

REGULATING NURSES
AND MIDWIVES –
MANAGING RISK
TO THE PUBLIC

NURSING
AND MIDWIFERY
REGULATION AT
WORK IN AUSTRALIA,
2013/14

Regulating nurses and midwives in the National
Registration and Accreditation Scheme



Nursing and Midwifery
Board of Australia

AHPRA



Download this summary of the work of the
Nursing and Midwifery Board of Australia in 2013/14 from:
www.ahpra.gov.au or go to www.nursingmidwiferyboard.gov.au

Highlights

Revised regulatory principles



Updated codes, guidelines and position statements

7% increase in number of registered nurses and 1% increase in number of enrolled nurses

New internationally qualified nurses and midwives (IQNM) assessment model

Stronger international links and priority on stakeholder engagement

90% of the nursing/midwifery workforce are women

5.7% drop in nurses and midwives with dual registration

27% of nurses and midwives are aged between 50 and 60

\$140

fee cut for graduates



2,010 notifications about nurses and midwives nationally – 1,414 were lodged outside NSW

624 mandatory notifications about nurses and midwives

81% of 'immediate actions' led to regulatory action

59% of closed matters led to no further action (57% for all professions)



In 49 cases, the Board imposed conditions or required an undertaking as a result of a criminal history check

943 nurses and midwives are being monitored across states and territories excluding NSW

10% increase in mandatory notifications nationally – varied across states and territories

26%

national increase in notifications about nurses and midwives varied across states and territories – compared to 16% increase nationally for all professions

Of the 23 notifications finalised after a panel hearing, 18 (78%) led to disciplinary action

Of the 42 cases finalised after a tribunal hearing, 37 (88%) led to disciplinary action



67% of mandatory notifications referred for more regulatory action



50% of closed mandatory notifications led to regulatory action

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Message from the Chair, Nursing and Midwifery Board of Australia

I am delighted to present this first report on the work of the Nursing and Midwifery Board of Australia (National Board or NMBA) regulating nurses and midwives in Australia. It is an honour to be Chair of the Board.

We have seen a number of changes this year, with Ms Anne Copeland leaving the NMBA on 31 August 2013 as health practitioner member and inaugural Chair. I would like to take this opportunity to acknowledge and thank Anne for her dedication and contribution to the NMBA in very challenging times.

The year has also seen the appointment of a new NMBA member, namely Adjunct Associate Professor Veronica Casey, health practitioner member for Queensland from 6 May 2014. Veronica brings invaluable experience to her role on the NMBA with an extensive background in nursing, midwifery and health services leadership and sound regulatory experience.

The NMBA also welcomed the appointment of a new Executive Officer, Ms Tanya Vogt. I thank nursing and midwifery staff at the Australian Health Practitioner Regulation Agency (AHPRA) for their hard work and dedication over the last 12 months. In particular, thank you to Ms Alyson Smith, outgoing Executive Officer of the NMBA, for her work.

The main achievements and challenges for the NMBA during 2013/14 were:

- **Registration renewal:** We saw a continuing increase in online renewals. During the last renewal period (by 31 May 2014), 97% of nurses and midwives renewed online. The change over the last four years is remarkable; when we started the renewal process in 2010, the online renewal rate for nursing and midwifery was closer to 54%. Each annual renewal is a process we look to learn from and our work continues in finding opportunities for refinement.
- **Stakeholder engagement:** I would like to reinforce my commitment to strengthening the relationships between the NMBA and our stakeholders. I look forward to working with stakeholders on nursing and midwifery regulation, education and workforce matters. I am pleased to confirm that we have a number of improvement initiatives for 2014/15 that focus on fostering stakeholder relationships, improving and strengthening the National Scheme, and driving operational excellence.
- **Strengthening international ties:** The NMBA has further strengthened its international links;

attending meetings with the International Council of Nurses and the International Nurse Regulator Collaborative in Geneva. We are also a member organisation of the South Pacific Chief Nurse and Midwifery Officers Alliance (SPCNMOA). We continue our collaborative work that is in place with the Nursing Council of New Zealand and the Midwifery Council of New Zealand.

We know that both an educated nursing and midwifery workforce, and a good work environment, result in high-quality care and improved outcomes for the Australian community. The NMBA supports protecting the public by making sure that only nurses and midwives who are suitably trained and qualified to practise in a competent and ethical manner are registered. We stay committed to helping nurses and midwives to practise to their full scope and to provide safe healthcare for our community. Assessing the qualifications of internationally qualified nurses and midwives (IQNM) continues to be a challenge for us. The standards we expect of overseas applicants are no more than we expect of our local graduates. Together with AHPRA, we are committed to finding a solution to managing IQNMs.

I would like to acknowledge and thank all of the national and state/territory board members, the Nursing and Midwifery Council NSW, the Australian Nursing and Midwifery Accreditation Council (ANMAC) and AHPRA staff for their contribution to the work of the NMBA.

Lastly, I take this opportunity to thank all our stakeholders, including consumers, government, professional associations, industrial organisations, education providers, nurses, midwives and other health profession national boards. Thank you for your important and helpful contribution to our key projects, initiatives and accomplishments during 2013/14.



Dr Lynette Cusack RN, Chair, Nursing and Midwifery Board of Australia

Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

There has been a consistent increase over the past four years in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We have developed and implemented a set of key performance indicators (KPIs) for the timeliness of notifications management. This work followed our strengthening last year of nationally consistent systems and processes in notifications management. More information on our approach to KPIs is detailed in the 2013/14 annual report of AHPRA and the National Boards. Developing and then applying these KPIs has had a significant impact on our management of notifications. We can see more clearly where the pressure points in our systems are, and as a result are able to target our efforts and resources to address them.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. The accuracy, completeness and accessibility of the national registers is at the heart of our work.

One of the significant events of the year was the inquiry by the Legal and Social Issues Legislation Committee of the Victorian Parliament into the performance of AHPRA. The committee handed down

its findings in March 2014 and we welcomed its call for increased transparency, accountability and reporting to parliament.

This year AHPRA and the National Boards have worked closely with the newly appointed health ombudsman in Queensland to make sure the new complaints management system there is effective and efficient when it takes effect on 1 July 2014. At that time, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners and with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with the National Boards.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Regulatory principles

Regulatory principles for the National Scheme



Australian Health Practitioner Regulation Agency

Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

These regulatory principles underpin the work of the Boards and AHPRA in regulating Australia's health practitioners, in the public interest. They shape our thinking about regulatory decision-making and have been designed to encourage a responsive, risk-based approach to regulation across all professions.

1 The Boards and AHPRA **administer and comply with the Health Practitioner Regulation National Law**, as in force in each state and territory. The scope of our work is defined by the National Law.

2 We protect the **health and safety of the public** by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

3 While we balance all the objectives of the National Registration and Accreditation Scheme, **our primary consideration is to protect the public**.

4 When we are considering an application for registration, or when we become aware of concerns about a health practitioner, **we protect the public by taking timely and necessary action under the National Law**.

5 In all areas of our work we:

- **identify the risks** that we are obliged to respond to
- **assess the likelihood and possible consequences** of the risks, and
- **respond in ways that are proportionate and manage risks** so we can adequately protect the public.

