



Annual Report 2016-17

# President's Message



The goal of the Nursing and Midwifery Council of New South Wales is to protect the public through the management of complaints about registered nurses and midwives.

We do this through targeted and proportionate action when it is necessary. This year there was an 11% rise in the number of complaints received. A higher proportion than usual was about performance issues (rather than health or conduct). Many of these complaints were about inappropriate treatment or delays in care and failure to respond to the deteriorating patient.

We have also been managing several cases from mental health settings where nurses did not undertake observations of patients at the required level and documentation of observations had been falsely recorded. Such observation and documentation is essential to allow for further intervention and care as required. Observation and therapeutic engagement reduces the risk of harm, including self-harm that can result in death. It is vital that observations are accurately recorded, communicated, analysed and acted upon without delay when necessary.

Following assessment, we closed 626 complaints this year. Outcomes of closed complaints included the following:

- 21 nurses and midwives had their registration cancelled
- 94 had conditions imposed on registration
- More than 70 nurses and midwives received advice about professional standards in face to face sessions. In a number of cases, the nurse and/or midwife undertook reflective activities and further education to minimise future risk and we did not need to take further action.

This year we have been developing a program to improve the understanding and application of professional standards by nurses and midwives. One of our goals is to influence health services to develop and sustain cultures which are safe and patient-centred. We have conducted two literature reviews to examine strategies to promote engagement with professional standards and to establish environments that support cultures of safety. Patient safety is a shared responsibility and the greatest impact comes from actions taken by service providers. We have sought to better understand the work of other health organisations. We will continue to identify opportunities to work with other organisations that have similar priorities or goals.

We work closely with the Nursing and Midwifery Board of Australia (NMBA). This year, we have participated in the consultation processes for the following guiding documents:

- codes of conduct for nurses and for midwives, and
- standards for practice for midwives.

**President's Message** continued

We have also participated with the National Board to promote awareness of these guiding documents within the professions. We are planning for next year to increase understanding and encourage regular use of the standards as one of the elements to facilitate safe cultures. Our research program will assist us in this work.

Finally, I would like to acknowledge the work of my colleagues on the Council and committee and panel members for their diligence and commitment to ensuring public safety. Health Professional Councils Authority (HPCA) staff members provide us with invaluable assistance in this work.

A handwritten signature in black ink that reads "John Kelly". The signature is written in a cursive style with a long horizontal stroke at the end.

**Adj Prof John G Kelly AM**

President

Nursing and Midwifery Council of New South Wales

Regulation of  
Nurses and Midwives  
in 2016/17

## Summary overview



**680**

**New complaints  
received during the  
year related to**

Conduct – 208  
Performance – 360  
Health – 112  
172 complaints were mandatory  
notifications



**107,544**

**Registered Nurses  
and Midwives in  
NSW**

2.7% more than the previous year  
27.5% of Nurses and Midwives  
in Australia

0.6% of Nurses and Midwives in NSW  
had complaints made about them –  
624 practitioners



**1,013**

**Complaints managed**

333 open at start of year  
680 received during the year  
113 immediate actions including reviews  
445 assessments and hearings concluded  
626 closed during the year  
387 open at year end  
254 active monitoring at year end



**635**

**Outcomes for closed complaints\***

237 no further action  
193 discontinued  
94 conditions on registration  
39 no jurisdiction or referred  
35 counselling  
21 registration cancelled  
8 caution or reprimand  
4 withdrawn  
2 registration surrendered  
2 finding but no orders  
\* A complaint may have more  
than one outcome

## Emerging issues and trends

### Observation of consumers with a mental illness

Between August 2013 and October 2015, the Nursing and Midwifery Council received seven complaints about inadequate observation of mental health patients resulting in the death of patients. These deaths occurred from suicide, head injury due to multiple falls, self harm, overdose, or head injury due to the actions of another patient. A common element in all of the deaths was a failure by nurses to undertake observations at the required level or with the required level of scrutiny (ie sufficient to observe signs of life). The patients involved were on a high level of observations (ie 15 minutes) and/ or placed in seclusion.

