



PAPUA NEW GUINEA NURSING COUNCIL

NURSING COUNCIL REPORT 2016

This report has been reviewed by the Nursing Council Board

In July 2017

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NURSING COUNCIL CHAIR OPENING MESSAGE

Welcome to the 2016 Report for the Papua New Guinea Nursing Council. The name Nursing Council will be used throughout this report. While the focus of this report is on 2016, activities from 2014-2017 are also included. The Nursing Council, alongside the nursing and midwifery workforce, has faced many key workforce issues and need for institutional reform. 2016 was a year of significant development for Nursing Council registration data review, policies and accreditation audits of training institutions. The Nursing Council has now undertaken the majority of the outstanding accreditation audits for existing and proposed Diploma of General Nursing (DGN) programs. During the 2014-2016 period, the Nursing Council conducted 25 accreditation visits to 14 Institutes, and met with over 2,000 stakeholders and associated facilities. This has been a significant achievement considering the funding constraints and the remote location of institutes and their associated health facilities. Still outstanding are the audits on Pacific Adventist University (PAU) and University of Papua New Guinea (UPNG) post graduate programs for 2017.

The request for a national curriculum review is still outstanding and has not been carried out since the late 1990s, the quality of graduates is now in need of critical review. Whilst an enormous amount of work has been carried out, the Nursing Council Registrar permanent appointment is still pending.

The Nursing Council has continued to assist the review of the Health Practitioners Bill. The enacting of this Bill will result in significant revisions to much of the information in this Report; however, at the time of this report, enactment has not yet occurred. The Bill, when enacted, will also affect the Nursing Council's structure, functions and role.

This Report outlines the role and activities of the Nursing Council, such as protecting and promoting the public interest, and ensuring effective and accurate registration of nurses and midwives. This report also highlights important information for nursing and midwifery professionals regarding new registration information and documents. A significant revision of the Health Practitioner Registration Systems (HPRS) has been carried out during 2014–2016 period. Please find these key documents attached in The Appendix and on the new Nursing Council webpage: www.health.gov.pg and click on Nursing.



Chair Mr Peter Pindan

NURSING COUNCIL REGISTRAR

The work of the Nursing Council can only be carried out with the support and extremely hard work of the Nursing Council Committee members. Stakeholders from the National Department of Health (NDoH); health facilities run by public, private, church and non-governmental organisations; provincial and government offices; Department of Labour and Industrial Relations; World Health Organization; Department Affairs and Trade Australian High Commission; and the Office of Higher Education Research Science and Technology have all contributed significantly to the running of the Nursing Council in 2016. We thank you all.

It must also be stated that although an enormous amount of work has been carried out on registration data, there are still many areas to be analysed in the Health Practitioners' Registration System (HPRS). Only then will there be accurate workforce data for nursing and midwifery.



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PNG Nursing Council www.health.gov.pg Go to nursing tab on top right

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BACKGROUND

Established in 1964, the PNG Nursing Council has a mandated role currently under the Medical Registrations Act 1980 to regulate nursing and midwifery professionals through registration, education and scope of practice. The Nursing Council is responsible for protecting and promoting public interest through the maintenance of nurses' and midwives' standards of conduct and competence. To assist it in achieving this purpose, the Council has a statutory mandate to approve and monitor educational programs that lead to registration.

A significant portion of the Council's work concerns registration. The Nursing Council is responsible for registering new nurses and midwives who have been deemed competent to practice, keeping accurate data on the number of registered nurses and midwives, as well as outlining the requirements that current nurses and midwives must satisfy to maintain their licence to practice. The Nursing Council is also responsible for encouraging the professionalism of registered practitioners. This involves monitoring the work of registered practitioners, and managing a complaints and disciplinary process. The Nursing Council may apply sanctions or instigate disciplinary processes whenever it is required.

According to the Medical Registration Act 1980, the responsibility of the Nursing Council is to:

'Protect and promote the public interest through the maintenance of nurses' standards of conduct and competencies'.

In order to achieve this purpose, the Nursing Council has a statutory mandate to approve and monitor educational programs that lead to registration as a nurse in any category or midwife. The Nursing Council also undertakes regular audits of nursing and midwifery educational institutes for accreditation purposes which are underpinned by the National Framework for the Accreditation, Monitoring and Evaluation of Nursing and Midwifery Education Programs (2005).

The quality and quantity of the current health workforce in Papua New Guinea (PNG) is not enough to sustain a healthy population. The Government of PNG wants to improve this with explicit aims outlined in the National Health Plan 2011–2020 to improve service delivery and achieve a healthy and prosperous nation for all.¹ Yet, currently the country has a health workforce crisis, with a ratio of only 6 doctors, nurses and midwives per 10,000^{2,3}, while the World Health Organization (WHO) recommends that a benchmark of 45 doctors, nurses and midwives per 10,000 will be needed to meet population needs by 2030.⁴ The UN Commission on Health Employment and Economic Growth is exploring the challenge of the Sustainable Development Goals (SDGs)⁵ and has outlined the significant opportunity that health systems have to generate employment and boost economies in countries where decent jobs are most needed. WHO also recommends changes at the education level as fundamental to strengthen health systems.⁶ WHO⁴ has recognised that improvements to regulation systems are a priority for the region. To be able to achieve a relevant, reliable, quality health workforce to meet the population needs of 2030, a strong, robust regulatory system needs to be in place.

In 2006, 211 nurses graduated in PNG, following Department of Foreign Affairs and Trade Australia (DFAT) diagnostic audits^{7,8,9}, and subsequent investment, projected an increase to 456 nurses graduating annually by 2016. The National Department of Health (NDoH) Workforce Enhancement Plan¹⁰ led to improvements in regulation and infrastructure which have contributed to more than 200% increase to an actual 491 nurses and midwives graduating in 2016 (Table 7, Figure 7). There has been an increase from 7 to 11 nursing educational institutes (resulting in a Diploma in General Nursing – 3 years program) and an increase from 4 to 5 midwifery educational institutes^{9,11,12} (resulting in a Bachelor Degree in Midwifery), with an already existing Post Graduate Studies institute at University of Papua New Guinea and a Bachelor degree nursing program at PAU – 4 year program. The midwifery schools have produced a significant increase in midwives as can be seen in Table 8.^{11,12}

The Nursing Council has carried out significant work in accreditation to increase the number of institutes. However, this has put pressure on the education system resulting in a short fall of educators, who are teaching with a curriculum that is almost 20 years old.⁷ Recent Nursing Council accreditation audit reviews revealed a 21% shortage of nursing educators with only 60% holding an education qualification and only 28% holding a master's degree.

This has weakened the quality of graduate nurses and has a major impact on the role of the Nursing Council under the Medical Registration ACT 1980 to protect the public. Hence, the Nursing Council has been requesting for several years the urgent review of the Community Health Worker Training Institutes and Nursing Curricula^{7,15,16} and recommends no more new schools of nursing are proposed until 2027.

In 2016, Authority to Practice Certificates were provided to 6,271 nurses and midwives, many who had not received one since 2004. An enormous increase in registration fees for the Nursing Council of almost 3500% (from 8,998 PGK in 2012, to 316,606 PGK in 2016), is shown in Table 2. Nursing Council have had several Board and stakeholder discussions on the updated legislation ready for parliament, and have developed a website hosting all necessary forms for Nursing Council registrants and employers to access from anywhere.

The conversion rate from provisional registration to full registration has also been impacted through work done by the Nursing Council. When a nurse graduates, they become a provisional registrant and after six months of clinical work they must carry out a competency evaluation assessment within the hospital. Historically only 44% of these individuals became fully registered and therefore, practicing legally. Improved Nursing Council communication, through roadshows and stakeholder meetings increased provisional nurse registrants becoming fully registered to 73% in the 2016 – 2017 registration period (Table 1 and 2).

A pivotal challenge for the Nursing Council in 2016 was the ongoing work to assist in drafting the Health Practitioners Bill. This means that regulation legislation will be brought into the 21st Century (see p.22).

SUMMARY OF ACHIEVEMENTS

The Nursing Council calendar, initially developed in 2014, was updated for 2015, 2016 (Figure 1) and 2017 (Appendix 1) and approved by the Board to plan the activities for this period. The Council used the calendar for its Annual Implementation Plan (AIP) for financial planning for the forthcoming year. On the whole, the Nursing Council carried out its activities and regulatory role within the limited approved budget. Unplanned events were incorporated into the work of the Council as financial funding became available. This section of the report outlines a summary of the Nursing Council activities for 2014–2016.

A major theme of the work of the Nursing Council for the last few years was improved communication with registrants. This report outlines some of these achievements including production of newsletters and regulation roadshows across the country.

The Nursing Council has streamlined the registration process for national and international registrants and carried out a review of the Health Care Practitioners Registration System (HCPRS – revised, now HPRS). This revised registration database (HPRS) has involved discussions with the Medical Board and created a new registration database with access to pre 2012 registrants data. The backlog of Authority to Practice (ATPs) from 2004 and Midwifery graduates from 2010 to 2016 have also been updated and registered.

NURSING COUNCIL BOARD AND COMMITTEES

The Nursing Council Board is ratified by the Medical Registration Act 1980 under its constitution (Appendix 2) to govern the Nursing Council and convene committees as required for the day to day

working of the business of the Council. Outlined below are the Nursing Council Committees’ meetings which were held in line with the Nursing Council calendar above (Figure 1 – Nursing Council Nursing Council Calendar 2016). Terms of references and membership for the Committees has been ratified by the Nursing Council Board (Appendix 2 and 3). All Committees present reports to the Board for approval.

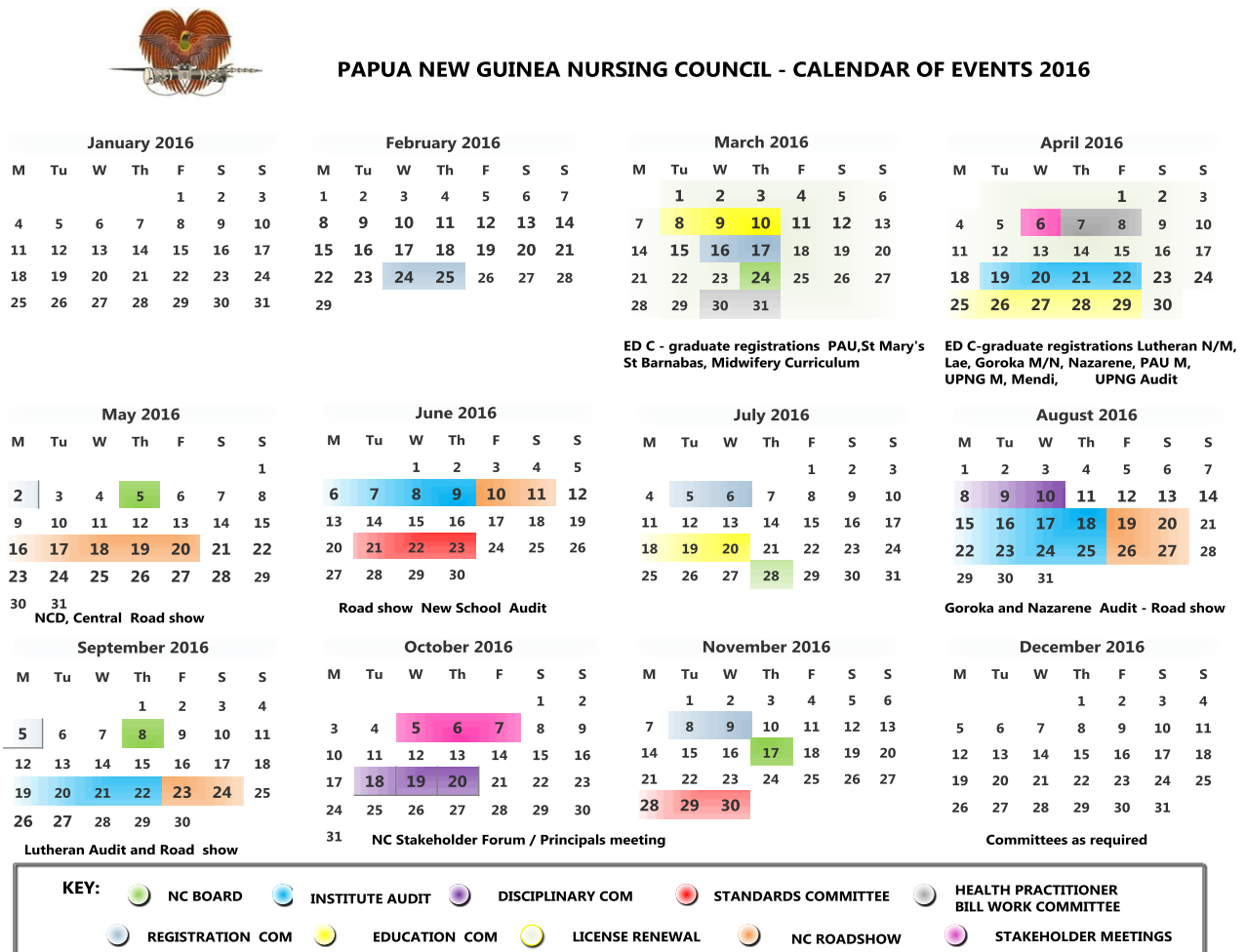
The current committees are as follows:

- Nursing Council Board
- Registration Committee
- Educational Committee
- Health Practitioner Bill – Working Committee
- Standards Committee – to be established
- Stakeholder Working Groups

NURSING COUNCIL COMMUNICATION IMPROVEMENTS

The goal of the Nursing Council [Board] is to improve communication and planning to registrants and stakeholders through activities and resources. Annual Board approved calendars plan the proposed activities of the Nursing Council (Figure 1).