This does not only apply to the way in which we manage individual practitioners but in all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.

6 When we take action about practitioners, **we use the minimum regulatory force to manage the risk** posed by their practice, to protect the public. Our **actions are designed to protect the public and not to punish practitioners**.

While our actions are not intended to punish, we acknowledge that practitioners will sometimes feel that our actions are punitive.

7 Community confidence in health practitioner regulation is important. Our response to risk considers **the need to uphold professional standards and maintain public confidence in the regulated health professions**.

8 **We work with our stakeholders**, including the public and professional associations, to achieve good and protective outcomes. **We do not represent the health professions or health practitioners**. However, we will work with practitioners and their representatives to achieve outcomes that protect the public.

Nursing and Midwifery Board report

Our achievements in 2013/14 include:

Registration standards, policies and guidelines developed/published

The NMBA approved and developed a number of new and revised codes and guidelines, position statements, frequently asked questions (FAQ) and fact sheets to guide nurses and midwives:

Codes and guidelines

- Eligible midwife registration standard (revised 13 August 2014 to reflect change in date).
- Professional indemnity insurance arrangements for enrolled nurses, registered nurses and nurse practitioners: Guidelines for enrolled nurses, registered nurses, nurse practitioners, their employers and education providers about the requirements for professional indemnity insurance (PII) arrangements under the National Law (September 2013).
- Explanatory note on applications for notation as an eligible midwife: Fact sheet explaining what it means to applicants for notation as an eligible midwife, following Ministerial Council approval of an extension to 30 June 2015 of a provision in the Eligible midwife registration standard (September 2013).
- Nurse practitioner standards for practice, and associated FAQ: The minimum applicable standards for practice across diverse practice settings and patients or clients for beginner and experienced nurse practitioners (November 2013).
- Nurse practitioner requirements for portfolio – pathways 1 & 2, updated December 2013.

Fact sheets

- Student registration – revised web content (August 2013):
 - Fact sheet and FAQ on student registration
 - Fact sheet for education providers on student registration
- Internationally qualified nurses and midwives (May 2014):
 - Fact sheet: Internationally qualified nurses and midwives – Criterion 8: registered nurse and midwife – Specific information about one of the eight assessment criteria for nurses and midwives.
 - Fact sheet: Internationally qualified nurses and midwives – Criterion 8: enrolled nurse – Specific

information about one of the eight assessment criteria for enrolled nurses.

- Appealing a National Board decision – Information for internationally qualified nurses and midwives who would like to find out about how to appeal a National Board decision on registration.

FAQ

- FAQ: Internationally qualified nurses and midwives applications.
- Nurse practitioner standards for practice – FAQ: The minimum applicable standards for practice for beginner and experienced nurse practitioners (November 2013).
- Explanatory note and FAQ on title protection (revised): National Law restrictions on the use of protected titles (July 2013).

Stakeholder engagement

The NMBA has funded a project to look at our current communication approach and find ways to help us engage better with nurses, midwives, students of nursing and midwifery, and the public. We are keen to be transparent and effective in our communications. Our aim is to increase stakeholder awareness and understanding of the regulation of nurses and midwives.

We participated in a number of stakeholder initiatives in the last year:

- **NMBA stakeholder forums** – We held stakeholder forums in Brisbane (July 2013), Sydney (February 2014) and Darwin (May 2014). Participants included nursing and midwifery professional associations, education providers, employers, and nurses and midwives.
- **NMBA presence at Australian College of Nursing (ACN) expos** – We participated in ACN Nursing and Health Expos 2013 held in Victoria, Queensland, Western Australia and New South Wales. By hosting exhibitions at each event, we were able to promote the role and functions of the NMBA, engage with nurses and students of nursing on topical issues, and reinforce Board-approved standards and guidelines.
- **Australian College of Midwives (ACM) conference** – We had a booth at the ACM conference in October 2013 in Hobart, Tasmania. Our participation gave midwives a chance to engage with the NMBA and get answers to registration questions.

- **Midwifery planning day** – As a follow-up to a midwifery stakeholder workshop in Melbourne in September 2013, NMBA members held a midwifery planning day in June 2014. The aim of the workshop was to improve and foster understanding of midwifery issues between the NMBA, midwives and stakeholders.
- **Eligible midwife and nurse practitioner endorsement standards stakeholder forum** – The NMBA held a stakeholder forum in Melbourne in March 2014. The aim of the forum was to receive feedback from stakeholders on the *Nurse practitioner endorsement standard* and *Eligible midwife endorsement standard*.

Continuing our stakeholder engagement, the NMBA also released the following publications:

- 11 Communiqués on its website to inform stakeholders of the decisions made at the monthly meeting of the NMBA.
- 21 media releases on various matters relating to nurses and midwives.
- Four issues of the quarterly newsletter by email, online and hardcopy versions in 2013/14.
- Various NMBA articles on the ACN's NurseClick, the ACM's *Australian Midwifery News* and the Nursing and Midwifery Council of NSW newsletter.

Other major activities and achievements

Fee cut for graduates

In October 2013, we announced an application fee reduction for new graduates of nursing and midwifery. The fee cut saves each graduate \$140, an important initiative to encourage graduating students into the nursing and midwifery professions. We are pleased that we were able to lower the application fee for graduates while still fulfilling the NMBA's obligations as a regulator.

International engagement

As a member of the SPCNMOA, the NMBA made progress this year by participating in a new regional Regulatory Taskforce. The Regulatory Taskforce provides the opportunity to explore possible work relating to regional regulatory frameworks in the South Pacific region.

In addition to the memorandum of understanding (MoU) that the NMBA signed with the Nursing Council of New Zealand in May 2013, we also signed an MoU with the Midwifery Council of New Zealand. The NMBA looks forward to more opportunities to engage in collaborative initiatives and projects that will help

improve the regulation of nurses and midwives across the Tasman.

The NMBA is also part of the International Nurse Regulators Collaborative (INRC), having signed an MoU with nursing and midwifery regulators from other countries, including Canada, Ireland, New Zealand, United States of America, Singapore and the United Kingdom. The purpose of the INRC is to cooperate and form closer links between the regulatory organisations, to develop standards, exchange information and knowledge, and develop joint research projects. Representatives of the NMBA attended INRC forums hosted in Ottawa, Canada, in November 2013 and in Geneva, Switzerland, in May 2014.

Internationally qualified nurses and midwives (IQNMs)

The NMBA implemented a new assessment model for IQNMs on 10 February 2014. This new model guides our assessment of whether international applicants have educational qualifications that are 'substantially equivalent' to an Australian-approved qualification, as required by section 53(b) of the National Law. AHPRA and the NMBA recognise the difficulties experienced during the change to the new assessment model, and continue to work to improve the communications, timeliness, systems and processes relating to the implementation of the new assessment model for IQNM applications.

Research report on professional indemnity insurance for privately practising midwives

In December 2013, we released a report and statement on NMBA-funded research that investigated PII for privately practising midwives. The report outlines a number of key findings and discusses in detail descriptions of areas that appear to make the PII market for privately practising midwives unattractive for insurers. We would like to see insurance cover accessible to all midwives practising in any setting. Addressing the gap in cover for privately practising midwives will address the needs of the woman and her infant(s), as well as those of the midwife.