We noticed a pattern of a number of similar cases about deaths in mental health facilities and completed a manual review of cases about deaths in mental health care. We were sufficiently concerned about the outcomes of this review to notify other organisations that would have greater potential for addressing change within the sector. This included:

- Principal Official Visitor, Mental Health - Official Visitors Program
- Chief Executive Officer - Australian College of Mental Health Nurses
- Chief Executive Officer - The Clinical Excellence Commission
- Chair - Nursing and Midwifery Board of Australia.

We observed that two critical issues underlie these cases: workplace cultures and standards of nursing practice.

Our strategies to increase awareness of the issues and improve practices have included:

- providing a case study relevant to mental health in our newsletter which is distributed to all registered nurses and midwives in NSW
- presenting the findings of our review to the national forum of the nursing and midwifery regulators in Australia
- presenting to various stakeholders (nurses, midwives, students) about standards of practice and cultures of safety
- contributing and making recommendations to the NSW Health review of seclusion, restraint and observation of consumers with a mental illness.

We received complaints regarding nursing practices surrounding two new cases in 2017 during the reporting period, each involving a patient death in a mental health facility. There are indications that the nurses failed to take appropriate observations. While these cases remain under assessment, we continue to promote cultures of safety and adherence to standards of practice with a particular focus on the mental health context.

### **Anti-vaccination statements**

In October 2016 the NMBA published a position statement on nurses, midwives and vaccination clarifying its expectations of nurses and midwives who provide vaccinations. The National Board advised that those who believed a nurse or midwife was promoting anti-vaccination material should make a complaint.

Since the release of the NMBA position statement we have received and managed complaints of this type about two enrolled nurses, three registered nurses and two registered nurses and midwives.

Themes arising from these complaints include:

- practitioners identifying themselves as a nurse/midwife on various social media platforms and posting personal anti-vaccination views
- lack of awareness of the National Board's social media policy
- reluctance to engage with us as a regulator to address concerns raised by complainants.

We acknowledge every individual's right to hold personal beliefs about immunisation. Nevertheless, holding registration places nurses and midwives in a position of authority and trust about health issues. If a nurse or midwife provides information in a public forum which is incomplete, biased and not supported by the body of sound evidence, they have the potential to cause public harm.

Nurses and midwives must be aware of how their own beliefs and attitudes may selectively bias the information they provide people. Discussions about risks should be addressed in a balanced way.

We encourage nurses and midwives to refer people to the relevant resources on the Immunisation Australia website where there are documents that discuss the risks and benefits using current reliable research.

### **Consumers of aged care services**

We routinely receive and manage complaints about care provided to residents in aged care facilities. More recently we have identified some of these complaints report concerns about nurses' identification, intervention and management of deterioration in the physical condition of residents. We intend to monitor this emerging theme over the coming year.

## **Programs**

### **Performance Pathway**

This year, we have focused on the development of a robust, sustainable performance assessment process, conducted consistently and at a high standard. This has involved:

- the selection of experienced and qualified assessors
- hosting two development workshops
- organising mentored facilitation of assessments to develop competence, confidence, and experience in regulatory assessment.

The first phase of this work is currently being evaluated. The next phase is to develop a self-directed learning package and potentially online learning as an adjunct to the workshop.

### **Health Pathway**

We are developing two research projects to study and describe the health pathway. One study will examine the characteristics of the participants in the health pathway and their perceptions about the process and its outcomes. The second study is a qualitative study examining the attributes, knowledge and skills required of panel members to work effectively. The information from this research may assist in the selection, preparation and evaluation of panel members in the future.

We have also been working with the Medical Council on a project to improve the policy for monitoring drug and alcohol use for practitioners who have such an impairment.

### **Research activity**

#### **Professional standards - literature review**

We undertook a literature review to compile evidence from both Australia and overseas to answer a series of research questions about the topic 'commitment to professional standards'. The review found relatively scant research both in Australia and overseas. The way practitioners apply and engage with standards is difficult to measure.

Also, the proliferation of standards, codes and guidelines applicable to health practitioners through their profession, and their employment, can lead to a lack of clarity about the hierarchy of standards, and their application. As a consequence, definitive answers for many of our initial research questions were difficult to find.