FIGURE 1: NURSING COUNCIL CALENDAR 2016



Provincial Roadshows

In 2014–2016 improved communications resulted in Roadshows being conducted. The aim was to meet with registrants and stakeholders to present Nursing Council requirements. These Roadshows were held:

- Enga and School of Nursing – at 4 clinical sites to 50 stakeholders
- Alotau and St Barnabas School of Nursing – at 4 clinical sites to 160 stakeholders
- Highlands Regions and Highlands College of Nursing (UOG) – at 11 sites to 50 stakeholders
- Madang and Lutheran School of Nursing – at 2 sites to 130 stakeholders
- Wewak – at 1 site to 30 stakeholders
- Vanimo – at 3 sites to over 50 stakeholders
- East New Britain – at 6 clinical sites to over 130 stakeholders
- AROB – at 2 sites to 50 stakeholders
- New Britain – at 2 sites to 60 stakeholders
- Lae and School of Nursing – at 2 sites to 40 stakeholders
- Oro – at 3 sites to 100+ stakeholders
- Gulf – at 1 site to 50 stakeholders
- Simbu – at 1 site to 30 stakeholders
- New Ireland – at 3 sites to 80 stakeholders
- Western Province – at 1 site to 40 stakeholders
- West New Britain – at 4 sites to 70 stakeholders
- Port Moresby General Hospital (PMGH) / University of Papua New Guinea (UPNG) – to 350 stakeholders +

A total of 50 sites and over 2,000 stakeholders were visited through the Roadshow and accreditation process. Although all Provinces have been visited a full Roadshow is still required in Central and NCD, planned for 2017.

Web Platform

A website designed specifically for the Nursing Council was developed. This dedicated site is part of the NDoH website and contains relevant Nursing Council information and the ability to download all registration forms. The updated website is now officially up and running at www.health.gov.pg (click nursing tab top right).

Newsletter

Four newsletters outlining information about the Nursing Council, background, current registration processes and relevant changes were produced in 2016 and circulated to registrants and stakeholders.

Media

Media stories were published in the Post Courier, radio and television interviews were provided, regarding the role of registration and the Nursing Council.

REGISTRATION PROCESSES

The registration process has been streamlined for national and international registrants in 2016. The backlog of Authority to Practice (ATPs) from 2004 and Midwifery graduates registered from 2010–2016 has also been updated as part of this process.

Provisional to Full Registration

The review into the registration process from 2004–2014 has shown that only 44% of Provisionals converted to full registration (see Table 1). Improved communication, processes and Roadshows in place to review the data have seen a significant increase in this conversion from Provisional to Full Registration. From 44% in 2004–2014, to 69% in 2014–15, and 73% to date in 2016 (see Table 2).

Registration Renewals 2014/2015

Registration renewal fees were increased and in 2014 the period between registration renewals was changed to biennially (every other year). This has shown a significant increase in registration renewals (active registrants) from 3,758 in 2012 and 3,675 in 2013 to 6,271 in 2014–15 period (see Table 2 – Current Active Registrants). Data for current registration period 2016–2017 is still being collected and ongoing.

Overseas Registration Policy

In 2014, a registration policy for nurses and midwives entering Nursing Council from other countries was developed in consultation with the Department of Labour and Industrial Relations and their Work Permit Guideline. This has also resulted in a significant increase in overseas registrants registering with the Nursing Council as can be seen in Table 3 (New Registered Overseas Nurses).

Health Care Practitioners Registration System (HPRS) Review

During 2014–2016 the Nursing Council conducted a significant revision of what is now the Health Practitioners Registration System (HPRS), previously the Health Care Practitioners Registration System (HCPRS). Registrants from 2016 onwards will go directly into the new HPRS database and this work began in 2017. The revised database is clean and facilitates migration of old data across to this new database to ensure accurate data collection. During the revision, significant data cleansing and aggregation of data took place including over 200 health professional categories streamlined down to 33, the implementation of drop down menus, the extraction of data on all nurses and midwives born before 1949 and all individuals younger than 18 years. Analysis of the data by age, workplace and province has been carried out.

The review and revision of the HPRS Registration Database is explained in detail at end of this report. The HPRS has been shared with the Medical Board but final approval has not occurred. The launch of this database is proposed for 2017.

NURSING AND MIDWIFERY INSTITUTES ACCREDITATION AUDITS

In 2016, the Nursing Council undertook and continued a number of educational accreditation audits and revised its accreditation documentation, checklists and reporting. It has undertaken 25 accreditation audit visits during 2014–2016. There are currently 14 institutes carrying out nursing, midwifery and post graduate programs. Midwifery curriculums have been ratified for 5 of the current programs and a 5th site audit carried out at St Marys. Many of the audits had not been carried out in 30 years. Reports and issuing of Provisional, Moderate or Full Accreditation Certificates for up to 5 years are ongoing.

Still outstanding are the audits on PAU and UPNG post graduate programs proposed for 2017. There are also other proposed institutions wishing to be audited: Boram School of Nursing, Wewak, East Sepik Province and Tinsley School of Nursing, Jiwaka Province.

HEALTH PRACTITIONERS BILL

A pivotal challenge for the Nursing Council in 2016 was the ongoing work to assist in enacting the Health Practitioners Bill 2016 which is still pending enactment.

ADDITIONAL ACHIEVEMENTS

Significant archiving of all registration documents and streamlining of processes have reduced the paperwork and cluttered office environment. Streamlining of registration processes is enabling more acute health workforce analysis of nursing and midwifery practitioners and educational institutes' requirements and needs.

ACKNOWLEDGMENTS

These many achievements were carried out with few staff members including the still Acting Registrar, Board and Committee members. Department of Foreign Affairs (DFAT) Australian aid also provided a Regulation Adviser, intermittent support and additional administrative support and of course many multi-sectoral stakeholders were involved. The ongoing Annual Implementation Plans and financial support of the NDoH has enabled the majority of the planned activities to be carried out in line with the Nursing Council mandated role and responsibilities under the Medical Registration Act 1980.

CHALLENGES FOR 2016-2018

It must be recognised that the continuum of these changes will only be maintained with ongoing NDoH support. Infrastructure and staffing recommendations need to be urgently addressed. Only one member of staff in the Nursing Council is formally on the NDoH payroll. The office is overcrowded and there are ongoing storage needs, which are legally required for archived registration documents. As the Nursing Council continues to improve its registration, accreditation and standards role, additional professional staff and office space will be essential. New requirements of the Health Practitioners Bill will further add pressure on the Nursing Council. The ongoing request to carry out a national review of pre-registration curriculum is now critical. This has been an ongoing agenda item and requested at all the Nursing Council Board meetings in 2016.

Registrar Dr Nina Joseph stated that:

‘Strengthening the Nursing Council regulation will in turn improve the quality of care provided and therefore improve health service delivery. A strong, well-resourced regulatory authority is essential to carry out its statutory role to protect the public by ensuring competent nursing and midwifery care.’

REGISTRATION PROCESSES

A significant role of the Nursing Council is the registration of new and ongoing nurses and midwives practicing in PNG. This section explores the registration process and outlines key documents for nurses and midwives in PNG. At the end of 2014, the Nursing Council concentrated on revising the structure and timing of the relevant Committee meetings to be in line with the graduation timetables of Nursing and Midwifery Educational Institutes. The flow chart structure (See Figure 2 in Appendix 6) agreed to by the Board has created a more efficient system and reduced duplication of Committees screening registration applications. The Board also agreed to a review of all the application forms and revised and renamed them in 2014. This list can be found on the website www.health.gov.pg and will continue to be updated and revised in line with ongoing registration data reviews.

PROVISIONAL REGISTRATION

After graduation from an approved educational institute carrying out an approved curriculum, nurses must first become provisional registrants for six months. To register at the Nursing Council under provisional registration, nurses must show evidence of an Institutional Academic Award, and complete G4 Statement of Competency and Character references to be able to be employed, whether in the Government, Church, NGOs or private sector.

To speed up the registration process the flow chart (See Figure 2 in Appendix 6) was developed to match graduation dates of educational institutes with the Education Committee. This ensures all institutes know when to get documentation to the Nursing Council. Gaps still remain in the process as many graduates have left the educational institutes by the time the documentation arrives. The institutes need the documents for their records and it is the graduate’s responsibility to pick up their documentation from their educational institute. Nursing Council Board approved the issuing of provisional certificates at the time of graduation, however all Schools of Nursing must first have acquired full accreditation. The

Employing Registered Nurses and Midwives Policy was also developed and circulated. The Nursing Council website (www.health.gov.pg) will aid graduates ability to access provisional to full competency application forms.

FULL REGISTRATION

After six months of clinical work, the graduate nurse practitioner or overseas registrant must apply for a full registration to practice as a nurse in the Nursing Council. A competency statement and full registration fee is required (See the list of relevant forms and www.health.gov.pg). This comes from the registrant's supervising hospital or employer and may come individually or as a group.

PROVISIONAL TO FULL REGISTRATION

The review into the registration process from 2004–2014 had shown that only 44% of Provisionals had converted to full registration (see Table 1). Improved registration processes and more staff in place (supported by DFAT) to review this data have recorded a significant increase in Full Registration. From 44% in 2004–2014, to 69% in 2014–15, and 73% in 2016 (See Table 2).

TABLE 1: PROVISIONAL TO FULL REGISTRATION

ANALYSIS OF PROVISIONAL TO FULL REGISTRANTS	PROV #	FULL #	%
Provisional Converted To Full 2004 – 2014 (10 Years)	1964	881	44%

If a nurse has had a provisional registration for more than 6 months, they are required as a matter of urgency to apply for full registration. Under the Medical Registrations Act 1980, health practitioners are required to have full registration to be registered to practice. Advice for employers to ensure the workforce is fully registered can be found on web page www.health.gov.pg

TABLE 2: CURRENT ACTIVE REGISTRANTS

Renewal Period	Renewal	ATP's issued	Prov Overseas	Full Overseas	Prov Grads	Full	Conversion %	Midwives	Fees
2012	3758	none	27	8	157	0	0%	2	8998 PGK*
2013	3675	very few	113	28	183	178	98%	3	10,050 PGK*
2014-2015	6271	7000	223	75	488	337	69%	403	316,606 PGK
2016-2017	ongoing	ongoing	*73	*44	*362	*263	*73%	111	*ongoing

¹98% high due to push for Provisional to Full and previous year none recorded at Nursing Council

*2016-2017 registration year data still being collected.