Priorities for the coming year

Projects to improve nursing and midwifery regulation

The NMBA has funded a number of projects to address:

- **Nursing regulation, including:**
 - Enrolled nurse standards for practice
 - Registered nurse standards for practice
 - Nurse practitioner standards for practice.

- **Midwifery regulation, including:**
 - Supervision of midwives
 - Safety and quality framework for privately practising midwives
 - Review of the *Midwifery standards for practice*.
- **National health impairment** – a study to guide the future direction of any national health impairment, rehabilitation and/or treatment program for regulated health professionals.
- **NMBA branding and identity** – this aims to improve stakeholder engagement by first exploring external perceptions of the image, role and functions of the NMBA, and of AHPRA. One of the NMBA's goals is to be visible as a recognised leader in nursing and midwifery.
- **IQNMs:**
 - outcomes-based assessment of IQNMs
 - cultural competence of nurses and midwives from other countries
 - orienting IQNMs to the Australian healthcare context.
- **Accreditation standards** – a project with ANMAC to promote the safety of the Australian community by setting accreditation standards for nursing and midwifery education. These include:
 - eligible midwife accreditation standards
 - entry to practice for internationally qualified nurses
 - re-entry to practice for nurses accreditation standards
 - monitoring and complaints management policy.
- **Re-entry to practice for nursing and midwifery** – looking at a new re-entry to practice framework, including a provisional registration type, to make sure nurses and midwives are supported to practise safely when seeking to return to the workforce after an absence.
- **Profession-specific registration standards** – as part of its three-year plan to review codes, standards and guidelines for nursing and midwifery, the NMBA is reviewing or developing profession-specific registration standards, including:
 - Endorsement as a nurse practitioner registration standard
 - Eligible midwife registration standard
 - Registration standard for endorsement for scheduled medicines for midwives.

The NMBA is also participating in an all-Boards' review of the following registration standards:

- English language skills
- Criminal history
- Recency of practice
- Continuing professional development
- PII arrangements.

While the NMBA's English language skills registration standard is not due for review until September 2014, the NMBA is keen to take advantage of any new evidence that may arise and, where appropriate, consider modifications to the English language skills registration standard.

Members of the Nursing and Midwifery Board of Australia

- Ms Anne Copeland (Chair to 31 August 2013)
- Dr Lynette Cusack (Chair from 6 May 2014)
- Ms Angela Brannelly
- Adjunct Professor Veronica Casey (from 4 May 2014)
- Professor Elizabeth (Mary) Chiarella
- Professor Denise Fassett
- Mrs Lynne Geri
- Ms Louise Horgan
- Mr Max Howard
- Ms Mary Kirk
- Dr Christine Murphy
- Ms Margaret Winn
- Ms Allyson Warrington

NMBA Australian Capital Territory

- Ms Emma Baldock (Chair)
- Ms Tina Calisto
- Ms Alison Chandra
- Ms Felicity Dalzell
- Ms Jane Ferry
- Ms Kate Gauthier
- Dr Laurie Grealish
- Ms Eileen Jerga AM
- Ms Natalie Robinson

NMBA New South Wales

- Mr Eric Daniels (Chair)
- Ms Kathryn (Kate) Adams
- Mr Bruce Brown
- Ms Susan Hendy

- Mr Steven Jeffs
- Ms Betty Johnson AO
- Ms Melissa Maimann
- Ms Rebecca Roseby
- Ms Margaret Winn (also National Board member)

NMBA Northern Territory

- Ms Angela Brannelly (Chair) (also National Board member)
- Mr Ross Ashcroft
- Ms Denise Brewster-Webb
- Ms Angela Bull
- Dr Therese Kearns
- Ms Gay Lavery
- Ms Kim Packer (nee Ball)
- Dr Brian Phillips
- Ms Heather Sjoberg

NMBA Queensland

- Professor Patricia Yates (Chair)
- Adjunct Professor Veronica Casey (also National Board member)
- Mr John Chambers
- Ms Michelle Garner
- Professor Donald Gorman
- Ms Michelle Hill (resigned 6/04/2014)
- Mr Stanley Macionis
- Mr Terence Selva
- Ms Leanne Smith

NMBA South Australia

- Associate Professor Linda Starr (Chair)
- Ms Cathy Beaton
- Mr Mark Bodycoat
- Ms Jennifer Byrne
- Dr Sheryl de Lacey
- Ms Sally Hampel
- Ms Eugenia Koussidis
- Ms Melanie Ottaway
- Mr Michael Salt

NMBA Tasmania

- Ms Catherine Schofield (Chair)
- Reverend Douglas Edmonds
- Ms Kim Gabriel (Deputy Chair)
- Mrs Robyn Hopcroft
- Ms Susan Hughes

- Dr Helen Pratt
- Professor Andrew Robinson
- Ms Christine Schokman
- Ms Elizabeth van der Linde-Keep

NMBA Victoria

- Mr Gregory Miller (Chair)
- Ms Leslie Cannold
- Ms Naomi Dobroff
- Ms Kathryn Hough
- Mr Gregory Miller
- Ms Deborah Rogers
- Ms Virginia Rogers
- Ms Leanne Satherley
- Mrs Katrina Swire
- Mr Timothy Wilson (resigned 31/01/2014)

NMBA Western Australia

- Ms Marie-Louise Macdonald (Chair)
- Professor Selma Allix
- Mr Anthony Dolan
- Adjunct Associate Professor Karen Gullick
- Ms Lynn Hudson
- Ms Pamela Lewis (appointed 9/09/2013)
- Mr Michael Piu (appointed 9/09/2013)
- Ms Virginia Seymour
- Ms Jennifer Wood

During 2013/14, the NMBA was supported by Executive Officer Alyson Smith and Acting Executive Officer, Petrina Halloran.

More information about the work of the Board is available at: www.nursingmidwiferyboard.gov.au

Data: the Board's work in 2013/14

These data are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme. This report – *Nursing and midwifery regulation at work in Australia, 2013/14* – looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. For additional context, where relevant, we compare data about nurses and midwives to national data about practitioners from all professions. In future years, we will provide more detailed analysis to deepen our understanding of trends about nurses and midwives, including between types of registration.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the 2013/14 annual report of AHPRA and the National Boards.