#### **Cultures of safety - literature review**

This literature review addressed the following questions:

- What is patient safety culture?
- What are the key challenges and strategies for addressing patient safety culture?
- What methods and tools are available for measuring patient safety culture?
- What are the implications of the literature review for us?

The literature review found that the key barriers and challenges to establishing a positive patient safety culture within organisations include system complexity, organisational barriers such as process, or technology complexity; fear of blame or judgment; bullying; medico-legal concerns; and uncertainty about what is effective.

This literature review has identified a range of strategies that have been adopted or proposed for achieving a positive patient safety culture. The evidence base about the effectiveness of these to influence patient safety culture as well as achieving improved patient safety outcomes is variable but overall relatively weak.

#### **Network analysis**

We undertook a stakeholder mapping project to identify potential partners, understand any shared goals, and in turn, recognise possible opportunities to network and collaborate. Nine recommendations were made, for the short and medium term. We continue to incorporate these recommendations into our ongoing work and projects.

**Can competence be assured?**

Associate Professor Rachael Vernon, RN, BN, MPhil, PhD - Associate Head of School: School of Nursing and Midwifery University of South Australia.

Mary Chiarella RN, RM, LLB (Hons) PhD (UNSW) - Professor of Nursing, Sydney Nursing School, The University of Sydney.

Funding from the National Council of State Boards of Nursing (USA): Centre for Regulatory Excellence.

The purpose of the research was to analyse the assessment and adjudication of nurses with performance related complaints for competence to:

- ascertain any relationship between CPD, recency of practice and performance competence
- explore whether remediation might provide any guarantee of performance competence
- identify any relationship between awareness/insight of competence and performance competence
- define (if possible) the characteristics that inform an understanding that a practitioner has insight
- classify how decisions are made in relation to continuing registration, sanctions, or deregistration when performance competence is the subject of notification and adjudication.

The researchers' analysis of records found the following characteristics were indicative of a lack of insight:

- lacking clarity and understanding about the requirements for professional development for continuing competence
- inadequate clinical reasoning skills with lack of performance awareness and little reflection
- failing to acknowledge personal accountability and responsibility for individual practice.

Practitioners who are unaware are less likely to seek advice and they are sometimes over confident practitioners. Other factors which impact may be age and experience, behavioural and personality characteristics, cognitive impairment, or other forms of impairment. Level of positive support and feedback, supervision and mentoring are positive drivers for insight.

## Council Communications

### Website

The Nursing and Midwifery Council website is the Council's primary communications tool to engage with nurses and midwives and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation including workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

### Plain English project

One of the areas of focus in our strategic plan is to improve the management of complaints. Our stakeholders have asked us to improve our written communication with practitioners and complainants. We have led a project to improve the documents used by most health professional councils to better communicate how we manage complaints and what is being asked of the practitioner or complainant.

This has included developing 17 new fact sheets, written in plain English so that they are easier to read and understand. We have reviewed over 50 template documents. This project is nearing its final stages and the anecdotal feedback has been positive. We are planning a formal evaluation early next year and will address any suggested improvements as part of our ongoing work.

## Council Members

Fifteen members sit on the Nursing and Midwifery Council as prescribed by section 41E of the National Law.

Registered Nursing and Midwifery practitioner members:

- Adj Professor John G Kelly AM RN BA (Hons) LLB Grad Dip Leg Prac FACN FIML MAPS MAICD
- Dr Bethne Hart RN Cert 1V TAA Dip Clin Hypnotherapy BA (Soc.Sci) MHPEd PhD (UNSW) (MHRN)
- Ms Susan Anderson RN BN
- Ms Maryann Curry RN MHM (UNE) GAICD
- Ms Kate Cheney RN RM Sexual Health (cert) B Nursing MA Midwifery
- Ms Karen Hay EN Adv. Dip Nursing (Perioperative Nursing), MACORN, MNSWOTA
- Ms Karyn Godier EN
- Ms Kate Adams RN, RM BA (NSW NMA nominee)
- Ms Elisabeth Black RN RM BN PGD MNSc Cert IV TAE FACN (ACN nominee)