Table 2 shows 2014–2015 actual figures, with 6,271 nurses, midwives, nurse aids, maternal child health (MCH) and enrolled nurses renewing registration (for a breakdown of numbers registered for each cadre see Table 5). However, 7,000 Authority to Practice (ATP's) certificates were sent out due to double requests for unpaid fees. Midwifery graduate numbers are higher in the 2014–2015 period due to the backlog of midwifery registration from 2010. Provisional to Full registration increased to 69% in 2015. Further analysis on provisional to full registrants is required. The Nursing Council does not know the breakdown of the remaining 31% of provisional registrants that never enter the workforce after graduating. The 2014–2015 fees **316,606 PGK** are collated from registration fees paid by the registrant, the fees go straight to the Treasury, not the Nursing Council or National Department of Health (NDoH).

OVERSEAS NURSES REGISTRATION

Nursing Council recognises nurses registered in other countries such as Australia, New Zealand, Philippines, Fiji and other South Pacific Islands but has no agreement with any of these countries. All applicants from overseas requiring registration must submit required documentation to the Nursing Council as outlined in the forms on the webpage www.health.gov.pg. Once they meet the requirements

set by the Nursing Council they are given a provisional registration for six months. Full registration shall be granted after completion of all the requirements and the payment of a fee by the applicant (See www.health.gov.pg).

An increase in overseas registrants can be seen in Table 3 below. **Prior to 2013 very few overseas professionals were registered and even fewer became fully registered**, in 2013 only 25% became fully registered. Following policy improvements, 61% became fully registered to date in the 2016-2017 registration period (Table 2). The overseas registration policy, developed following many meetings held during 2014–2016 with NGOs, health facilities public/private and other stakeholders; is showing an impact (See www.health.gov.pg).

TABLE 3: NEW REGISTERED OVERSEAS NURSES

YEARS	2016	2015	2014	2013	2012	2011	2010	2009	TOTAL
All OVERSEAS REGISTRANTS	51	113	111	113	27	29	13	15	472

REGISTRATION RENEWAL AND FEES

Nursing Council Board approved the increase in registration fees in 2014 as outlined in Table 4 (Nursing Council Registration Fees) and confirmed that renewals would occur every other year. An important outcome of extending the renewal process over a two year period is the Nursing Council ability to review registration data and address the backlog of registrant's receipts and Authority to Practice (ATP).

Table 2 clearly shows the difference an increase to the registration fees has made. ATPs are being sent out and registrants are starting to respond to the Nursing Council renewal processes.

TABLE 4: SUMMARY TABLE OF NURSING COUNCIL REGISTRATION FEES

Nursing Council registrants	PGK
Provisional	30.00
Full Registration	50.00
Renewal (Nurse and Midwives)	70.00
Renewal (Nurse Aide)	15.00
Penalty for late registration	100.00
Overseas registrants	PGK
Provisional overseas	500.00
Full Registration	500.00
Renewal	250.00
Penalty for late registration	100.00
Temporary 1 month	00.00
Temporary 2-9 months	50.00
Outstanding registration cost still to be reviewed	PGK
Restoration Fee	30.00
Duplicate of Certificate	30.00
Verification of Letter	50.00

RENEWALS

Registrants send their renewal forms and fees in every other year via treasury receipt. For many years, due to Nursing Council staffing capacity and several years backlog of ATP forms, registrants had not received any information from the Nursing Council to assure them they were still on the register. Another area to complicate the registration data was that as the registration fee was only 2PGK, many registrants

paid 20–40PGK to cover many years of registration. Therefore the historical database had very misleading data with a limited picture of how many active registrants there were in Nursing Council.

TABLE 5: PROFESSIONAL CATEGORIES OF RENEWAL REGISTRANTS 2014-2015

NO	CATEGORY	NUMBER
1	Nurse Aides/ Enrolled Nurses/MCH	1427
2	Registered Nurses	4078
3	Midwives	207
4	Specialists (Mental Health, Acute Care, Paediatric, Critical Care, Eyes)	477
5	Unknown Professional Category	82
Grand Total		6271

Of the 6,271 registrants who renewed registration (and therefore are active and working legally) in the 2014–2015 period, it is estimated that 1,427 are nursing aides (See Table 5 –Professional Categories of Renewal Registrants 2014-2015). Historically midwives came under specialist nurses and maternal and child health, however they are now being recorded as midwives on the register. The Nursing Council is working towards accurate data that will fully explain the registered nursing and midwifery workforce. It is estimated that if 207 midwives (Table 5) renewed registration in the period of 2014–2015, and there were 403 new midwifery registrants (Table 2) in 2015, a further 111 in 2016 (Table 8), the result is **a total of 721 registered midwives in 2016**. As the registration database system continues to improve with midwives now being registered, a more accurate number of practising nurses and midwives will be available.

DOUBLE MAJOR – OUTSTANDING REGISTRATION

Double Major program set up in 2004 was stopped as the curriculum was not accredited by the Nursing Council or NDOH. Approximately 216 practitioners went through the program but have not been registered Nursing Council. To assist these outstanding Double Major practitioners a Registration Skills Log Book and Supervisors Guide was developed and has been uploaded to the Nursing Council website. NDOH, who coordinate training, is providing skills training for supervisors to enable registration of this group of practitioners (more information is available on the website www.health.gov.pg). Double Major practitioners have started to be registered in 2016.

KEY DOCUMENTS FOR REGISTRATION

In 2014 the Nursing Council produced several key documents concerning their registration policies and the registration process. These can be found as Appendices and at www.health.gov.pg.

NURSING COUNCIL BOARD COMMITTEES

The Nursing Council Board and Committee have been summarised in this section. The mandated role of the Board and its constitution outlined in the current legislation is attached in Appendix 2. Terms of References for the committees were approved in 2014, and attached in Appendix 3.

REGISTRATION COMMITTEE

The Registration Committee (NCRC) is a forum for approval of full registration for national and overseas registrants. It also functions to provide advice to the Board and debate and discuss matters related to the registration function of the Nursing Council Board. They met nine times during 2015 and 2016. One of the meetings was an extraordinary one to cover a group of nurses from the Philippines for PMGH. Tables 2

and 3 (Current Active Registrants and New Registered Overseas Nurses) outline the numbers and increase of overseas and provisional to full registrants the committee has approved.

TABLE 6: PROVISIONAL TO FULL REGISTRATION BY EDUCATIONAL INSTITUTES AND OVERSEAS NURSES

FULL REGISTRATION										TOTAL BY INSTITUTION
NO.	INSTITUTION	LOCATION	2016	2015	2014	2013	2012	2011	2010	
1	ST. BARNABAS SCHOOL OF NURSING	ALOTAU	5	27	12	18	0	0	0	62
2	ST. MARY'S SCHOOL OF NURSING, VUNAPOPE	KOKOPO (RABAUL)	28	27	3	24	0	1	0	83
3	LUTHERAN SCHOOL OF NURSING, DWU	MADANG	29	43	15	35	0	0	0	122
4	LAE SCHOOL OF NURSING, UNITECH	LAE	60	35	6	14	0	1	3	119
5	NAZARENE COLLEGE OF NURSING, KUNJIP	MT HAGEN	28	22	5	42	0	1	1	99
6	MENDI SCHOOL OF NURSING	MENDI	57	30	0	0	0	0	0	87
7	HIGHLANDS REGIONAL COLLEGE OF NURSING	GOROKA	29	44	10	5	0	0	0	88
8	PACIFIC ADVENTIST UNIVERSITY	PORT MORESBY	27	57	1	40	0	0	2	127
	TOTAL:		263	285	52	178	0	3	6	787
10	OVERSEAS	OVERSEAS	44	26	53	28	8	0	6	165

Table 6 (Provisional to Full Registration by Educational Institutes and Overseas Nurses) shows the numbers of provisional registrants who applied for full licence. As registration processes are strengthened and information is more readily available, the screening processes have become easier. Before 2013 the Registration Committee and Educational Committee would have both screened the graduate applicants. Table 6 and Table 2 clearly show the improvements in full registration during this period.

EDUCATION COMMITTEE

The Education Committee (NCEC) registers graduates for provisional registration, provides advice to the Board on issues of accreditation and curriculum, and acts as a forum for debate on matters relating to the educational functions of the Board. Members of NCEC significantly contributed to the 2014–2016 accreditation audits of the education institutes. This section will report on entry requirements, accreditation audits and graduate registration carried out by the committee in 2014–2016.

ENTRY AND INSTITUTE REQUIREMENTS

NURSING

The educational institution must structure its course around the approved national curriculum agreed hours, which are outlined below. The existing accepted curriculum was prepared in 2002 and lies outside the **NDoH national plan, national standards and best educational practice. Curriculum review is now urgently required.**^{7,15,16} Existing approved requirements by the Nursing Council and Department of Higher Education, Research, Science and Technology (DHERST) are:

Nursing Program requirements

Nursing Council and DHERST Entry Requirements	
Diploma 3 years -	Requires grade 12 minimum 'C' grade average in English, Language/literature, Maths, Biology and one or two other major subjects
Degree 4 years -	Requires grade 12 minimum 'B' grade average in English, Maths, Biology, Science (Chemistry and or Physics)

Nursing Council Required hours	Diploma over 3 years	Degree over 4 years
Theory	2000hrs	2666hrs
Practicum	1600hrs	2133hrs
Total	3600hrs	4799hrs
DHERST – Qualifications framework for Diploma total hours range		4800-6000hrs

MIDWIFERY

Registered nurses can apply for a midwifery program in five institutes: St Mary's, Lutheran, University of Goroka, UPNG, and PAU. Once graduated, this program enables midwives to hold a bachelor qualification. The practitioner must meet Nursing Council requirements in order to receive full midwifery registration (see list of registration forms on website www.health.gov.pg).

To register as a midwife, applicants must:

- Be a registered nurse
- Have two years minimum post-registration experience before applying to midwifery program
- Completed an approved curriculum midwifery program
- Fulfill all Nursing Council requirements, information and forms: available on www.health.gov.pg

Midwifery 12 month Program

Nursing Council Required hours	12 months	Midwifery subjects
Theory	700 hrs (40%)	Midwifery 8 subjects must be 80:20 560 midwifery 140 elective
Practicum	1050 hrs (60%)	
Total	1750 hrs	

Following recommendations from the DFAT funded WHO Collaborating Centre at University of Technology's Maternal Child Health Initiative^{11, 12}, the midwifery program was revised to 18 months. The revised Midwifery Program was ratified by Nursing Council in 2015 and approved by the NDoH Health Curriculum Advisory Committee in 2016. Goroka University is the only institute currently starting the 18 month program.

Midwifery 18 month – Nursing Council NC approved Program

Nursing Council Required hours	18 month	
Theory	899 hrs	
Practicum	1330 hrs	60% of contact learning in clinical area
Total	2229 hrs	

Midwifery 18 month – Practicum and subject hours

Nursing Council Practicum subject hours	Allocated weeks	Allocated hours
Antenatal	4	140
Labour ward	16	560
Postnatal ward	3	105
Family Planning	2	70
Special care Nursery	3	105
Rural Care	8	280
Gynaecology	2	70
TOTAL	38	1330

NURSING AND MIDWIFERY GRADUATE REGISTRATION

New Registered Graduate Nurses

Table 7 (New Registered Graduate Nurses) shows that the number of new provisionally registered nursing graduates has increased from 157 in 2012 to 362 in 2016. The numbers are gradually increasing due to increases in nursing graduates from Schools that are implementing the DFAT scholarship award program, infrastructure improvements from funding⁷ (classrooms and accommodation) and improved registration processes. This has exceeded projections of the DFAT diagnostic audit of 2012 (Rumsey et al 2013).⁷

TABLE 7: NEW REGISTERED GRADUATE NURSES (PROVISIONAL)

INSTITUTE	LOCATION	YEARS							TOTAL BY INSTITUTION
		2016	2015	2014	2013	2012	2011	2010	
ST. BARNABAS SCHOOL OF NURSING	ALOTAU	52	15	19	8	16	28	0	138
ST. MARY'S SCHOOL OF NURSING, VUNAPOPE	KOKOPO (RABAUL)	55	27	25	34	18	26	49	234
LUTHERAN SCHOOL OF NURSING, DWU	MADANG	32	24	48	37	31	33	88	293
LAE SCHOOL OF NURSING, UNITECH	LAE	36	40	22	24	24	0	61	207
NAZARENE COLLEGE OF NURSING, KUDJIP	MT HAGEN	30	21	26	18	20	71	0	186
MENDI SCHOOL OF NURSING	MENDI	70	39	61	0	0	0	0	170
HIGHLANDS REGIONAL COLLEGE OF NURSING	GOROKA	44	22	40	36	26	51	0	219
PACIFIC ADVENTIST UNIVERSITY	PORT MORESBY	43	32	27	26	22	16	15	181
All EXSISTING SCHOOLS	Total	362	220	268	183	157	225	213	1628