The nursing and midwifery professions in profile 2013/14: registration data

Numbers: location, age, gender, registration type

There were 362,450 registered nurses and midwives in Australia on 30 June 2014 (see Table 1). The number of registered practitioners has increased by around 4.8% (from 345,955) since 2013. There has been a significant increase in the number of registered midwives, from

Table 1: Registrant numbers at 30 June 2014

Nursing/midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP *	Total	% change from prior year
Midwife: 2013/14	89	699	55	540	459	11	961	322	94	3,230	32.70%
Midwife: 2012/13	59	447	46	404	384	10	747	274	63	2,434	11.29%
Midwife: 2011/12	39	418	29	321	343	9	747	229	52	2,187	22.55%
% change from prior year	50.8%	56.4%	19.6%	33.7%	19.5%	10.0%	28.6%	17.5%	49.2%		
Nurse: 2013/14	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	5.69%
Nurse: 2012/13	4,953	83,741	3,506	59,279	29,060	7,622	82,196	32,475	6,938	309,770	2.49%
Nurse: 2011/12	4,848	81,927	3,276	57,491	28,393	7,570	80,982	31,076	6,682	302,245	4.20%
% change from prior year	2.7%	7.4%	4.0%	5.0%	3.1%	3.6%	5.4%	2.7%	24.3%		
Nurse and Midwife: 2013/14	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	-5.69%
Nurse and Midwife: 2012/13	645	10,713	554	6,681	2,380	688	8,654	3,192	244	33,751	-14.06%
Nurse and Midwife: 2011/12	719	13,491	579	7,321	2,601	723	10,297	3,292	248	39,271	-2.61%
% change from prior year	-6.0%	-8.6%	-2.9%	-4.8%	-4.1%	-3.1%	-5.3%	-2.4%	9.8%		
Total 2013/14	5,784	100,440	4,240	69,129	32,690	8,577	95,807	36,800	8,983	362,450	4.77%
Total 2012/13	5,657	94,901	4,106	66,364	31,824	8,320	91,597	35,941	7,245	345,955	0.66%
Total 2011/12	5,606	95,836	3,884	65,133	31,337	8,302	92,026	34,597	6,982	343,703	3.47%
% change from prior year	2.2%	5.8%	3.3%	4.2%	2.7%	3.1%	4.6%	2.4%	24.0%		
State/territory nursing/ midwifery practitioners as % of all nursing/midwifery practitioners	2%	28%	1%	19%	9%	2%	26%	10%	2%		
All health practitioners 2013/14	10,723	181,025	6,650	117,622	51,352	13,572	160,286	64,015	14,264	619,509	
Nursing/midwifery practitioners as % of all practitioners in the state or territory	54%	55%	64%	59%	64%	63%	60%	57%	63%	59%	

*Principal place of practice

2,434 to 3,230 (32.7%) and a corresponding decrease in the number of practitioners with both nurse and midwife registration (from 33,571 to 31,823 or -5.7%). This is largely due to a number of practitioners who had held dual registration choosing to retain registration as a midwife and relinquishing their registration as a nurse.

The increase in the number of registered nurses and midwives varies across states and territories, from a 5.8% increase in New South Wales (NSW) to a 2.2% increase in the Australian Capital Territory (ACT). The highest numbers of registered nurses and midwives are based in NSW (100,440), which has 28% of all registered nurses and midwives, followed by Victoria (95,807) with 26% of nurses and midwives nationally. There are variations across states and territories in the proportion of the registered health workforce made up of

nurses and midwives, from 54% in the ACT to 64% in the Northern Territory (NT) and South Australia (SA).

The age distribution of nurses and midwives is interesting. Close to 27% of all nurses and midwives are aged between 50 and 60; and more than half (51%) are aged between 40 and 60 years of age (see Table 2). The gender breakdown of registrants is provided in Table 3. Women make up 90% of the nursing/midwifery workforce. Of the 601 male midwives, 590 (98%) also hold registration as a nurse.

Table 4 provides details about the registration type for practitioners in each state and territory, between general and non-practising. There has been an increase in the number of nurses and midwives with non-practising registration. Table 5 shows a

Table 2: Registered practitioners by age at 30 June 2014

Nursing/ midwifery	U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	N/A	Total
Midwife: 2013/14	272	587	468	437	466	411	246	178	92	52	18	3			3,230
Midwife: 2012/13	239	465	371	356	384	317	157	90	36	15	3	1			2,434
Midwife: 2011/12	208	362	303	319	337	297	161	101	49	40	9	1			2,187
Nurse: 2013/14	14,116	37,098	36,828	34,314	40,593	39,239	42,337	41,308	26,929	11,501	2,544	485	96		327,388
Nurse: 2012/13	13,795	35,416	34,028	34,314	40,287	38,162	42,338	37,090	22,703	9,230	1,920	344	86	57	309,770
Nurse: 2011/12	13,455	32,745	31,537	34,458	40,029	38,209	43,368	35,746	21,814	8,481	1,869	347	58	129	302,245
Nurse and Midwife: 2013/14	308	1,407	1,792	1,828	2,698	3,753	6,098	6,821	4,643	1,926	450	88	20		31,832
Nurse and Midwife: 2012/13	311	1,346	1,705	1,951	2,933	4,218	6,827	7,193	4,790	1,893	477	74	25	8	33,751
Nurse and Midwife: 2011/12	235	1,298	1,623	2,072	3,245	5,087	8,196	8,465	5,884	2,400	600	115	22	29	39,271
Total Nurse and Midwife: 2013/14	14,696	39,092	39,088	36,579	43,757	43,403	48,681	48,307	31,664	13,479	3,012	576	116		362,450
Age group as % of all nursing/ midwifery practitioners	4.1%	10.8%	10.8%	10.1%	12.1%	12.0%	13.4%	13.3%	8.7%	3.7%	0.8%	0.2%	0.03%		
All practitioners 2013/14	23,712	77,524	78,693	70,999	74,178	68,306	72,425	69,895	47,013	23,672	8,242	3,051	1,799		619,509
Nursing/ midwifery practitioners as % of all practitioners	62%	50%	50%	52%	59%	64%	67%	69%	67%	57%	37%	19%	6%		59%

breakdown of registration by division for each state and territory, with 7% growth in the number of registered nurses (from 244,799 to 261,065) compared to a 1% increase in the number of enrolled nurses (from 60,789 to 61,301). There has been a 6% drop in the number of people holding dual registration as a nurse and a midwife.

Details of the endorsements held by nurses and midwives are provided in Table 6. There has been a 42% increase in the number of nurse practitioners (from 763 in 2012/13 to 1,087 in 2013/14) between 2011/12 and 2013/14. There has also been a gradual (8%) increase during the year in the number of nurses with a scheduled medicines endorsement (from 826 in 2012/13 to 888 in 2013/14). The number of eligible midwives has increased by 42% from 174 to 247 and there has been a significant increase in the number of midwives with a scheduled medicine endorsement – up from 22 in 2012/13 to 116 in 2013/14.

Notifications

In 2013/14 there were 2,010 notifications about nurses and midwives nationally, of which 1,414 were lodged outside NSW. This is a 26% increase in notifications about nurses and midwives compared to 2013; compared to a 16% increase nationally across professions.

Table 7 details the number of notifications received by state and territory. Broadly, the proportion of notifications received per state and territory aligns with the number of all nurses and midwives based in each state and territory. The exception is Queensland, with 19% of registrants and 25% of notifications about nurses and midwives.

Most (1,041 out of 1,307 excluding NSW, or 80%) notifications about nurses were about registered nurses, and 16% were about enrolled nurses (see Table 8).

The 26% national increase in notifications about nurses and midwives varied across states and territories (see Table 9). The biggest percentage increase (48%) was in the ACT, but the increase in actual notifications was small (from 29 in 2013 to 43 in 2014). The largest increases – reflecting both actual numbers and percentage – were in Queensland (up 28% to 506 notifications), WA (up 29% to 139 notifications) and NSW (up 32% to 596 notifications). This compares to a 16% national increase across professions, which was also varied across states and territories.