Practitioner members engaged in providing programs of study:

- Professor Iain Graham PHD RN FACN MACMHN
- Dr Murray Fisher RN, PhD (Usyd), ITU Cert (SVPH), DipAppSc (Nursing) (CCES), BHSc (Nursing) (UTS), MHPEd (UNSW)

Legal member:

- Ms Jann Gardner BA LLB (USyd) MBA (UON) GAICD

Community members:

- Mr Bernard Rupasinghe MLLR (USyd) GDLP (ANU) BA/LLB (ANU)
- Mr David Spruell BComm (B'ham) Fellow FINSIA Fellow AICD
- Ms Jennifer Symons BComm BAS (Building) BA

Adj Professor John G Kelly AM is appointed by the Governor as President of the Nursing and Midwifery Council.

Dr Bethne Hart is appointed by the Governor as Deputy President of the Nursing and Midwifery Council.

### **Executive Officer**

Dr Margaret Cooke RN, RM is the Executive Officer for the Nursing and Midwifery Council. Other professional staff include:

- Ms Kim Bryant RN – Deputy Executive Officer
- Ms Annmaree Nicholls RN – Manager Health Pathway
- Ms Emma Child RN – Manager Performance Pathway.

The Executive Officer leads a team of 25 FTE staff (19 permanent and six temporary) who work directly with the Council. All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

## Council Meeting Attendance

The Nursing and Midwifery Council met six times during the year.

### Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Adj Professor John G Kelly AM – President	5	6	15 October 2010 - 30 June 2018
Dr Bethne Hart – Deputy President	6	6	1 July 2012 - 30 June 2018
Ms Susan Anderson	3	6	1 July 2015 - 30 June 2018
Ms Maryann Curry	3	6	27 August 2014 - 30 June 2020
Ms Kate Cheney	5	6	1 July 2015 - 30 June 2018
Ms Karen Hay	5	6	1 July 2015 - 30 June 2018
Ms Karyn Godier	6	6	27 August 2014 - 30 June 2020
Ms Kate Adams	4	6	1 July 2015 - 31 December 2017
Ms Elisabeth Black	5	6	1 July 2015 - 30 June 2018
Professor Iain Graham	5	6	1 July 2012 - 30 June 2018
Dr Murray Fisher	5	6	5 August 2015 - 30 June 2018
Ms Jann Gardner	5	6	1 July 2015 - 30 June 2017
Mr Bernard Rupasinghe	5	6	1 July 2015 - 30 June 2018
Mr David Spruell	5	6	1 July 2012 - 30 December 2017
Ms Jennifer Symons	6	6	1 July 2015 - 30 December 2017

\* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

## Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

The Nursing and Midwifery Council appointed six regulatory committees and 102 panels during the year. These included:

- Professional Standards Committee for one enrolled nurse and 11 registered nurses
- Impaired Registrants Panels for 13 nursing/midwifery students, four midwives, 24 enrolled nurses and 156 registered nurses
- Performance Review Panels for one midwife, one enrolled nurse and 11 registered nurses.

### **Professional Standards Committee**

A Professional Standards Committee (PSC) hears matters where unsatisfactory conduct is indicated. The powers of a PSC include:

- Cautioning or reprimanding a practitioner
- Directing that conditions are imposed on a practitioner's registration
- Ordering a practitioner to:
  - undergo medical or psychiatric treatment or counselling
  - complete an educational course
  - report on practice
  - take advice about management of practice.

A PSC comprises four members who must not be Council members. Two PSC members must be registered in the same profession as the practitioner who is subject of the complaint, one member must be an Australian lawyer and not a registered health practitioner and one member must not be a health practitioner.

### **Impaired Registrants Panel**

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

### **Performance Review Panel**

The Performance Review Panel (PRP) may review matters where unsatisfactory professional practice is indicated. The PRP examines evidence to establish whether a practitioner is performing to a standard reasonably expected of practitioner with their level of training and experience.