There has been a significant push to improve midwifery within PNG since the Ministerial Taskforce on Maternal Health in Papua New Guinea.^{11,12} Historically midwives were recorded on the register as specialist nurses and were hard to track. There has been a significant increase in the number of registered midwives who have graduated since 2009, supported by the DFAT funded Maternal and Child Health Initiative⁷ which was started in 2011. In 2014, an improvement in regulation processes enabled all five midwifery curriculums to be approved by the Nursing Council which enabled the backlog of midwifery graduates to be registered (Table 8 – Newly Registered Midwives (Full))

TABLE 8: NEWLY REGISTERED MIDWIFERY GRADUATES (FULL)

INSTITUTION	LOCATION	YEARS							TOTAL
		2016	2015	2014	2013	2012	2011	2010	
ST MARYS	VUNAPOPA	20							20
UPNG_ SCHOOL OF MEDICINE AND HEALTH SCIENCE	PORT MORESBY	35	18	69	0	0	0	0	122
LUTHERAN SCHOOL OF NURSING, DWU	MADANG	21	19	74	0	0	102	0	216
PACIFIC ADVENTIST UNIVERSITY	PORT MORESBY	22	17	78	0	0	0	0	119
UNIVERSITY OF GOROKA	GOROKA	11	33	92	0	0	0	0	136
OVERSEAS	OVERSEAS (All Countries)	2	1	2	2	3	0	6	14
	TOTAL:	111	88	315	2	3	102¹	6	627*

* Registered midwifery graduates prior to 2014 are incorporated into Registration renewal figures Table 5 (207).

¹102 midwives were registered in one year due to backlog since 2004.

Midwives received a Midwifery Registration for the first time in 2014. A longitudinal study conducted through the Maternal and Child Health Initiative^{12, 13, 14} found that 90% of the studied cohorts of registered midwives were working in clinical settings across PNG. World Bank report³ estimated that there were 293³ midwives in PNG in 2009 registered as specialist nurses. Nursing Council estimates the **total of 721 registered midwives in 2016**. This is calculated from 207 midwives (Table 5) renewing registration in the period of 2014–2015, plus 403 new midwifery registrants (Table 2) in 2015, and a further 111 in 2016 (Table 8). The World Bank report³ however states 42% of midwives from their study (293) will retire by 2018.

NURSING AND MIDWIFERY ACCREDITATION AUDITS

In 2016, the Nursing Council undertook and continued a number of educational accreditation audits and **revised its accreditation documentation, checklists and reporting**. NCEC accreditation audits are aimed at strengthening partnership in the implementation and establishment of the Diploma/Bachelor Nursing and Midwifery Programs in compliance with the Nursing Council Accreditation Framework (2005). Please see the Nursing Council mandated role in accreditation in Appendix 5.

The aims of the accreditation audits are to:

- ensure nursing institutes are accredited in line with the Nursing Council mandated role under the Medical Registrations Act 1980;
- to create awareness that graduate registration can only be completed following institutes' accreditation;
- improve quality of graduation processes and quality improvement frameworks of institutes.

The Nursing Council undertook 25 accreditation audit visits during 2014–2016 and is determined to continue to carry out accreditation audits of new and existing educational institutes. This mandated role is also supported by the Secretary of Health:

“We need to maintain the standard of healthcare in Nursing Council. For this reason, health worker training providers must be accredited through the Nursing Council and Medical Board. This is a legal requirement for the graduates to practice in the Nursing Council health sector and ensures that our health workforce continue to be highly competent in their roles and be responsive to the needs of our people.”¹⁷

The following accreditation audits have been carried out for existing institutes and new Diploma in General Nursing (DGN) programs:

Accreditation Audits Existing Institutes :

- St Barnabas SON – plus 2 follow up visits
- St Marys SON/M – plus 2 follow up visits
- Lae SON – plus 2 follow up visits
- Lutheran SON/M,
- Highlands College of Nursing and visit to University of Goroka (UOG),
- Nazarene SON
- Mendi SON

Proposed New DGN Programs:

- Enga SON – plus 2 follow up visits
- Arawa – plus 3 follow up visits
- University of PNG SMHS (UPNG) – plus 2 follow up visits
- Asia Pacific Institute of Applied Social, Economic and Technical Studies (APIASETS) – plus 2 follow up visits
- West New Britain SON – plus 2 follow up visits
- Sacred Heart Lemakot – NIP

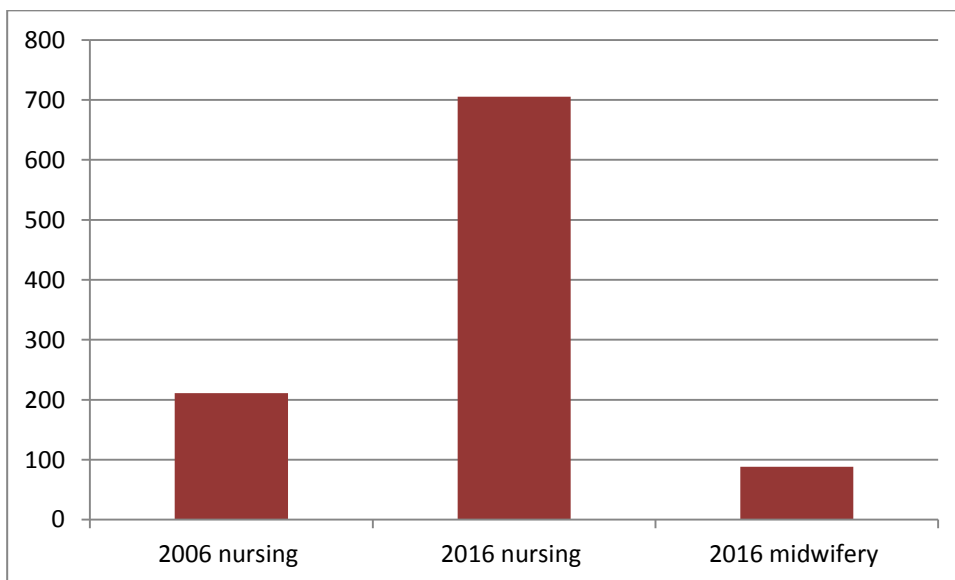
Still outstanding are the audits on PAU and UPNG post graduate programs. There are also other proposed institutions wishing to be audited: Boram School of Nursing, Wewak, East Sepik Province and Tinsley School of Nursing, Jiwaka Province. Whilst all of the audits are extremely positive, the requested national curriculum review has not been carried out and quality of graduates is now in need of critical review.

ACCREDITATION AUDITS DATA ON EDUCATORS AND GRADUATES

Data from the 2012 DFAT diagnostic audit^{7,10} showed a worrying attrition rate of between 20 – 55% of students leaving programs of nursing from seven nursing institutes (Rumsey et al 2013). This evidence compelled the Nursing Council to embark on a national accreditation audits program, realising this had not been carried out for more than 30 years. It was found the quality of the nursing student education had not been monitored for many years and a curriculum review and revision was well overdue.

Enrolments for nursing in 2006 from seven institutes totalled 211, with no record of midwifery enrolments. In 2016 there has been a significant increase to 12 nursing institutes who enrolled 705 nursing students and five midwifery programs enrolling 88 midwives (Figure 3).

FIGURE 3: NATIONAL NURSING AND MIDWIFERY ENROLMENTS



The accreditation audits also showed a worrying lack of quality improvement process and institutes working with a curriculum over twenty years old that was not always aligned with Nursing Council competencies. Figure 4 and Figure 6 outline the lack of educators. Given the NDOH staff ceiling of educators for the country, currently there should be 164 educators (in line with increases in institutes) but there is only 77% of the NDOH ceiling requirement. There is a shortfall of around 38 educators, although the national audits did report that seven of these educators were on study leave.

Only 28% of educators have a master’s qualification, with only 60% having any educational qualification (Figure 4). Three of the Principals do not hold higher education qualifications and only two have a PHD, both in university settings (Figure 5).