Notifications about midwives relate to 0.3% of the registrant base nationally, and notifications about nurses relate to 0.5% of registrants, based on the number of practitioners involved in these notifications.

Table 3: Registered practitioners by 'principal place of practice' and gender

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2013-14	Total 2012-13	Total 2011-12	% change 2012/13-2013/14
Midwife	89	699	55	540	459	11	961	322	94	3,230	2,434	2,187	32.70%
Female	89	695	54	537	459	11	959	322	93	3,219	2,426	2,173	32.69%
Male		4	1	3			2		1	11	8	8	37.50%
Not stated or inadequately described												6	
Nurse	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	309,770	302,245	5.69%
Female	4,489	78,463	3,080	55,422	26,613	6,982	77,470	30,247	7,412	290,178	274,159	268,410	5.84%
Male	600	11,483	567	6,804	3,336	917	9,177	3,117	1,209	37,210	35,611	33,487	4.49%
Not stated or inadequately described												348	
Nurse and Midwife	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	33,751	39,271	-5.69%
Female	590	9,595	512	6,233	2,227	649	8,111	3,063	262	31,242	33,107	38,499	-5.63%
Male	16	200	26	130	55	18	88	51	6	590	644	752	-8.39%
Not stated or inadequately described												20	

*Principal place of practice

Victoria is the state with the lowest proportion of nurses involved in notifications (0.3%), while a number of states all have a low number of midwives involved in notifications (Tasmania, Victoria and WA all 0.1% and NSW with less than 0.1%) – see Table 10.

Information about notifications in the National Scheme is published under [Notifications](#) on the AHPRA website.

Managing notifications: open and closed matters

During the year, AHPRA and the NMBA invested significant effort to improve the timeliness of our management of notifications. We have introduced KPIs to better monitor and therefore manage our handling of notifications. Information about notifications KPIs and preliminary data about performance against them is published on page 125 of the 2014 annual report of AHPRA and the National Boards. We are committed to transparency and will publish more detailed performance reporting from 2015.

We are starting to see positive results from our work in notifications. In general, we are getting better at managing straightforward notifications more quickly. Continuing to improve the timeliness of investigations is a priority for 2015.

Notifications in NSW are not managed by the NMBA and AHPRA. While we report on NSW numbers to gain a national perspective, much of the following information relates to notifications in all other states and territories.

Table 7 summarises notifications closed in 2013/14 and those open at the end of that year for each state and territory. There were 1,879 notifications closed in 2014, compared to 2,010 received during the year. Excluding NSW, there were 1,414 notifications received and 1,321 notifications closed. There were 1,205 notifications open at the end of the year, 252 of them (21%) in NSW.

The number of notifications about nurses and midwives closed in 2013/14 increased by 26% nationally, compared to an increase in closed notifications across all professions of 22% nationally and an increase in notifications of 16% nationally. When the NSW data are excluded, the increase in closed notifications about nurses and midwives was 24% against an increase of 23% in notifications received. Similarly, the growth in notifications open at 30 June 2014 saw only a modest increase of 9% nationally (excluding NSW) despite the much larger increases in notifications received.

Table 4: Registered practitioners by 'principal place of practice' and registration type

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2013-14	Total 2012-13	Total 2011-12	% change 2012/13-2013/14
Midwife	89	699	55	540	459	11	961	322	94	3,230	2,434	2,187	32.70%
General	89	682	55	535	452	11	943	318	88	3,173	2,401	2,142	32.15%
Non-practising		17		5	7		18	4	6	57	33	45	72.73%
Nurse	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	309,770	302,245	5.69%
General	5,016	88,223	3,615	61,641	29,628	7,796	85,906	33,050	8,409	323,284	306,412	299,813	5.51%
General and non-practising ²		7		2	1		3			13			
Non-practising	73	1,716	32	583	320	103	738	314	212	4,091	3,358	2,432	21.83%
Nurse and Midwife	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	33,751	39,271	-5.69%
General	578	8,776	531	6,161	2,219	635	7,958	3,014	239	30,111	32,289	38,308	-6.75%
General and non-practising ³	19	682	4	132	37	24	162	56	6	1,122	928	569	20.91%
Non-practising	9	337	3	70	26	8	79	44	23	599	534	394	12.17%

Notes

1. Principal place of practice.
2. Practitioners holding general registration in one division and non-practising registration in another division.
3. Practitioners holding general registration in one profession and non-practising registration in the other profession.

Table 5: Registrants by division

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2013-14	Total 2012-13	Total 2011-12	% change 2012/13- 2013/14
Nurse	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388	309,770	302,245	5.69%
Enrolled Nurse	707	13,630	413	11,709	7,914	1,423	20,207	5,217	81	61,301	60,789	60,967	0.84%
Enrolled Nurse and Registered Nurse ²	52	1,074	49	1,037	535	46	1,805	410	14	5,022	4,182	3,947	20.09%
Registered Nurse	4,330	75,242	3,185	49,480	21,500	6,430	64,635	27,737	8,526	261,065	244,799	237,331	6.64%
Nurse and Midwife	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832	33,751	39,271	-5.69%
Enrolled Nurse and Midwife	4	5		11	5		30			55	156	33	-64.74%
Enrolled Nurse and Registered Nurse and Midwife ²	1	8		2			36	7		54			
Registered Nurse and Midwife ²	601	9,782	538	6,350	2,277	667	8,133	3,107	268	31,723	33,595	39,202	-5.57%

Notes

1. Principal place of practice

2. Practitioners who hold dual or multiple registration

Table 6: Registered practitioners by profession, principal place of practice and endorsement or notation

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2013-14	Total 2012- 13	Total 2011- 12
Nurse ²	41	286	24	1,040	97	30	255	190	12	1,975	1,203	1,521
Midwife Practitioner												1
Nurse Practitioner	38	255	14	293	91	25	186	177	8	1,087	763	736
Scheduled Medicines	3	31	10	747	6	5	69	13	4	888	826	784
Midwife ²	4	74	2	128	30	9	68	49		364	177	122
Eligible Midwife ³	2	47	2	92	19	7	48	30		247	174	121
Midwife Practitioner		1									1	
Scheduled Medicines	2	26		36	11	2	20	19		116	22	1

Notes

1. Principal place of practice

2. Nurse and midwife registrants may hold dual nursing and midwifery registration and may have endorsements against each registration. Nursing and midwifery registrants may hold one or more endorsement/notation in each profession.

