampling approach to provide maximum variation to explore the issue.
Methods: Each participant took part in an in-depth interview. In order to facilitate reflection on experiences each participant was asked to discuss an object that held professional value or meaning to them.
Results: A key theme in the findings is the relationship between motivation which influences the decisions that midwives are making about CPD, their ongoing registration and practice context. The findings reveal implicit values and beliefs about practice relationships and how these function as motivational factors that influence midwives' decisions about CPD and practice options.
Conclusions: The findings provide insight into the need for system wide dialogue to devise ways to support midwives to maintain as well as to continue to develop their practice, through CPD and to acknowledge the challenges faced by those midwives who currently hold dual registration as a registered nurse in the context of the changed requirements.

Introduction

In 2010 legislation in Australia changed (Health Legislation Amendment, Midwives, Nurse Practitioners Act, 2010) which has influenced the regulation of nursing and midwifery. In particular this change led to a shift from state based legislation to national legislation and regulation, and the creation of separate registers for nurses and midwives. Previously, nurses were endorsed on their nursing registration to practice midwifery. The new legislative environment has led to the establishment of the Australian Health Practitioner Regulatory Authority (AHPRA) and a number of new registration standards in both disciplines. These standards are managed in nursing and midwifery by the Nursing and Midwifery Board of Australia (NMBA); standards cover competency to practice, evidence of continuing professional development (CPD), proof of recency of practice (ROP), and insurance details. In Australia practitioners may hold dual registration as nurse and midwife but must meet the requirements for each register to maintain registration. The impact of these changes has international interest and significance for midwifery ongoing professional development and workforce makeup. Globally, for workforce planning purposes, there is strategic action to regulate practice and to promote the standards for education and ongoing professional development in midwifery (International Confederation of Midwives, 2011; World Health Organisation, 2010).

In Australia, prior to 2010, registration requirements were State or Territory base. However, since the regulatory changes a practitioner must demonstrate completion of 20 h of CPD activity for each registration in order to renew registration each year (Nursing and Midwifery Board of Australia, NMBA, 2010). The Standards now clearly articulate a requirement for nurses and midwives to take responsibility for deciding what education is relevant to them by planning to meet their learning needs and be responsible for ensuring they complete the required number of hours, and demonstrate reflection on learning in order to

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show the value of the learning and its effect on their practice (Nursing and Midwifery Board of Australia, NMBA, 2010).

This paper considers one aspect of these changes: continuing professional development among registered midwives. Midwives have a legal, regulatory and ethical obligation to remain up to date and informed about the best current evidence for care and to implement critical review of their practice as part of CPD (Sandin-Bgo et al., 2008; Nursing and Midwifery Board of Australia, NMBA, 2010, and International Confederation of Midwives, 2005; Australian Health Practitioners Regulatory Agency, AHPRA, 2010). A range of benefits are attributed to post-graduate education, clinical practice experience and CPD and are described in the literature. They include increased confidence, choice, autonomy, increased motivation and skills for lifelong learning (Ellis and Nolan, 2005; Spencer, 2006; Veermah, 2004; O'Shea, 2003). Education can provide a transformative turning point (Mezirow and Associates, 2000) leading to increased practice confidence and competence (O'Shea, 2003; Nichol and Webb, 2006). Engagement in CPD endeavours is reported to be motivated by personal and professional motivation (Spencer, 2006). A dichotomy between the values of academic education versus the significance of clinical practice learning is alluded to by practitioners (Gould et al., 2007). Consequently, the decisions adults make are influenced by values. Adults need to know why they need to learn something and so individual learning outcomes will be dependent in part, on individual's choices about engagement in the learning activities (Race, 1995). So the literature suggests that motivation and values influence the choices and decisions made about CPD, based on the significance to individuals.

We currently do not know what decisions midwives are making about CPD, registration and practice options considering the requirements in the new system and considering the Standards for each discipline. This novel situation invites contemporaneous research to investigate how existing registered midwives approach and are challenged by these requirements, and importantly, what influence these have on their practice, its quality and context.