FIGURE 4: NATIONAL NURSING AND MIDWIFERY EDUCATORS

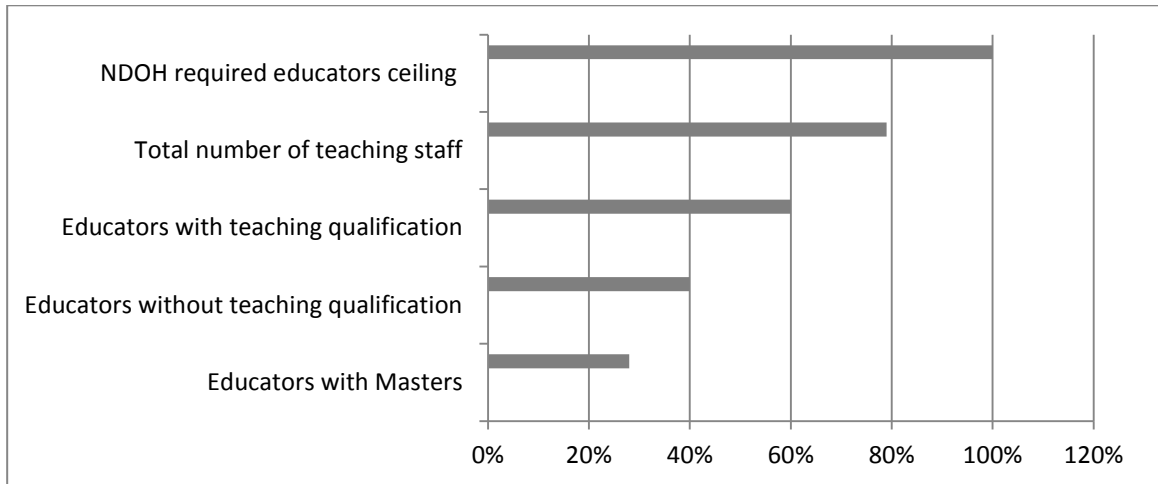


FIGURE 5: NATIONAL NURSING AND MIDWIFERY PRINCIPALS

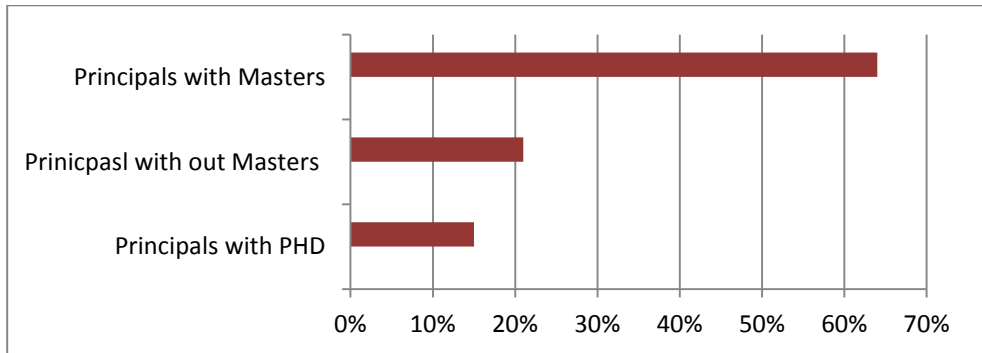


FIGURE 6: SHORTAGE OF EDUCATORS

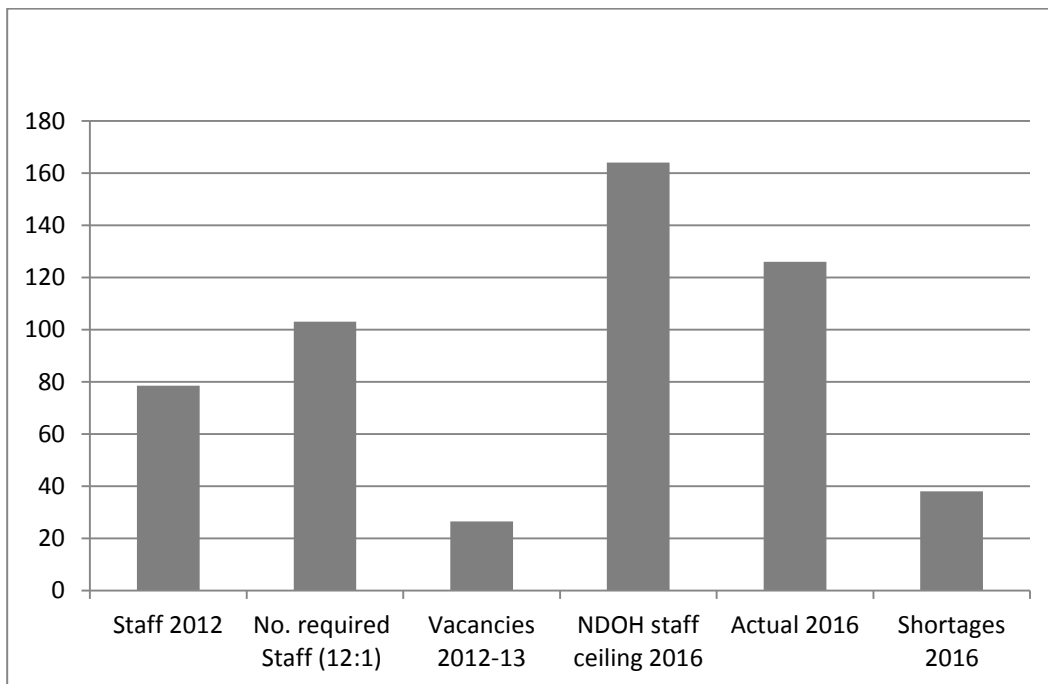
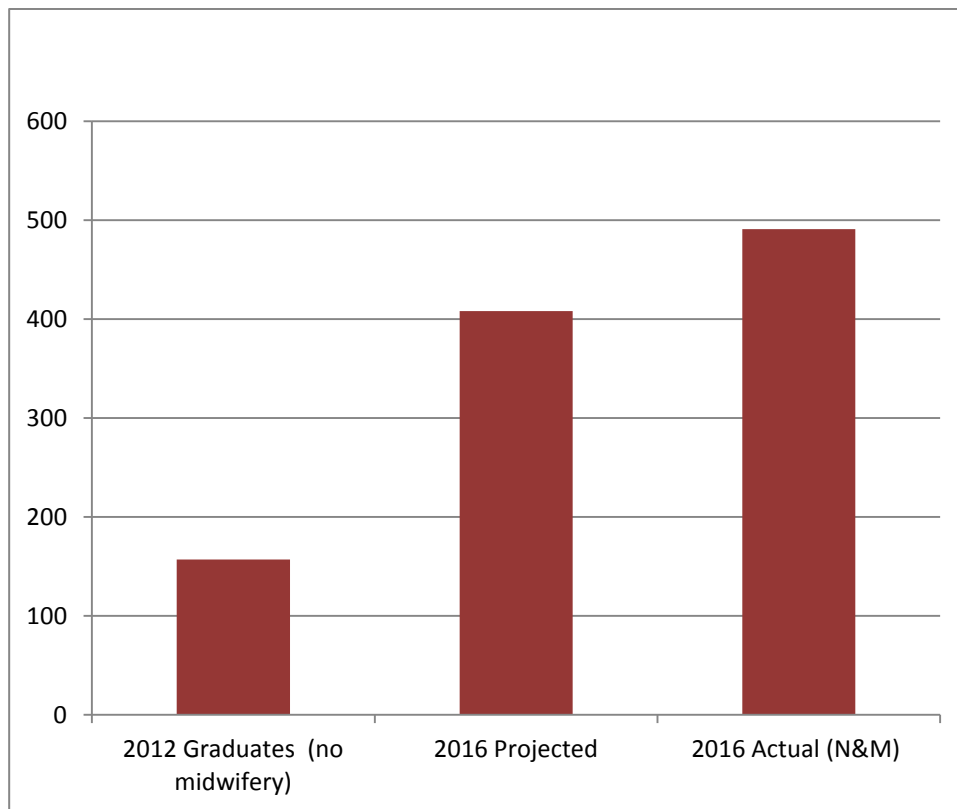


FIGURE 7: NATIONAL REGISTERED NURSING AND MIDWIFERY PROJECTIONS

The National Department of Health (NDoH) Workforce Enhancement Plan¹⁰ led to improvements in regulation and infrastructure which have contributed to a more than 200% increase to 491 nurses and midwives graduating in 2016 (Table 7, Figure 7), exceeding the DFAT diagnostic audits^{8, 9} projections (Figure 7). Again there were no midwives recorded in data in 2006. Although the quantity of workforce is in line with the enhancement plan, quality remains a concern. Shortages in qualified educators, lack of quality improvements systems and a 20 year old curriculum have resulted in low quality graduates, leading to a strained health workforce. A case study of a new institute showed that with a shortage in qualified and experienced educators they had seen a student attrition rate of 77%. Institutes are under pressure from Provinces to enrol more DGN students than is recommended by the NDoH of 40 students per year with an academic staff ceiling of 12.

Lack of professional development opportunities has also been highlighted by the educators and has been acknowledged by the Nursing Council Board and incorporated into the recommendations of changes required in the Health Practitioners Bill. Finally, the Board stipulated that the Nursing Council Registrar cannot accredit any new institutes wishing to open for the next 10 years (2017- 2027) until the curriculum and quality processes have been improved. Currently there is an increase in the quantity but not the quality of nursing graduates.

PRECEPTORSHIP

Preceptorship training has been running since 2004 and is extremely important for students to be able to complete their competencies' assessments for the clinical practice component of their educational programs. The training is coordinated by the NDoH's Health Training Branch and ensures that assessors are available in the Nursing Council approved clinical facilities where students carry out their clinical practice. Preceptorship training has been carried out in phases in small sessions of between 8 and 32 participants. See the Nursing Council 2015 report for details.

Although the NDoH has been increasing preceptorship training again in recent years with the educational institutes, the logistics and gaining local approval for staff to be released can be complex. These important trainings need to continue throughout PNG. There are still many Provinces that have educational institutes that have not had preceptorship training in 10 years. Some institutes have preceptorship trainers who have been carrying out preceptorship training but details of these trainings need to be supplied to the NDoH for approval.

DOUBLE MAJOR MIDWIFERY AND PAEDIATRICS PRECEPTORSHIP TRAINING

Preceptorship training was funded and carried out by NDoH in June 2015 with 38 participants accepting invitation. Twenty-eight participated in the program and were formally approved as assessors for Double Majors. Their certificate of attendance will be forwarded by NDoH. Documents for double major assessments are available on webpage www.health.gov.pg.

HEALTH PRACTITIONERS BILL WORKING GROUP

The Nursing Council has held working groups with stakeholders to review and amend the Health Practitioners Bill 2014. This Bill, when enacted, will be legislated and will significantly alter the functions, structure and role of the Nursing Council. It will also modernise the structure of regulation of health practitioners in PNG. The Nursing Council will become the Nursing and Midwifery Board and will then also have the mandated responsibility to register Community Health Workers (CHWs). At the NDoH's first quarterly performance review meeting in 2014 it was agreed that the Policy and Planning Division would coordinate future reviews of the Health Practitioners Bill.

The Nursing Council has received the 'General Certificate of Necessity' from the National Solicitors Office and there is now one more opportunity for stakeholders to comment on the Bill before it is taken to the National Executive Council, Legislative Council, back to NEC and finally to Parliament to be enacted.

Nursing Council sent a brief to the Secretary of Health with the following recommendations:

- Recommendation 1:* Health Practitioners Working Committee agreed that this work needs to be discussed with all relevant stakeholders including the Medical Board.
- Recommendation 2:* Continue with the review of the Health Practitioners Bill 2012 and then circulate it widely electronically after the meeting.
- Recommendation 3:* Policy and Planning Division to set up a stakeholder meeting with all relevant parties to coordinate this work further.
- Recommendation 4:* That part IV of Health Practitioners Bill, Professional Conduct, would provide clear guidance and structure for the Nursing Council to strengthen its processes in disciplinary procedures.
- Recommendation 5:* Role of Boards to provide standards for Continuing Professional Development for health professionals to be sited in Act.
- Recommendation 6:* Further work needs to be carried out in the following missing areas from the Health Practitioners Bill: continuing competency of practise/continuing professional development; the public knowledge of complaint; and private practitioner's ability to practise. Also the existing Medical Registrations Act includes a section on registration of private facilities (part IV-Private Hospitals) – this may need to be represented in the Health Administration Act.
- Recommendation 7:* The Health Practitioners Working Committee is happy with the categories for healthcare practitioners as represented in the Health Practitioners Bill (Section V). However, for ongoing registration we need Nurse Aide and Enrolled Nurses recorded in the Bill (Including the name Nursing and Midwifery Board).

DISCIPLINARY COMMITTEE

The Disciplinary Committee (NCDC) or Professional Conduct Committee (NCPCC) provides advice to the Board regarding matters of professional conduct, as well as acting as a forum for investigation of complaints. See end of Appendix 3 for committee structure and relevant legislative requirements in Medical Registration Act 1980.

STANDARDS COMMITTEE

The Standards Committee (NCSC) was approved by the Nursing Council Board waiting establishment. It is responsible for setting clinical and ethical standards for professionals and acts as a forum for debate on matters relating to standards (Appendix 3).

FUNCTIONS OF PROFESSIONAL NURSING STANDARDS

- To inform the community of the standards of practice, values and conduct expected of nurses and midwives;
- To communicate professional nursing standards to others providing health and related services;
- To identify the knowledge, skills and attitudes required by nurses and the complex nature of nursing and midwifery activities;
- For ongoing appraisal of staff and workplace performance;
- For planning continuing education, staff development and in service courses;
- For rationalising the workforce;
- To assess continuing fitness to practice;
- To assess nurses who wish to return to work after being away from the workforce for a defined period;
- To assess nurses and midwives who completed programs outside Papua New Guinea;
- To provide the basis for developing competencies in specialty nursing areas;
- For nursing / midwifery curriculum development and academic assessment;
- To ensure that graduates from accredited programs in various institutions can demonstrate competency standards to become registered as nurses and midwives.

Standards for professional practice integrate three components:

- Nursing Competency Standards (Nursing Council 2002)
- Code of Ethics (Nursing Council 2002)
- Code of Professional Conduct (Nursing Council 2002)

Taken together, the Nursing Competency Standards, Code of Ethics and Code of Professional Conduct describe the generic functions of the first level Registered Nurse which can be accessed on the website.

REGISTRATION DATA (HCPRS) REVISION AND ANALYSIS

Nursing Council has been carrying out a significant review and analyse of registrants (data) in the current Nursing Council Health Care Practitioner Regulation System (HCPRS) database.

The Medical Registration Act 1980 mandates PNG Medical Board and Nursing Council to protect and promote the public interest through the maintenance of health practitioners' standards of conduct and competencies. This role is carried out by the registration and discipline of medical practitioners, nurses, midwives, dental practitioners, community health workers (CHWs) and allied health workers. The PNG Medical Board and Nursing Council are responsible for professional registration and licensing (provisional, temporary, full registration, overseas) for more than 45 categories of health professionals (Table 9).

There has been a severe shortage of trustworthy data to construct an accurate picture of the PNG health workforce. This has made workforce planning and donor planning difficult, and at times ad-hoc. To be able to carry out its role under legislation, the Nursing Council should have accurate registration data. However, the review of the system has been ongoing since 2009 and is very complex. While providing a more accurate system from this point forward is possible, cleansing the old data will take time or not even be possible. The current, accurate renewals for 2014–2015 for Nursing Council nursing and midwifery registrants are a total of 6271 (Table 5), matching *World Bank Health Workforce Call to Action 2011*³ and Health NHCS data from 2009. However, according to the old Health Care Practitioner Registration System (HCPRS) Nursing Council recorded 16,182 **registered nurses, midwives, CHW's nurse aides and MCH** (Table 10) in PNG. This is a very misleading number as many nurses have retired, died or are working but have not renewed registration. The changes have not been reflected on the register. This clearly shows the need for the analysis carried out during 2014–2016.