3. Holds notation of Eligible Midwife.

continued overleaf

Table 7: Notifications received and closed in 2013/14 and open at 30 June 2014 by state and territory

State/territory	Notifications received	% of all nursing and midwifery notifications	Mandatory received	% of all nursing and midwifery notifications	Notifications closed	% of all nursing and midwifery notifications	Open at 30 June	% of all nursing and midwifery notifications
ACT	43	2%	5	<1%	23	1%	51	4%
NT	57	3%	5	<1%	54	3%	33	3%
QLD	506	25%	176	28%	459	24%	308	26%
SA	216	11%	106	17%	184	10%	153	13%
TAS	68	3%	24	4%	57	3%	43	4%
VIC	385	19%	123	20%	388	21%	269	22%
WA	139	7%	47	8%	156	8%	96	8%
Subtotal	1,414		486		1,321		953	
NSW	596	30%	138	22%	558	30%	252	21%
Total	2,010		624		1,879		1,205	

Table 8: Notifications received about nursing registrants by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Enrolled Nurse	7		67	44	10	67	10	205
Enrolled Nurse and Registered Nurse	1		8	9		25	1	44
Registered Nurse	27	55	358	148	56	274	123	1041
Unknown practitioner ¹			5		1	11		17
Total	35	55	438	201	67	377	134	1,307

Notes

1. Practitioners are not always identified in the early stages of a notification.

Table 11 details the number of notifications closed during the year, with significant increases in WA (47%) and Victoria (39%). Notifications about nursing and midwifery closed during the year account for 20% of all notifications closed (excluding NSW).

Table 12 details the number of open notifications in each state and territory at the end of the reporting year, with open notifications about nurses and midwives accounting for 24% of all open notifications across professions (excluding NSW).

Table 10 shows the variation in the percentage of the registrant base with notifications received in each state and territory. For nurses this ranges from 0.3% in Victoria to 1.1% in the NT, and for midwives from 0.1% in most states to 1.2% in the ACT.

Table 13 shows the slight variation over three years in the rate per 10,000 registrants involved in mandatory notifications, from 12.2 per 10,000 in 2012 to 15.2 per 10,000 in 2014.

Mandatory notifications

A total of 624 mandatory notifications about nurses and midwives were received in 2013/14. Of these, 138 were made in NSW and 486 were made in the rest of the country (see Table 7).

There was wide variation in rates of mandatory reporting about nurses and midwives across states and territories in 2013/14, within a national increase from 569 in 2012/13 to 624 in 2014 (up 10%). Within this, three states recorded increases and five states and territories recorded a decrease. The most significant increase was in Queensland, where the number of mandatory notifications increased from 115 to 176 (53%). NSW recorded a smaller increase from 120 to 138 (15%) and Tasmania an increase from 23 to 24 (8%). There was significant variation in states and territories with smaller volumes, so small changes in actual numbers translate into significant percentage changes. The largest percentage decrease recorded was in the ACT (down 38%) – see Table 14.

In 2013/14, Queensland received significantly more mandatory notifications about nurses and midwives (176) than other states and territories with more registered practitioners such as NSW (138) and Victoria (123). The reason for this is not clear. Nurses and midwives account for 54% of all mandatory notifications received nationally (see Table 14).

The NMBA *Guidelines for mandatory notifications* are published on its website under [Codes and guidelines](#). See professional practice guidelines.

Outcomes of mandatory notifications

The assessment of 453 mandatory notifications about nurses and midwives was finalised during the year, excluding NSW (see Table 17). Of these, 302 out of 453 (66%) were referred for further regulatory action and 34% (151 out of 453) were closed. This is the same proportion as in the medical profession.

Table 9: Notifications received by state or territory by three-year history

Nursing/midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Midwife: 2013/14	8	2	68	15	1	8	5	107	3	110
Midwife: 2012/13	2	2	39	9	1	8	1	62	7	69
Midwife: 2011/12	3		34	2		2	9	50	1	51
Nurse: 2013/14	35	55	438	201	67	377	134	1,307	593	1,900
Nurse: 2012/13	27	41	355	164	59	330	107	1,083	445	1,528
Nurse: 2011/12	23	20	296	160	39	326	114	978	423	1,401
Total 2013/14	43	57	506	216	68	385	139	1,414	596	2,010
Total 2012/13	29	43	395	173	60	338	108	1,146	452	1,598
Total 2011/12	26	20	330	162	39	328	123	1,028	424	1,452
% change from 2012/13 to 2013/14	48%	33%	28%	25%	13%	14%	29%	23%	32%	26%
All professions notifications received 2013/14	267	216	2,375	793	298	2,112	750	6,811	3,236	10,047
Nursing/midwifery as % of all notifications received 2013/14	16%	26%	21%	27%	23%	18%	19%	21%	18%	20%

Table 10: Percentage of registrant base with notifications received by state or territory

Nursing/midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Midwife: 2013/14	1.2%	0.3%	0.8%	0.5%	0.1%	0.1%	0.1%	0.4%	<0.1%	0.3%
Midwife: 2012/13	3.4%	4.3%	9.2%	2.1%	10.0%	0.8%	0.4%	3.0%	1.3%	2.6%
Midwife: 2011/12	0.4%		0.5%	0.1%			0.3%	0.2%		0.1%
Nurse: 2013/14	0.6%	1.1%	0.6%	0.6%	0.8%	0.3%	0.4%	0.5%	0.5%	0.5%
Nurse: 2012/13	0.5%	1.0%	0.5%	0.5%	0.7%	0.4%	0.3%	0.5%	0.5%	0.4%
Nurse: 2011/12	0.4%	0.5%	0.5%	0.5%	0.5%	0.3%	0.3%	0.4%	0.5%	0.4%

Table 11: Notifications closed by state or territory

Nursing/midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total
2013/14	23	54	459	184	57	388	156	1,321	5588	1,879
2012/13	27	48	389	161	52	280	106	1,063	421	1,484
2011/12	22	24	171	164	27	221	63	692	359	1,051
% change from 2012/13 to 2013/14	-15%	13%	18%	14%	10%	39%	47%	24%	32%	26%
All notifications closed 2013/14	225	148	2,327	676	292	2,090	798	6,556	3,249	9,805
Nursing/midwifery as % of all notifications closed	10%	36%	20%	27%	20%	19%	20%	20%	17%	19%

Table 12: Open notifications at 30 June 2014 under National Law by profession and state and territory

Nursing/midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total
2013/14	51	33	308	153	43	269	96	953	252	1,205
2012/13	23	25	281	125	27	281	109	871	216	1,087
2011/12	22	24	313	113	25	249	121	867	197	1,064
% change 2012/13 to 2013/14	122%	32%	10%	22%	59%	-4%	-12%	9%	17%	11%
Open cases (all professions) 2013/14	214	138	1,166	525	169	1,192	523	3,927	1,310	5,237
Nursing/midwifery as % of all open cases	24%	24%	26%	29%	25%	23%	18%	24%	19%	23%

Table 13: Registrants involved in notifications by profession (including NSW data)

Profession	2013/14		2012/13 ¹		2011/12	
	No. practitioners ¹	Rate / 10,000 practitioners	No. practitioners	Rate / 10,000 practitioners	No. practitioners	Rate / 10,000 practitioners
Nurse/midwife ²	552	15.2	543	15.7	421	12.2
All registrants	976	15.8	951	16.1	732.0	13.3

Notes:

1. Figures present the number of practitioners involved in the mandatory reports received.
2. Data on notifications for registered nurses and midwives have been combined and compared with the total registrant base across nursing and midwifery.