Dual registration, diverse practice roles and career pathways in Australia represent some of the complexities influencing midwives' decisions and actions in response to these requirements. This change in re-registration requirements could create a turning point for some individuals in their professional life. Understanding midwives' response to the changes in re-registration requirements will provide direction for health service and education providers for CPD and workforce planning.

The Study

Aim

This study aimed to investigate midwives' responses to the changed re-registration requirements in Australia in a contemporaneous exploration of midwives' decision making and reflections about registration, CPD and practice, in the period following the regulative changes. In this paper one question is addressed: What decisions are currently registered midwives making about their CPD, re-registration and practice context?

Design

A case study design was used to enable a focused in-depth investigation of the phenomenon (Yin, 2009; Stake, 2005, 2008). Case study methodology permits collection of data from numerous sources. This case study used a qualitative and longitudinal design conducted in two phases. This paper reports the findings from the first phase data collection conducted in the first 12 months following the regulative changes. The focus was on participants' understanding of the changes, the value to their practice and their decision making during this period, particularly in regard to CPD. The second phase collected data to further explore the impact of the changes on participants' practice, registration decisions and ongoing professional development.

Participants

Participants were recruited nationally from four states using a purposive sampling approach to provide maximum variation to explore the issue thoroughly (Bloomberg and Volpe, 2008). Following institutional ethical approval for the project (S/11/360), participants provided written consent. Convenience procedures were used to recruit currently practising registered midwives working in any clinical, education or management role in either public or private settings. Participants not registered as midwives with APHRA June 2010 were excluded from the sample.

The sample consisted of 20 female participants. One participant held single registration as a midwife, the remainder all hold registration on both nursing and midwifery registers as nurses and midwives. The demographic profile is set out in Table 1; 2 participants were under 30 years, 5 participants were under 40 and the other 13 reflect the workforce demographics with the average age 40.7 years (Australian Health Workforce Advisory Committee, AHWAC, 2002). Table 1 also identifies the participants' practice settings and roles. This demonstrates diversity in setting across private and public health services. Participants also worked in a range of roles; 5 worked in nursing positions, 15 were practising midwifery. Of the participants, 13 were in primarily clinical positions, 4 in worked education and 3 in management.

Data

Each participant took part in one in-depth interview, conducted between October 2011 and April 2012. A conversational approach was adopted to generate in-depth explanations of meaning about the phenomenon (Rubin and Rubin, 2005). As part of the interview process each participant was asked to discuss an object that held value or meaning to them in their practice. Objects can assist an individual to express meaning during the sharing of experiences (Atkinson, 2002; Bell, 2010).

The use of objects in research originates from qualitative approaches in social sciences where visual material has been used as an integral part of the research process whether as a form of data, a means of generating data, or a means of representing results (Knowles and Sweetman, 2004). In this study the objects assisted to elicit information and to add depth to a participant's description of their experiences and

Table 1
Participant's main practice role: registered nurse/registered midwife, service context and practice type, service type area and context.

Age range	Main role	Practice type	Context
	RN/RM		
25–29	Midwife	Educator	Public hospital
25–29	Midwife	Community	Private practice
30–34	Midwife	Antenatal and postnatal	Community
35–39	Midwife	Birth unit team	Public hospital
35–39	Midwife	Private practice	Community
35–39	Midwife	Continuity team	Public hospital
35–39	Nurse	Paediatrics	Public hospital
40–44	Midwife	Antenatal clinic	Public hospital
40–44	Midwife	Across all areas	Public hospital
40–44	Midwife	Antenatal clinic	Public hospital
45–49	Midwife	Director of maternity	Public hospital
45–49	Midwife	Antenatal and postnatal	Public hospital
45–49	Midwife/nurse	Academic	University
50–54	Midwife	Community postnatal	Private practice
50–54	Midwife	Manager	Public hospital
50–54	Nurse	Manager	Public hospital
50–54	Nurse	Theatre sister	Public hospital
50–54	Nurse	Paediatrics	Public hospital
50–54	Midwife/nurse	Educator	Private hospital
60–65	Nurse	Triage and advise	Call centre