HEALTH PRACTITIONERS REGISTRATION SYSTEM

The information in this report has been collated from analysis of HCPRS 2012 data and discussions with Datec (company employed to upgrade the system), NDOH IT, Medical Board and Nursing Council. An enormous amount of work has been carried out to aggregate the many categories into these fields for Datec. For example, over 283 designations were reduced down to 13 for the Nursing Council alone (Table 10). Datec in turn have upgraded the HPRS for the NDoH and have been waiting for the final sign off for several years. During discussion it was agreed the new system would remain empty. Datec have saved the 2012 data in the HCPRS so individual registrants can be migrated from the old system to the upgraded HPRS and original registration data is not lost.

Nursing Council drop down menus and categories has been agreed by Board and new HPRS database will be launched later in 2017. Table 9 shows the aggregate health care professional category and coding from the old data which can be migrated into the upgraded HPRS.

TABLE 9: HEALTH CARE PROFESSIONAL CATEGORY CODE

HPB 2014 ⁽ⁱ⁾	HCPLR 2008 ⁽ⁱⁱ⁾	COMBINED HCP CATEGORY	CATEGORISED CODE
Aid Nurse	NA	Aid Nurse	A
ATO (Anesthetic Technical Officers)	ATO (Anesthetic Technical Officers)	ATO (Anesthetic Technical Officers)	B
NA	Audiologist	Audiologist	C
CHW (Community Health Worker)	CHW (Community Health Worker)	CHW (Community Health Worker)	D
Clinical psychologists	NA	Clinical psychologists	E
NA	Dental Nurse	Dental Nurse	F
Dental Technicians	Dental Mechanic	Dental Technicians/Mechanic	G
Dental Therapists	Dental Therapists	Dental Therapists	H
Dentist	Dentist	Dentist	I
EHO (Environmental Health Officers)	EHO (Environmental Health Officers)	EHO (Environmental Health Officers)	J
Enrolled Nurse	NA	Enrolled Nurse	K
HEO (Health Extension Officers)	HEO (Health Extension Officers)	HEO (Health Extension Officers)	L
NA	Malaria Laboratory Assistant	Malaria Laboratory Assistant	M
NA	NA	Medical Orderly ⁽ⁱⁱⁱ⁾	M1
Medical Practitioner	General Doctors	Medical Practitioner/General Doctors	N

Medical Technologists	NA	Medical Technologists	O
MLA (Medical Laboratory Assistant)	MLA (Medical Laboratory Assistant)	MLA (Medical Laboratory Assistant)	P
MLT (Medical Laboratory Technicians)	MLT (Medical Laboratory Technicians)	MLT (Medical Laboratory Technicians)	Q
Nurse Practitioner/Registered Nurse	NA	Specialist Categories and Nurse Practitioner	R
Occupational Therapists	Occupational Therapists	Occupational Therapists	S
Optometrists	Optometrist	Optometrists	T
Pharmacists	NA	Pharmacists	U
Physiotherapists	Physiotherapists	Physiotherapists	V
Radiographers	Radiographers	Radiographers	W
Radiotherapy Technicians	NA	Radiotherapy Technicians	X
Registered Midwife	NA	Registered Midwife	Y
NA	NA	Temporary Registration ^(iv)	Z
NA	NA	Unemployed	Z1

Note: (i) Health Practitioner Bill 2014
(ii) Health Care Practitioner-Licensure and Registration data entry report as at 22nd October, 2008
(iii) Job Category List 27_Jan_2015 (WHO) NDOH
(iv) Included all professional categories such as temporary doctors, temporary Dentists. etc.
NA – Not Available (HCPRS)

NURSING COUNCIL DATABASE SUMMARY BY HEALTH CARE PROFESSIONAL CATEGORY

Table 10 shows the number of health care professionals in the Nursing Council HCPRS by each of the 282 categories as aggregated into the agreed thirteen codes. Further analysis of registrants by Province was carried out and compared against practitioners who had renewed their licence in 2014-2015 period. Table 11 can help estimate Provincial activity and compliance rate of Nursing Council License renewals.

TABLE 10: NON-ACTIVE HEALTH CARE PROFESSIONALS NURSING COUNCIL REGISTER

NO.	HEALTH CARE PROFESSIONAL BY CATEGORY	STAFF NUMBERS
1	Aid Nurse ^(c) (including Enrolled Nurse)	3566
2	Educator	42
3	Enrolled Nurse	NA
4	Maternal Child Health (MCH)	607
5	Midwife Registered	109
6	Nurse Registered	8698
7	Specialist Nurse ^(d) (Including all types of specialist and some midwives)	570
8	Specialist Nurse - Paediatric Nurse Registered	NA
9	Specialist Nurse - Acute Nurse Registered	NA
10	Specialist Nurse - Mental Health Registered	NA
11	Specialist Nurse - Nurse Practitioner	NA
12	Community Health Worker ^(e) (CHW)	223
13	Unknown (categories not included in old HCPRS)	2371
Grand Total		16,186

Note: Aid Nurses, includes, enrolled nurses because the data does not separate clearly.
Database did not specifically separated by specialist fields such as Paediatric, Mental Health Midwifery,
This database has CHW category that outlines CHW prior to 1990 were counted as Nurse Aides.

TABLE 11: COMPARISON OF CURRENT PRACTISING REGISTRANTS AGAINST OLD REGISTRATION DATA BY PROVINCE

NO. PROVINCE	HCRPS PRIOR TO 2012	# RENEWALS 2014–16	% OF REGISTRANTS
1 Bougainville Province	553	152	27%
2 Central Province	153	25	16%
3 East New Britain Province	1111	276	25%
4 East Sepik Province	718	156	22%
5 Eastern Highlands	1003	304	30%
6 Enga Province	412	147	36%
7 Gulf Province	250	64	26%
8 Hela Province	14	2	14%
9 Jikawa Province	N/A	5	0
10 Madang Province	843	141	17%
11 Manus Province	239	28	12%
12 Milne Bay province	703	299	43%
13 Morobe Province	1436	398	28%
14 National Capital District	2471	818	33%
15 New Ireland Province	457	136	30%
16 Oro Province	326	95	29%
17 Other Country	172	6	3%
18 Simbu Province	402	144	36%
19 Southern Highlands Province	740	256	35%
20 Unknown	1720	1	0.06%
21 West New Britain Province	449	128	28%
22 West Sepik Province	434	130	30%
23 Western Highlands Province	1021	364	36%
24 Western Province	559	231	41%

Note: Jikawa is a new Province. Other Country - overseas historically come and go and do not renew registration * central province low % of original registrants data and only Province not visited by roadshow.

An analysis of registrants by province, registration time period and health professional category was carried out by Nursing Council and technical adviser team. This analysis was carried out as a first step when reviewing registration system to ascertain registration data concerns (HCRPS). According to the 2014-2016 renewals there are 409 Nursing Council registrants practising at PMGH the largest referral hospital in PNG (Table 12). This is only half the number of practitioners on the old HCRPS database. In the NCD Province which has the easiest access to the Nursing Council offices, 34% of registrants on the old HCRPS data base have renewed their licence and are currently practising. The analysis of Table 10 and 11 data has been used to try and assess the percentage of practising registrants by Province from the 16,186 on the old Nursing Council HCRPS. It is therefore estimated between 27-34% are currently practising. This is in line with numbers of renewal and new graduates outlined in Table 5. Although an enormous amount of work has been carried out on registration data there are still many areas to be analysed.

TABLE 12: PRACTISING REGISTRANTS PNG NURSING COUNCIL BY PROVINCE AND HOSPITAL

HISTORICAL DATA HCRPS PRIOR TO 2012	PAED	SPECIALIST	MIDWIVES	NURSES	AIDS	OTHER	TOTAL
National Central District (NCD)	No data	No data	142	1396	404	529	2471
PMGH – level 7 Main Referral Hospital	No data	No data	No data	No data	No data	No data	804
Renewal of Registration for NCD 2014–2015	No data	No data	No data	No data	No data	No data	818
PMGH – level 7 Main Referral Hospital 2014–2015	4	54	28	102	58	163*	409

The next stage is to launch and upload Nursing Council and Medical Board registrants to the upgraded health practitioner's registration system (HPRS). Only then will there be accurate health practitioner's workforce data for Nursing Council.

ANNUAL IMPLEMENTATION PLAN

Funding

The Nursing Council develops a funding plan on an annual basis with the Annual Implementation Plan (AIP). Committee meetings, roadshows and audits are planned and budgeted well in advance. However, in reality, getting the funds for these planned events from the NDoH financial section causes delays and the need for rescheduling.

The Nursing Council is also facing financial challenges, demonstrated in the following lists. The impact of the increase in registration fees outlined in Table 2 will only be recognised when registration processes and staffing structures of the Nursing Council have been strengthened.

TABLE 13: ESTIMATED REVENUE 2016-2018 REGISTRATION PERIOD

Revenue Per Annum	Total (PGK)
Initial Registration (Pre & Post)	30,000.00
Renewal (Registration) Fee (annual K35)	175,000.00
Restoration Fee	No data
Duplicate of Certificate	1,200.00
Verification of Letter	2,400.00
Overseas Nurses Registration	100,000.00
GRAND TOTAL	308,600 (estimate)

TABLE 14: ESTIMATED EXPENDITURE

Expenditure	Total (PGK)
Salary with recommended required staff (not currently in place)	394,298.00
Office Rent	120,000.00
Activities Committees, meetings, roadshows (AIP)	247,000
Transport and Petrol	2,400.00
Public Utility	100,000.00
Furniture, White Goods and Equipment	50,000.00
Initial Maintenance	20,000.00
GRAND TOTAL	933,698.00 (estimate)

There is an estimated shortfall of **625,098PGK** which suggests that the process requires continued DFAT financial support for another two (2) years.

Challenges and internal structures

The **Nursing Council is currently housed in an inadequate space for staff and the registration filing system**. The relocation of the Nursing Council and review of staffing structures and grades has been discussed since the end of 2013. This is now urgently required.

DFAT Australian Aid through HHISP has been supporting the staffing of the Nursing Council during 2015–2017. It is unknown how long this support will be provided.

In line with the National Department of Health (NDoH) Workforce Enhancement Plan¹⁰ new internal structures for the NDOH are being reviewed. The Health Practitioners Bill when enacted will also require structural changes for the Boards covering health practitioner's registration.

Database Issues

The new database is ready to be launched. At time of Report printing this has not yet occurred due to approval processes within NDOH and Medical Board. Systems and training for HPRS have already been undertaken with some staff but momentum will only be maintained if current leadership and staff are in place.

Registration Staffing

The Nursing Council has faced significant challenges such as a large influx of overseas practitioners coming to PNG, an increase in non-governmental organisations, accreditation processes and a rise in volunteer health services. Unfortunately, the regulation authorities have only limited human resources. Currently, this excessive workload is being manned by one NDoH funded Nursing Council member of staff. Some external funding from DFAT has enabled temporary staff. A restructure of the Nursing Council staffing requirements has been presented to NDoH several times since 2014. Staff for registration processes mandated by the Medical Registration Act 1980 include: an appropriately qualified Registrar to oversee the registration processes under the act, professional staff to strengthen standards, policies, scope of practice, codes and accreditation and data entry staff to maintain registration processes.

This workload will continue to increase as articulated with the increase in training institutes outlined above and especially when CHWs join the Nursing Council following enactment of the Health Practitioners Bill.