Table 14: Mandatory notifications received by state or territory by three-year history

Nursing/midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total
2013/14	5	5	176	106	24	123	47	486	138	624
2012/13	8	6	115	117	23	124	56	449	120	569
2011/12	11	7	146	79	8	72	40	363	79	442
% change from 2012/13 to 2013/14	-38%	-17%	53%	-9%	4%	-1%	-16%	8%	15%	10%
All mandatory notifications received 2013/14	11	8	376	180	51	189	88	903	242	1,145
Nursing/midwifery as % of all mandatory notifications received	45%	63%	47%	59%	47%	65%	53%	54%	57%	54%

Of the cases referred for further regulatory action, 167 out of the 302 (55%) were referred for investigation only; 97 (32%) were referred for performance or health assessment; and 37 (12%) were referred for both investigation and health or performance assessment. One matter was referred directly to a tribunal. Of the cases closed after assessment, in 91 out of 151 cases (60%) the Board decided no further regulatory action was needed to manage risk to patients and in 60 out of 151 cases (40%) the Board took disciplinary action (see Table 17).

Of the 467 mandatory notifications closed in 2013/14 (see Table 18), in 233 cases (50%) the Board determined that no further regulatory action was required to keep the public safe. 232 (50%) cases led to disciplinary action, including issuing a caution (84 cases), imposing conditions (72 cases) accepting undertakings (54 cases), suspending the practitioner's registration (3 cases) and cancelling registration (3 cases). Two practitioners surrendered their registration.

Immediate action

The NMBA has the power to take immediate action as an interim step to manage risk to patients, pending other inquiries. Information about immediate action is published under [Notifications](#) on the AHPRA website.

Taking immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law.

To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Outcomes of immediate action

Of the 216 immediate actions taken by nursing and midwifery boards around Australia (excluding NSW), 175 (81%) led to disciplinary action of some sort. In 37 cases (17%), boards decided no further regulatory action was needed as an interim step to keep the public safe,

pending other regulatory processes. This compares to 23% for all professions. All other cases resulted in disciplinary action: conditions were imposed in 96 cases (44%), undertakings given in 33 cases (15%), registration suspended in 45 cases (21%) and in one case the Board accepted surrender of the practitioner's registration. In four cases the decision was still pending at the end of the reporting year (see Table 16).

What happened? Outcomes of closed notifications

Tables 19 and 20 provide details of the stage that notifications were closed, and their outcome, excluding NSW data. Of the 1,321 notifications about nurses and midwives closed during the year, most (56%) were closed after assessment, compared with 67% closed at this stage for all professions. A further 24% were closed after investigation (compared with 22% for all professions) and 65 matters (5%) were closed after a disciplinary hearing (compared with 5% for all professions).

Of the matters closed, Boards decided in 59% of cases that no further regulatory action was needed to keep the public safe (57% for all professions); 105 cases (8%) were retained by the health complaints entity or referred to another agency (compared to 21% of cases for all professions). Disciplinary action was the result in 438 cases (33%) (compared to 22% for all professions).

What happened at each stage of the notifications process?

The National Law is flexible and designed to enable boards to take action as needed to manage risk to

the public. As a result, the notifications process is not linear. More information about the process – including a flow chart – is published on the AHPRA website under [The notifications process](#) and in the 2013/14 annual report of AHPRA and the National Boards (from page 124).

Tables 21–24 provide details of the outcomes of notifications finalised at different stages of the notifications process during the year.

Outcomes at assessment stage

Of the 1,415 assessments finalised, 669 (47%) were referred for further regulatory action and 746 (53%) were closed after assessment. Of those referred for further action, 469 (70%) were referred for investigation and the rest for a health or performance assessment, or a panel or tribunal hearing.

Of those closed at assessment, in 65% of cases (58% for all professions), nursing and midwifery boards decided no further regulatory action was needed to manage risk to patients. In 105 cases (7%) (31% for all professions), boards referred the matter for management by the health complaints entity, and 21% of cases involved disciplinary action (see Table 21).

Outcomes of investigations

Of the 424 investigations finalised during the year (excluding NSW), 104 (25%) were referred for further regulatory action, either to a panel or tribunal hearing, or for a health or performance assessment.

Of those closed after investigation, in 67% of cases boards decided no further regulatory action was

Table 15: Immediate action cases about nurses and midwives by state or territory (including NSW)

Nursing/midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total
2013/14	10	9	107	25	11	29	25	216	88	304
2012/13	4	2	30	14	5	41	16	112	60	172
% change from 2012/13 to 2013/14	150%	350%	257%	79%	120%	-29%	56%	93%	47%	77%

Table 16: Outcome of immediate actions (excluding NSW)

Outcome	Nursing/midwifery registrants	All registrants
Not take immediate action	37	110
Accept undertaking	33	93
Impose conditions	96	187
Accept surrender of registration	1	3
Suspend registration	45	75
Decision pending	4	6
Total	216	474

continued overleaf

needed to manage risk to the public, and 33% led to disciplinary action (see Table 22).

Outcomes of panel and tribunal hearings

Of the 23 notifications finalised following a panel hearing, 18 (78%) led to disciplinary action. In five cases (32%), panels decided no further regulatory action was needed to manage risk to patients, compared to 24% for all professions (see Table 23). Of the 42 cases finalised following a tribunal hearing (see Table 24), 37 (88%) led to disciplinary action and in 12% (5 cases) tribunals decided no further action was required (12% for all professions).

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

On 30 June 2014, there were 943 nurses and midwives being monitored across states and territories excluding NSW. Queensland has the highest number with 287 nurses and midwives being monitored (see Table 26). Table 25 outlines the number of nurses and midwives monitored in relation to conduct, health, performance and suitability/eligibility, compared with numbers for all regulated professions.

Table 17: Outcomes of assessment for nursing and midwifery practitioners by grounds for the notification (excluding NSW data)

Grounds for notification	End matter						Total closed after assessment	Refer to further stage					Total referred to further stage	Total assessments finalised 2013/14	Total assessments finalised 2012/13	Total assessments finalised 2011/12
	No further action	Refer all of the notification to another body	Caution	Accept undertaking	Impose conditions	Surrender registration		Health or performance assessment	Investigation	Investigation and health/performance assessment	Panel hearing					
Standards	56		33	1	7	1	98	31	122	17		170	268	226	132	
Impairment	25	1	1	11	4		42	55	25	12		92	134	86	72	
Sexual misconduct	2		1				3		9			9	12	14	6	
Alcohol or drugs	6			1			7	11	11	8		30	37	32	20	
Not classified	1						1				1	1	2	2	7	
Total 2013/14	90	1	35	13	11	1	151	97	167	37	1	302	453			
Total 2012/13	65		19	21	14	1	120	52	188			240		360		
Total 2011/12	45		6	7	3	1	62	65	110			175			237	

Table 18: Outcome at closure for mandatory notifications closed in 2013/14 (excluding NSW)

Closure outcome	
No further action	233
Refer all of the notification to another body	1
Caution	84
Reprimand	14
Fine registrant	1
Accept undertaking	54
Impose conditions	72
Practitioner surrender	2
Suspend registration	3
Cancel registration	3
Total	467

Table 19: Stage at closure for notifications closed (excluding NSW)