A PRP consists of three people who may or may not be Council members. At least two panel members must be registered in the same profession as the practitioner who is subject of the complaint and one member must not be a health practitioner. Panel members are required to undergo probity checks.

**Nursing and Midwifery Council Regulatory Committees and Panels**

<b>Committee Members</b>	<b>Professional Standards Committee</b>	<b>Impaired Registrant Panel</b>	<b>Performance Review Panel</b>
<b>Legal Chair</b>			
Geri Ettinger	yes		
Julie Hughes	yes		
Mark Paul	yes		
<b>Medical members</b>			
Alison Reid		yes	
Beth Kotze		yes	
Choong-Siew Yong		yes	
Karen Arnold		yes	
Mary-Anne Friend		yes	
Michael Diamond		yes	
Patricia Morey		yes	
Saw Toh		yes	
<b>Lay members</b>			
Antony Carpentieri			yes
Babette Smith	yes		
Catherine Berglund			yes
Derek Anderson	yes		
Frances Taylor			yes
James Lyons	yes		
Julie Flood	yes		
Margo Gill	yes		yes
Robert Kelly	yes		
<b>Non-Council Professional Members</b>			
Alexander Blaszczyński			yes
Alyson Jarrett		yes	
Amanda Currie		yes	
Anita Bizzotto		yes	
Anne Flanagan		yes	
Anne Walsh	yes	yes	
Barbra Monley		yes	
Brett Clarke	yes		

**Nursing and Midwifery Council Regulatory Committees and Panels** continued

<b>Committee Members</b>	<b>Professional Standards Committee</b>	<b>Impaired Registrant Panel</b>	<b>Performance Review Panel</b>
<b>Non-Council Professional Members</b> continued			
Carole Doyle		yes	
Christine Anderson		yes	
Christine Selkirk	yes	yes	yes
Deborah Armitage		yes	
Deirdre Sinclair		yes	
Elizabeth Angel		yes	yes
Elizabeth Collier			yes
Elizabeth Hove		yes	
Gerda Tolhurst		yes	
Helen Stirling		yes	
Ian McQualter		yes	yes
Jane Cotter		yes	
Janice Dilworth		yes	
Jennifer Evans		yes	yes
Jennifer O' Baugh		yes	
Karen Sherwood	yes		
Kathryn Crews		yes	
Kelly-Anne Eyre		yes	
Kerry Mawson		yes	
Kurt Andersson-Noorgard		yes	
Lea Kirkwood		yes	
Leeanne Carlin		yes	
Leigh Schalk	yes	yes	yes
Letetia Gibbs		yes	
Linda Gregory	yes	yes	
Lucy Burns	yes	yes	
Lynette Hopper	yes	yes	

**Nursing and Midwifery Council Regulatory Committees and Panels** continued

Committee Members	Professional Standards Committee	Impaired Registrant Panel	Performance Review Panel
<b>Non-Council Professional Members</b> continued			
Maureen McGovern		yes	
Maxwell Kettle		yes	
Melissa Maimann		yes	
Michael Hagarty		yes	
Nicholas Miles		yes	
Rebekkah-Jane Middleton	yes		
Rosie O'Donnell	yes	yes	yes
Sally-Ann Deering		yes	
Scott Hillsley		yes	
Sheree Smiltnieks		yes	
Shirley Schulz-Robinson	yes	yes	yes
Sue Dawson		yes	
Suellen Moore		yes	
Susan Kennedy		yes	
Suzanne McNicol		yes	
Tania Andrews		yes	
Valerie Gibson		yes	

**Council Committees**

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Nursing and Midwifery Council appointed 160 committees during the year.

Committees that support the Nursing and Midwifery Council include the following.

**Strategic Management Committee**

This Committee met on five occasions. The Committee provides strategic oversight of the Council's activities and makes recommendations arising from monitoring the Council's performance and progress against the strategic plan, developing the risk register, assisting in setting the Council's annual budget and considering legal issues that may arise.

**Notifications Committee**

This Committee met on 23 occasions. The Committee reviews all new complaints in consultation with the HCCC. The Notifications Committee also acts under Council delegation to deal with complaints concerning health, conduct and performance referred to the Council for management.