RECOMMENDATIONS

The Nursing Council Board 2016-2018:

- Recommends** that the Senior Executive Management Committee (SEMC) endorse and approve the Nursing Council organisational structure for improvement of client management services and ensure the standard of safe nursing and midwifery practice is maintained in PNG to support the National Health Plan 2011–2020 Key Result Areas.
- Recommends** that the Nursing Council support the enactment of the Health Practitioners Bill.
- Recommends** that outstanding double major registration issues be resolved in partnership with the NDoH.
- Recommends** that the Nursing Council support the NDoH's Health Training Branch in the urgent need to review nursing and CHW curricula.
- Recommends** that the Nursing Council reviews all new nursing and midwifery curricula in line with the accreditation framework to ensure all graduates can be registered.
- Recommends** that accreditation process involving audits of new and existing educational institutions should be continually strengthened to ensure educational institutes are adhering to Nursing Council accreditation standards and graduates can be registered.
- Recommends** no new nursing institutes are proposed until 2027

- Recommends** that improvements to provisional registration processes continue to address the gaps to full registration: including encouraging employers to ensure all nurses and midwives are fully registered and not practising illegally.
- Recommends** that the Nursing Council must build upon current work carried out on the registration processes and HPRS data in time for the 2017 registration renewal period and launch. The Nursing Council will continue to work closely with the PNG Medical Board and Information Communication Technology (ICT) NDoH to achieve this goal. Only then will there be accurate workforce data for the Nursing Council.
- Recommends** that the important work of the Nursing Council such as the website, newsletters and road shows should continue to be developed to build upon the Nursing Council's overall communication strategy.
- Recommends** that the Nursing Council continue to share a vehicle and driver with the Medical Board.
- Recommends** that Nursing Council to set up a trust fund with Treasury of registrants' fees and ring fence them for Nursing Council activities related to its mandated role under Medical Registrations Act 1980.
- Recommends** that a new policy is developed for new registration processes.
- Recommends** that a Continuing Professional Development and Scope of Professional Practice policy is developed for Nursing Council Board review.

It must all be stated that although an enormous amount of work has been carried out on registration data there are still many areas to be analysed in the health care practitioner's registration system (HCPRS). Only then will there be an accurate workforce data for nursing and midwifery in the Nursing Council.

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APPENDIX 1 – PNG NURSING COUNCIL CALENDAR 2017



PAPUA NEW GUINEA NURSING COUNCIL - CALENDAR OF EVENTS 2017

January 2017							February 2017							March 2017							April 2017						
M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S
						1			1	2	3	4	5			1	2	3	4	5						1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12	3	4	5	6	7	8	9
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	27	28						27	28	29	30	31			24	25	26	27	28	29	30
30	31																										

May 2017							June 2017							July 2017							August 2017							
M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S	
1	2	3	4	5	6	7				1	2	3	4						1	2			1	2	3	4	5	6
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31				

September 2017							October 2017							November 2017							December 2017						
M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	S
				1	2	3						1			1	2	3	4	5					1	2	3	
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31

ED C - graduate registrations PAU, St Mary's St Barnabas, Midwifery Curriculum UPNG Audit

ED C-graduate registrations Lutheran N/M, Lae, Goroka M/N, Nazarene, PAU M, UPNG M, Mendi, UPNG Audit

NCD, Central Road show

Road show New School Audit

Audit and Road show

Committees as required

KEY:	NC BOARD	INSTITUTE AUDIT	DISCIPLINARY COM	STANDARDS COMMITTEE	HEALTH PRACTITIONER BILL WORK COMMITTEE
	REGISTRATION COM	EDUCATION COM	HPRS UPDATE	NC ROADSHOW	STAKEHOLDER MEETINGS

PNG NURSING COUNCIL will aim to maintain dates as outline, however these may change due to unforeseen circumstances. Other PNG NC Audits will be planned as required.

APPENDIX 2 - NURSING COUNCIL BOARD CONSTITUTION

PAPUA NEW GUINEA NURSING COUNCIL

Office of the Registrar

PAPUA NEW GUINEA NURSING COUNCIL BOARD CONSTITUTION

The Constitution of the Nursing Council Board (ne Council in the Act) will follow the Medical Registrations Act 1980 direction until the Health Practitioners Bill is enacted. It is proposed that the Bill will go to Parliament in late 2015.

CONSTITUTION OF THE COUNCIL.MEDICAL REGISTRATIONS ACT 1980

(1) The Council shall consist of –

- (a) a registered medical practitioner actively connected with nursing or medical education, appointed by the Minister; and
- (b) four registered nurses employed by the Department of Health, appointed by the Minister; and
- (c) two registered nurses, appointed by the Churches Medical Council; and
- (d) two registered nurses, appointed by an association recognized by the Minister as representing all nurses in Papua New Guinea.

(2) A person is not qualified to be or become a member of the Council if he–

- (a) is an undischarged bankrupt or insolvent; or
- (b) has been convicted of an offence, either in Papua New Guinea or elsewhere, which is an indictable offence if committed in Papua New Guinea; or
- (c) has had disciplinary action taken against him under Section 104 consisting of either cancellation or suspension of registration or enrolment.

(3) Subject to Subsections (4), (5) and (6), members of the Council hold office for two years and are eligible for reappointment.

(4) The Minister shall terminate the term of office of a member of the Council if the member–

- (a) becomes for any reason permanently incapable of performing his duties; or
- (b) becomes bankrupt or insolvent, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with his creditors or makes an assignment of his remuneration or allowances for their benefit; or
- (c) in the Minister's opinion, permanently resides outside the country; or
- (d) in the Minister's opinion, has been guilty of misbehaviour such as to render him unfit to continue to be a member of the Council; or
- (e) has ceased to have the qualification by virtue of which he was appointed; or
- (f) without leave of the Council, fails to attend three consecutive meetings of the Council; or
- (g) informs the Minister that he wishes to resign.

(5) The Minister may at any time terminate the term of office of a member of the Council appointed by the Minister.

(6) A member of the Council appointed to fill a vacancy caused by the death of a member, or by the termination of the term of office of a member under Subsection (4) or (5), holds office for the balance of the term of office of the member he is replacing but is eligible for reappointment.

(7) Where a person is appointed to be a member of the Council, the person or body appointing that person shall, as soon as practicable after the appointment, notify the Nursing Registrar of the appointment.

69. CHAIRMAN AND DEPUTY CHAIRMAN OF THE COUNCIL.

(1) The members of the Council shall, from among their own number, elect a Chairman and Deputy Chairman of the Council.

(2) If the Chairman is absent from a meeting of the Council or is unable for any reason to act in relation to a matter the Deputy Chairman has and may exercise and perform the powers and functions that the Chairman may exercise and perform by virtue of his office.

70. MEETINGS OF THE COUNCIL.

(1) The Council shall meet at such times and places as are fixed by the Chairman and notified to members.

(2) At a meeting of the Council—

(a) five members are a quorum; and

(b) the Chairman shall preside at all meetings at which he is present; and

(c) in the absence of the Chairman or Deputy Chairman the members present shall appoint one of their number to preside and the member so appointed shall have all the powers and functions of the Chairman for the purposes of that meeting; and

(d) all matters shall be decided by a majority of votes; and

(e) the member presiding has a deliberative and, in the event of an equality of votes on a matter, also a casting vote.

(3) Subject to this section, the procedure at a meeting of the Council shall be determined by the Council.

71. ESTABLISHMENT OF COMMITTEES, ETC., OF THE COUNCIL.

(1) The Council may establish such committees as it considers necessary or expedient for the purposes of exercising or carrying out its powers or functions.

(2) Subject to Subsection (3), a committee established under Subsection (1) may contain members who are not members of the Council.

(3) A person appointed to be a member of a committee established under Subsection (1) who is not a member of the Council shall have one of the qualifications specified in Section 68(1).

(4) The Council may delegate to a committee established by the Council under Subsection (1) all or any of its powers or functions (except this power of delegation).

(5) The procedure at a meeting of a committee established under Subsection (1) shall be determined by the Council or, in the case of any lack of a determination, by the Committee.

APPENDIX 3 - TERMS OF REFERENCE NURSING COUNCIL COMMITTEES

PAPUA NEW GUINEA NURSING COUNCIL

Office of the Registrar

PAPUA NEW GUINEA NURSING COUNCIL REGISTRATION COMMITTEE**REGISTRATION COMMITTEE (NCRC)****Purpose**

The Registration Committee is a forum for debate and discussion on matters relating to the registration functions of the PNG Nursing Council (PNG NC). It provides advice to the Board in regards to registration of nurses and midwives outlined in the categories below.

Terms of Reference

1. Examine and advise and where appropriate recommend to the Board on matters which have direct or indirect implications for the registration of nurses and midwives and the registration function of the PNG Nursing Council.
2. Advise the Board on registration policy
3. Initiate and review registration forms and processes as required.
4. Review registration requirements for:
 - Qualified Overseas Nurses and Midwives;
 - Post Basic and Post Graduate qualifications;
 - Provisional – Full Registration;
 - Restoration of Nurses;
 - Temporary registrations.
5. Provide the Registrar with advice on applications for registration that do not meet Board agreed policy.
6. May advise the Board on conditions to be placed on health professionals to ensure they are able to practise safely.
7. Report to the Board on registrations approved following every meeting and on registration statistics annually.
8. Initiate and conduct seminars for debate on specific registration issues

Membership:

Membership of the Committee consists of:

- one(1) to two (2) Board representatives
- between three (3) to five (5) non-Board members, including: public, private, church agency, health facilities and government.
- one(1) to two (2) lay persons representatives (consumer member,) who have relevant expertise required for the Committee and are selected through an expression of interest process
- the Registrar, or Deputy Registrar
- Up to 10 members

Duties

A quorum of half of committee members will be required for a meeting to be held. Committee member is advised to notify Chairperson, Deputy Chair or Registrar of inability to attend meeting. If member is unable to attend alternate member can attend in their place. Non-attendance at 3 meetings without notifying Registrar will be taken as resignation from Committee. Member will be notified and replacement

will be sorted. The committee shall have the power to co-opt as necessary; co-option shall be approved by the Board.

Meetings

The meetings should take place at least 5 times a year.

Reporting

Chair of Registration Committee will share minutes of committee with Chair or Deputy of PNG NC Board for presentation at next Board.

Terms of Office

Terms of office shall be four years. If a member withdraws or is asked to leave due to non-attendance, the alternate member can take the vacant place until end of term.

EDUCATION COMMITTEE (NCEC)

Purpose

The educational committee is a forum for debate and discussion on matters relating to educational functions of the Nursing Council Board. It provides advice to the Board in regards to accreditation of nursing and midwifery educational institutes, curriculum review and registration of new graduates.

Terms of Reference

1. Examine and advise and where appropriate recommend to the Board on matters which have direct or indirect implications for the education of nurse and midwives and the education function of the PNG Nursing Council.
2. Initiate and review policies on educational matters.
3. Review educational requirements for accreditation of an institution as a provider of nursing and or midwifery education, including curriculum review.
4. Initiate and conduct seminars for debate on specific educational issues.
5. Examine proposals for development and implementation of nursing educational programs and make recommendations to the board.
6. Receive and examine Accreditation Monitoring and Evaluation (PNG NC 2005) Audit reports for proposed or existing nursing and midwifery programs. Make recommendation to the Board.
7. Review new graduate nursing and midwifery registration applications.

Membership:

Membership of the Committee consists of:

- one(1) to two (2) Board representatives
- between three (3) to five (5) non-Board members, including: public, church agency educational institutes.
- one(1) to two (2) lay persons representatives (consumer member,) who have relevant expertise required for the Committee and are selected through an expression of interest process
- the Registrar, or Deputy Registrar
- Up to 10 members
- with the agreement of the Board the Education Committee may co-opt members, to enable the Committee to include a wider group of health professionals and/or to give additional expertise to the Committee.

Duties

A quorum of half of committee members will be required for a meeting to be held.

Committee member is advised to notify Chairperson, Deputy Chair or Registrar of inability to attend meeting.

If member is unable to attend alternate member can attend in their place.

Non-attendance at 3 meetings without notifying Registrar will be taken as resignation from Committee, member will be notified and replacement will be sort

The committee shall have the power to co-opt as necessary; co-option shall be approved by the Board.

Reporting

Chair of Education Committee will share minutes of committee with Chair or Deputy of PNG Nursing Council for presentation at next PNG Nursing Council

Terms of Office

Terms of office shall be four years

If a member withdraws or is asked to leave due to non-attendance, the alternate member can take the vacant place until end of term.

Board Amendment 27/3/15:

Please note that members of Registration Committee will also attend Audits as required.

Audit teams should consist of Registrar and 2 other members of Education Committee.

STANDARDS COMMITTEE (NCSC)

Purpose

The Standards Committee is to be responsible for setting clinical and ethical standards for professional practice and continuing professional development.