Stage at closure	Nursing/midwifery registrants	All registrants
Assessment	746	4,387
Health or performance assessment	190	356
Investigation	320	1,469
Panel hearing	23	228
Tribunal hearing	42	116
Total	1,321	6,556

continued overleaf

Table 20: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	Nursing/midwifery registrants	All registrants
No further action	774	3,744
Health complaints entity to retain	105	1,342
Refer all of the notification to another body	4	22
Caution or reprimand	192	798
Accept undertaking	94	218
Impose conditions	131	382
Fine registrant	2	7
Suspend registration	6	18
Practitioner surrender	4	11
Cancel registration	8	12
Permanently prohibited from undertaking services relating to midwifery	1	1
Other tribunal order		1
Total	1,321	6,556

Table 21: Outcomes of assessments finalised in 2013/14 (excluding NSW)

	Nursing/midwifery registrants	All registrants
Outcome of decisions to take the notification further		
Investigation	469	2,055
Health or performance assessment	193	324
Panel hearing	2	27
Tribunal hearing	5	16
Subtotal	669	2,422
Outcome of notifications closed following assessment		
No further action	485	2,550
Health complaints entity to retain	105	1,342
Refer all of the notification to another body	1	10
Caution	93	366
Accept undertaking	38	58
Impose conditions	22	58
Practitioner surrender	2	3
Subtotal	746	4,387
Total assessments finalised	1,415	6,809

Table 22: Outcomes of investigations finalised in 2013/14 (excluding NSW)

	Nursing/midwifery registrants	All registrants
Outcome of decisions to take the notification further		
Health or performance assessment	19	41
Panel hearing	51	242
Tribunal hearing	34	190
Subtotal	104	473
Outcome of notifications closed following assessment		
No further action	210	989
Refer all of the notification to another body	3	12
Caution	65	304
Accept undertaking	12	67
Impose conditions	30	96
Practitioner surrender		1
Subtotal	320	1,469
Total assessments finalised	424	1,942

Table 23: Outcomes from panel hearings finalised in 2013/14 (excluding NSW)

Outcome	Nursing/midwifery registrants	All registrants
No further action	5	55
Caution	6	57
Reprimand	4	26
Accept undertakings		2
Impose conditions	5	82
Practitioner surrender		2
Suspend registration	3	4
Total	23	228

continued overleaf

Table 24: Outcomes from tribunal hearings finalised in 2013/14 (excluding NSW)

Outcome	Nursing/midwifery registrants	All registrants
No further action	5	14
Fine registrant	2	7
Caution or reprimand	18	36
Accept undertaking		6
Impose conditions	4	25
Practitioner surrender	1	2
Suspend registration	3	12
Cancel registration	8	12
Permanently prohibited from undertaking services relating to midwifery	1	1
Other tribunal order		1
Total	42	116

Table 25: Active monitoring cases at 30 June 2014 by profession and stream

Profession	Conduct	Health	Performance	Suitability / eligibility	Total
Midwife	4	17	5	9	35
Nurse	144	442	129	193	908
Total nursing/ midwifery	148	459	134	202	943
All practitioners	475	832	501	1,019	2,827
Nursing/midwifery as % of all practitioners	31%	55%	27%	20%	33%

Table 26: Active monitoring cases at 30 June 2014 by profession and state

Profession	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Midwife	1	3	19	2	1	6	3	35
Nurse	41	32	268	147	52	234	134	908
Total nursing/ midwifery	42	35	287	149	53	240	137	943
All practitioners	113	95	937	494	123	695	370	2,827
Nursing/midwifery as % of all practitioners	37%	37%	31%	30%	43%	35%	37%	33%

Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

continued overleaf

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

During 2013/14, AHPRA received 50 statutory offences complaints about nurses and midwives, related to sections 113–136 of the National Law. These included eight about advertising and 38 about practice and title protections.

More detail about our approach to managing statutory offences is reported on page 119 of the 2013/14 annual report of AHPRA and the National Boards.

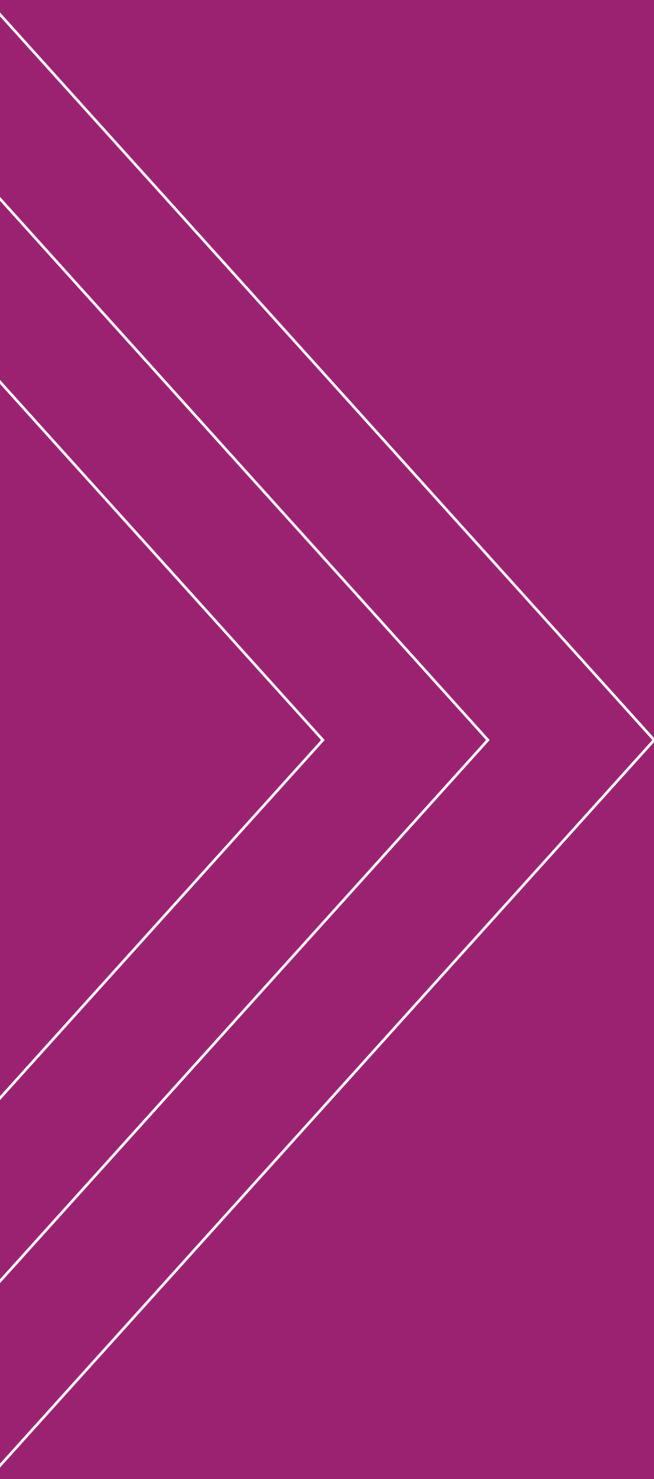
Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

During the year, there were 27,256 criminal history checks of nurses and midwives, leading to 2,078 disclosable court outcomes. The Board refused registration to one person as a result of a criminal history check. In 49 cases, the Board imposed conditions or required an undertaking from the practitioner as a result of a criminal history check.

More detailed information about criminal record checks is published from page 115 of the 2013/14 annual report of AHPRA and the National Boards.



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