### **Monitoring and Review Committee**

This Committee met on 11 occasions. The Committee has delegation to oversee and make decisions on behalf of the Council in relation to monitoring practitioners' compliance with orders and conditions on registration, including easing conditions imposed via the impairment provisions when it is safe to do so.

### **Education and Quality Committee**

This Committee met on three occasions. The role of the Committee is to provide input and oversight over the creation and management of Council projects, especially where expenditure is from the Council's Education and Research account. It also provides expert advice in relation to the Council's education and quality related strategic objectives.

### **Newsletter Editorial Group**

This Committee met on three occasions. The role of the Committee is to assist in planning the content for the newsletter distributed to practitioners, to develop and ensure editorial standards are being met and to prepare information, topics, and articles for publication.

### **Counselling Committee**

This Committee met on 12 occasions to counsel three midwives, two enrolled nurses and 23 registered nurses. The role of the Counselling Committee is to counsel a nurse, midwife or student regarding professional standards, provide an opportunity for the practitioner or student to reflect on their actions and discuss strategies to improve their performance, conduct or behaviour. If necessary, the Committee, on behalf of the Council, may provide corrective advice or a warning to the practitioner or student about their behaviour.

### **Performance Interview Committee**

This Committee met on 53 occasions to interview one student, seven midwives, 13 enrolled nurses and 71 registered nurses. The Committee was established last year to assist in the performance pathway. Its role is to interview practitioners to gather information about any issues which have been reported to the Council. The number of cases referred to a performance interview has increased.

This Committee determines whether performance, health or conduct issues may be ongoing and require further structured performance or health assessment. The Committee will discuss professional practice with practitioners and make recommendations to the Council about the appropriate courses of action. If relevant, the Committee may also discuss the practitioner's compliance (or otherwise) with conditions on their registration.

### **s150 Review Committee**

This Committee met on 50 occasions to consider the safe practice of 115 practitioners including: three students, two midwives, 15 enrolled nurses and 95 registered nurses. The Committee is delegated to conduct immediate action inquiries when there are significant safety concerns related to the behaviour or health of a registered nurse, registered midwife or a registered student. The Committee may impose interim conditions on registration or suspend registration if satisfied it is necessary to do so for public safety or in the public interest.

**s152J Health Committee**

This Committee reviewed the recommendations of 77 initial Impaired Registrant Panels and 61 Review Panels. The Committee is delegated to act as the Council and impose conditions which have been recommended by the panels and agreed to by the practitioners. The Committee does this following careful consideration of Impaired Registrants Panel reports. This process allows for more timely decision-making in the Council's health pathway.

**Nursing and Midwifery Council Committees and Membership**

Committee Members	Strategic Management Committee	Notifications Committee	Monitoring & Review Committee	Education & Research Committee and newsletter group	S150 Review Committee	Counselling committee	Interview Committee	S152 J Committee
<b>Council Members</b>								
John G Kelly	yes (Chair)	yes		yes	yes		yes	
Bethne Hart	yes	yes (Chair)			yes	yes	yes	
Susan Anderson		yes			yes	yes	yes	yes
Maryann Curry		yes			yes		yes	
Kate Cheney		yes		yes (Chair)	yes		yes	yes
Karen Hay		yes		yes	yes		yes	
Karyn Godier		yes			yes		yes	yes
Kate Adams			yes (Chair)	yes				yes
Elisabeth Black		yes			yes		yes	
Iain Graham			yes	yes				yes
Murray Fisher		yes		yes	yes	yes	yes	
Jann Gardner	yes	yes			yes			
Bernard Rupasinghe		yes			yes		yes	
David Spruell	yes	yes			yes		yes	
Jennifer Symons			yes	yes				yes