Terms of Reference

1. Provide advice the Board on standards for continuing professional development.
2. Provide advice the Board on clinical and ethical standards expected of individual practitioners on the Nursing Council Register.
3. The Standards Committee does not have delegated powers and can only advise the Board on standards.

Membership:

Membership of the Committee consists of:

- one(1) to two (2) Board representatives
- between three (3) to five (5) non-Board members, including: public, private, church agency, health facilities and government.
- one(1) to two (2) lay persons representatives (consumer member,) who have relevant expertise required for the Committee and are selected through an expression of interest process
- the Registrar, or Deputy Registrar
- up to 10 members
- with the agreement of the Board the Standards Committee may co-opt members, to enable the Committee to include a wider group of health professionals and/or to give additional expertise to the Committee.

Duties

A quorum of half of committee members will be required for a meeting to be held.

Committee member is advised to notify Chairperson or Registrar of inability to attend meeting.

If member is unable to attend alternate member can attend in their place.

Non-attendance at 3 meetings without notifying Registrar will be taken as resignation from Committee, member will be notified and replacement will be sort

The committee shall have the power to co-opt as necessary.

Meetings

Meetings will be held three times a year.

Reporting

The Committee gives advice to the Board. This policy is to be reviewed, altered if required and then approved by the Board.

Terms of Office

Terms of office shall be four years. If a member withdraws or is asked to leave due to non-attendance, the alternate member can take the vacant place until end of term.

DISCIPLINARY COMMITTEE (NDC) AND REQUIREMENTS

Note: Membership and role of and name of the Disciplinary Committee will change significantly with the introduction of the Health Practitioners Bill becoming the Professional Conduct Committee

Purpose

The Disciplinary Committee is a forum to carry out investigations of complaints on matters relating to the professional conduct functions of the Nursing Council. It provides advice to the Board in regards to complaints to the Board of Nurses and Midwives, and health professionals on the Nursing Councils register. These complaints could cover their professional conduct breaches in relation to competence, and/or ill health.

Terms of Reference

1. Work with staff to ensure complaints are screened and minor breaches are investigated.
2. Deal with cases where a health professional cannot work due to ill health.
3. Advise the Board on how to address concerns about a health professional, conduct breaches in relation to competence.
4. Investigate, deliberate and decide if a breach of relevant standards has occurred and if so, specify the action to be taken for a complaint against a health professional.
5. If the Committee is to investigate the complaint they need to notify the health professional concerned and ask for a response on the matter within 30 days.
6. The Committee may invite the health professional to a meeting to consider the matter and may hear other evidence.
7. The Committee will follow the guidance set out in Division 6 of the Medical Registrations Act 1980. When enacted will there after follow the guidance in the Health Practitioners Act Professional Conduct Division 1.

Membership:

Membership of each Committee consists of:

- at least three (3) members of the Board, one of whom should be a lay person
- one member who works in the same professional of the complainant (this could be a co-opted position to deal with the specific complaint)
- agreed by the Board or Registrar additional members may be co-opted for a meeting and/or to give expert advice in the case of dealing with professional ill health
- membership of the Committee will be reviewed annually
- the Convenor shall be elected by the members of the Committee at the beginning of each year
- the Registrar or Deputy Registrar shall attend all meetings.

Duties

A quorum of half of committee members will be required for a meeting to be held.

Committee member is advised to notify Chairperson or Registrar of inability to attend meeting.

If member is unable to attend ultimate member can attend in their place.

Non-attendance at 3 meetings without notifying Registrar will be taken as resignation from Committee, member will be notified and replacement will be sort

The committee shall have the power to co-opt as necessary.

Meetings

The Registrar will call meetings of the DC to consider action to be taken on the complaint within 30 days of receiving formal notice of the complaint.

Authority/Delegation

The Committee may determine the outcome of a complaint as outlined in the current legislation.

Terms of Office

Terms of office shall be four years.

Medical Registrations Act 1980 Division 6.

Discipline of Registered or Enrolled Nurses, etc.

103. INTERPRETATION OF DIVISION 6.

In this Division unless the contrary intention appears, “**registration or enrolment**” includes probationary registration of enrolment.

104. POWER OF COUNCIL TO TAKE DISCIPLINARY ACTION.

The Council may take disciplinary action against a nurse or nurse aide registered or enrolled under this Part who—

- (a) is convicted of an offence, either in Papua New Guinea or elsewhere, which is an indictable offence in Papua New Guinea; or
- (b) has his qualifications for registration or enrolment withdrawn or cancelled by the university, institute or training school at which they were acquired or awarded; or
- (c) obtained registration or enrolment through fraud or mistake; or
- (d) is found by the Council to be addicted to alcohol or some other deleterious drug; or
- (e) is found by the Council to be guilty of—
 - (i) professional misconduct; or
 - (ii) professional incompetence; or
- (f) is, in the Council’s opinion, physically or mentally incapable of carrying out his professional duties satisfactorily.

105. FORM OF DISCIPLINARY ACTION.

(1) The forms of disciplinary action which the Council may take under Section 104 are—

- (a) to order the cancellation of registration or enrolment; or
- (b) to order the suspension of registration or enrolment for such period as the Council may determine; or
- (c) a reprimand.

(2) The Council may take more than one form of disciplinary action at any one time.

(3) In addition to taking disciplinary action the Council may order the person against whom the action has been taken to pay the costs and expenses of, and relating to, the inquiry or inquiries carried out by the Council.

106. REVOCATION OF DISCIPLINARY ACTION.

The Council may—

- (a) on the application of the person against whom the disciplinary action was taken; or
- (b) of its own volition,

at any time, and after due consideration, order the revocation of the cancellation or suspension of registration or enrolment of a person whose registration or enrolment has been suspended under this Division.

107. DISCIPLINARY INQUIRY.

(1) Before taking disciplinary action under Section 104 the Council shall—

- (a) give written notice, either personally or by registered post, to the registered or enrolled person concerned informing him of—

- (i) the nature of the complaint; and
 - (ii) the time, date and place of the hearing of the complaint, and
- (b) hold a full inquiry into the matter of the complaint.
- (2)** At an inquiry held under Subsection (1) (b) the registered or enrolled person concerned shall be given an opportunity to—
- (a) give a defence, either in person or through a lawyer or some other person; and
 - (b) call witnesses on his behalf.
- (3)** An inquiry held under Subsection (1) (b) shall not be open to the public unless—
- (a) the Council so directs; or
 - (b) the registered or enrolled person concerned so requests.
- (4)** Subject to this Act, the Council when holding an inquiry under Subsection (1) (b) has the powers, authority, jurisdiction and protection of a Commission of Inquiry under the *Commissions of Inquiry Act 1951*.
- (5)** Following an inquiry under Subsection (1) (b) the Council shall, as soon as practicable, give written notice of its decision by registered post to the registered or enrolled person concerned.

108. DISCIPLINARY APPEAL.

- (1)** A person aggrieved by the Council's decision following an inquiry held under Section 107(1) (b) may appeal to the National Court against the decision—
- (a) within 30 days of the registered or enrolled person concerned being informed of the decision in accordance with Section 107(5); or
 - (b) within such longer period as the Court may allow if it is satisfied that the failure to bring the appeal within 30 days was caused by mistake or other reasonable cause.
- (2)** An appeal shall be by way of rehearing.
- (3)** The National Court may, on appeal made under this section—
- (a) revoke the decision of the Council; or
 - (b) confirm the decision of the Council; or
 - (c) substitute another form of disciplinary action.
- (4)** Following the decision of the National Court on an appeal made under this section the Nursing Registrar shall take such action as may be necessary to give effect to that decision.

APPENDIX 4 - PRESS RELEASE SECRETARY HEALTH



PAPUA NEW GUINEA NURSING COUNCIL

Office of the Registrar

National Department of Health

Office of the Secretary

Press Statement –

3 March 2015

Published PNG Post Courier March 5th 2015

Health sector responds to urgent workforce shortages

The Secretary for Health, Mr Pascoe Kase, has applauded the efforts of training institutions across the country in expanding the community health worker (CHW), nursing, and midwifery workforce for PNG.

All Papua New Guineans when they arrive at a health service deserve to be attended to by a health professional that is motivated and well trained -the

Government of PNG is committed to ensuring this happens.

Our policy of free primary health care needs to be matched by a determination to improve the accessibility and quality of services. The strength of our workforce is central to this challenge and is being addressed through the ongoing implementation of the workforce enhancement plan. ”

The Department of Health is working closely with the training institutions to improve their capacity and quality. Following support to the midwifery schools which commenced in 2010, 315 new midwives have been registered – effectively doubling the number of trained midwives in PNG.

Nursing and CHW schools are also advancing. Following an audit in 2012, the school principals convened in Port Moresby last week to set the vision for the future CHW and nursing workforce and commit to specific strategies for its realisation.

Secretary Kase commented, “The week-long meeting of school principals has resulted in all training institutions having quality improvement plans in place that are consistent with the national accreditation framework. With funding support through the Department of Health and the Government of Australia, they will implement a comprehensive program of infrastructure rehabilitation, curriculum review, textbook and essential equipment procurement, and quality improvement

This will result in significant increases in the number and quality of our CHWs and nurses across PNG.”

Last week also saw the ground-breaking ceremony for a new nurse training school to be introduced in West New Britain. Mr Kase took the opportunity to remind training providers of the importance of undergoing the appropriate accreditation processes before the training programs can commence.

“We need to maintain the standard of healthcare in PNG. For this reason, health worker training providers must be accredited through the PNG Nursing Council and Medical Board. This is a legal requirement for the graduates to practice in the PNG health sector and ensures that our health workforce continue to be highly competent in their roles and be responsive to the needs of our people.”

The expansion of health worker training schools across the country and the ongoing quality improvement measures is a significant step forward for the health sector and the well-being of all Papua New Guineans.

Mr Pascoe Kase
Secretary for Health

APPENDIX 5 - ACCREDITATION ROLE



PAPUA NEW GUINEA NURSING COUNCIL

Office of the Registrar

**PAPUA NEW GUINEA NURSING COUNCIL ACCREDITATION AUDITS
National Department of Health**

EDUCATIONAL INSTITUTES ACCREDITATION AUDITS

Note: Role of accreditation and audit will change with the introduction of the Health Practitioners Bill

Division 7.

Training Schools for Nurses and Nurse Aides.

109. APPROVAL OF TRAINING SCHOOL.

- (1) Subject to this Division, the Council may approve a training school for the purposes of providing a prescribed course of studies in nursing or nursing work.
- (2) Approval under Subsection (1) may be given subject to compliance by the training school with such conditions as the Council considers appropriate.
- (3) When granting approval under Subsection (1) the Council shall specify—
 - (a) whether graduates of the school will be registered as nurses or enrolled as nurse or nurse aides; and
 - (b) in the case of graduates who will be registered or enrolled as nurses—the prescribed category of nursing in which they will be registered or enrolled.

110. STANDARDS FOR TRAINING SCHOOLS.

- (1) The Council may prescribe minimum standards for or in respect of training schools for nurses and nurse aides.
- (2) In determining minimum standards under Subsection (1) the Council may specify—
 - (a) the minimum duration of any part of a course and of the course as a whole; and
 - (b) the maximum number of students that may take the course at any one time.

111. EXAMINATIONS.

The Council may examine either in a group or otherwise, in any manner it thinks fit, students who have completed a prescribed course of study in a category of nursing or nursing work at a training school approved by the Council.

112. CERTIFICATE OF GRADUATION.

The governing body of a training school approved by the Council shall issue a certificate in a form approved by the Council to a person who has successfully completed the whole or any part of a prescribed course of study in nursing or nursing work.

113. INSPECTION OF TRAINING SCHOOLS.

The Council shall appoint a person who—

- (a) shall, before the Council grants approval of a training school under this Division; and
- (b) may, at any time after the Council has granted approval under this Division, inspect a training school providing instruction in nursing or nursing work.

114. REVOCATION OF APPROVAL.

The Council may at any time revoke its approval of a training school providing instruction in nursing or nursing work.

APPENDIX 6 - THE PROVISIONAL LICENCE REGISTRATION PROCESS



PAPUA NEW GUINEA NURSING COUNCIL

Office of the Registrar

FIGURE 2 - PNG NC APPROVED PROVISIONAL LICENCE REGISTRATION PROCESS