**Part 2:** Reports from Health Professional Councils

**Nursing and Midwifery Council Committees and Membership** continued

<b>Committee Members</b>	<b>Strategic Management Committee</b>	<b>Notifications Committee</b>	<b>Monitoring &amp; Review Committee</b>	<b>Education &amp; Research Committee and newsletter group</b>	<b>S150 Review Committee</b>	<b>Counselling committee</b>	<b>Interview Committee</b>	<b>S152 J Committee</b>
<b>Non-Council Members</b>								
Carole Doyle		yes						
Deidre Sinclair							yes	
Frances Taylor							yes	
Helen Stirling						yes	yes	
Letitia Gibbs						yes	yes	
Margo Gill					yes	yes	yes	
Marie Clarke					yes	yes	yes	
Melissa Maimann							yes	
Nick Miles			yes					
Rebecca Roseby						yes	yes	
Sue Dawson			yes					
Susan Kennedy						yes	yes	
Tania Andrews		yes						
Valerie Gibson							yes	
Zena Wilson						yes		

## Meetings and Events

The Nursing and Midwifery Council was represented at the following meetings and events during the year.

### Nursing and Midwifery Council representation at meetings and events

	Name of Meeting / Event	Attended By	Attendee Role
Jun 2017	State and Territory Chairs Committee	John Kelly	Member
Jun 2017	State Nursing and Midwifery Board NSW presentations – Processes of the Council	Margaret Cooke (HPCA)	Presenter
May 2017	Legal and Ethical issues presentation for Midwifery students - UTS	Margaret Cooke (HPCA)	Presenter
May 2017	When my colleague is 'not quite right', what happens next? Clinical Ethics Forum – Wagga Wagga	Kim Bryant (HPCA)	Presenter
Apr 2017	Primary Care Nurse forum	Margaret Cooke (HPCA)	Participant
Apr 2017	Supervision and delegation – Lawsense seminar	Kim Bryant (HPCA)	Presenter Session Chair
Mar 2017	Nurse and Midwife Support program launch	John Kelly Margaret Cooke (HPCA)	Participant Participant
Mar 2017	Nurse and Midwife Support seminar	Staff representing NMC	Participants
Mar 2017	NMBA forum – professional standards and role of the regulator	John Kelly Karen Hay Elisabeth Black Maryann Curry Margaret Cooke (HPCA) Kim Bryant (HPCA) Melinda Weir (HPCA) Emma Child (HPCA)	Participant Participant Participant Participant Participant Participant Participant Participant
Nov 2016	Joint seminar AHPRA, HPCA workshop – consultation process and case studies	Kim Bryant (HPCA)	Presenter
Nov 2016	NMBA Annual forum: <ul style="list-style-type: none"> <li>▪ Presentation for new graduates</li> <li>▪ Presentation of mental health nurse notifications trends</li> </ul>	Margaret Cooke (HPCA) Kim Bryant (HPCA) Annmaree Nicholls (HPCA) Mary Shanahan (HPCA)	Presenter Presenter Presenter Presenter
Oct 2016	'A Healthy Hospital is a Happier, Safer and More Productive Place for Care' Program	Bethne Hart David Spruell Elizabeth Bailey (HPCA) Catherine Turner (HPCA)	Participant Participant Participant Participant

**Part 2:** Reports from Health Professional Councils

**Nursing and Midwifery Council representation at meetings and events** continued

	<b>Name of Meeting / Event</b>	<b>Attended By</b>	<b>Attendee Role</b>
Oct 2016	Nursing Summit 2030, Regulators Symposium and Scientific Symposium hosted by the NCSBN	Susan Anderson Margaret Cooke (HPCA)	Participant Participant
Oct 2016	Role of the Council and case studies presentation – NSW Midwifery College of Midwives Conference	Margaret Cooke (HPCA)	Presenter
Sep 2016	Case study - workshop	Council Members	Participants
Sep 2016	NMBA forum: NMC research - Melbourne	Iain Graham	Participant
Sep 2016	The role of the Council and case studies – Enrolled Nurse Annual Conference	Annmaree Nicholls (HPCA)	Presenter
Aug 2016	Conference: Best in class evidence based regulation - ANU	Margaret Cooke (HPCA)	Participant
Jul 2016	Nursing into the Future and Cultures of Safety - Day Surgery Nurses Association Conference	Kim Bryant (HPCA)	Presenter
Jul 2016	Managing notifications and role of the Council presentation – Masters of Nursing students Sydney University	Kim Bryant (HPCA)	Presenter
Jul 2016	Role of the Council presentation at EN Professional Day – Nurses and Midwives Association NSW	Margaret Cooke (HPCA)	Presenter
Jul 2016	Drug and Alcohol Services Annual forum – John Hunter LHD	Annmaree Nicholls (HPCA)	Presenter

## Overseas Travel

Overseas travel costs for the Nursing and Midwifery Council included attendance by Ms Susan Anderson (Council Member) and Dr Margaret Cooke (Executive Officer) at three international forums established by the National Council of State Boards of Nursing (NCSBN) between 2 October 2016 and 6 October 2016 in Chicago, Illinois.

### **Regulation 2030 Summit (2 - 3 October 2016)**

This workshop brought regulators and health care leaders from around the world together to chart the future of nursing regulation from an international perspective. The goal was to understand where nursing regulation is headed, accelerate processes by identifying key areas of focus and to plan what strategies and resources are required to ensure positive change occurs.

The NCSBN had carried out a qualitative literature review to identify trends using systematic search and advanced word association methods. The workshop involved an iterative process of discussion and brainstorming and refining which involved the active engagement of about 80 participants.

The following variables were considered to determine changes needed for effective future regulation:

- changing environment
- demographic change
- business and economic change
- regulatory and legislative change
- technological change
- political and social change.

Some of the current trends and future drivers for regulatory bodies were discussed, including:

- workforce planning
- workforce globalisation and impacts on education courses and harmonisation of standards
- fitness to practice
- risk assessment
- targeted interventions proportionate to risk
- team based inter-professional accountability and individual accountability
- continuing competence and revalidation
- potential future impact of technology on health services and regulation of health professionals.

### The 2016 International Nurse Regulator Collaborative Symposium

The International Nurse Regulator Collaborative Symposium examined the impact of use of experts and technology on regulation and the benefits and barriers of regulation from a consumer perspective. Round table and panel discussions explored action in different countries and any global implications. The symposium was an excellent opportunity for learning about international trends in the regulation of nurses; establishing effective communication networks with key international and national professional organisations; and influencing global and national discussion about health regulatory policy.

Two key papers presented were:

- The future of the Professions: How technology will transform the work of Human Experts
- Cyber Clinical Teams? Education and Regulatory Challenges

### The Scientific Symposium on Regulation (6 October 2016)

At this Symposium, nurse and midwifery regulators, researchers, educators and practitioners explored the evolution and concepts that inform public protection models.

The importance of using data to inform decision making was emphasised. US research and other international studies were presented demonstrating how this work advances the science of nursing policy; increases the body of evidence for regulatory decision making; informs best practice; and guides future directions in health professional governance and regulation.

### Remuneration

Council members received the following remuneration.

President	\$2,336 per annum
Deputy President	\$1,752 per annum
Council Members	\$1,752 per annum

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

Council members are reimbursed for expenses when travelling on official business at Council direction.

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

## Education and Research Account

The Nursing and Midwifery Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

Expenditure from the Education and Research account this year included:

Initiative	Expenditure
Australian Business Group - temporary staff for research	\$5,224
KPMG - safety literature	\$23,342
KPMG - professional standards literature review	\$15,562
KPMG - stakeholder mapping project	\$20,486
Osman Consulting - decision making project	\$7,534
Less reversal of ARC linkage project costs in prior years	-\$16,880
<b>Total</b>	<b>\$55,268</b>

## Financial Management

The Nursing and Midwifery Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2016/17	\$
Revenue	8,057,665
Operating expenditure	7,022,848
Gain / (loss) on disposal	-
<b>Net result</b>	<b>1,034,817</b>
<b>Net cash reserves* (cash and cash equivalents minus current liabilities)</b>	<b>7,403,698</b>

\* Included in the cash reserves is an Education and Research bank account balance of \$414,510.

The Nursing and Midwifery Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	8,497,132
Operating expenditure	9,706,148
<b>Net result</b>	<b>-1,209,016</b>

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.