



Nursing & Midwifery Council of NSW

Annual Report 2017-18

President's Message



It has been another busy year for the Council in 2017/18. The number of complaints received continues to rise with an increase of around 9% this year. This has resulted in an increase of activities and regulatory action to protect the public.

Evidence-based regulation is important to the Council and this year has seen the conclusion of several projects relating to this. We evaluated the 2015 - 2018 Strategic Plan and investigated the variables associated with decision-making including the consistency of those decisions. Both projects provided us with some positive outcomes and also identified areas for future improvement. We hope to continue to build upon this research in coming years, and are planning evaluations of new policies and processes and research which examines the effectiveness of actions taken by the Council.

Our new Strategic Plan 2018 – 2021 has now been finalised. The Council shall continue with work commenced in the last cycle in order to prepare health practitioners for the regulatory framework in a rapidly changing environment.

To support this, the Council will establish processes allowing it to be increasingly agile. This will require good data management and analysis which we shall undertake with the HPCA over the next three years. It will also require that we engage with registrants and health service organisations to develop strong communication networks, using a variety of channels that allow the rapid transfer and sharing of information. The Council has made early steps towards this through strategic visits to health services and education facilities. Key messages around new professional standards, the role of the Council and the management of health, performance and conduct complaints were presented and discussed. It is important to allow for informal forums and interaction within these visits and we shall continue to build upon this in future visits.

This year, the Council has also been implementing transformative change in the management of complaints with the introduction of 'case management'. The case management model has established an identified person stakeholders can contact who understands the case and can provide accurate and timely information. One objective of the model is to improve service to stakeholders. Another important objective is to develop relationships that facilitate and encourage practitioners to respond professionally to a complaint and understand how to apply expected professional standards in practice. These changes have been made based upon feedback from practitioners and complainants.

Part 2: Reports from Health Professional Councils

An organisational restructure in the HPCA has occurred that supports these changes. As a result, the Council's functions are assisted by skilled case-managers, professional and policy officers, a communications professional, a research and quality officer, and a nurse educator. These roles are necessary for the Council to achieve its strategic outcomes.

The year has also seen a number of changes within Council membership. Three valuable and diligent members, Jann Gardner, Jennifer Symons and Kate Adams, concluded their appointments. Kate, in particular, was a very experienced member, having contributed to the Council's work for over nine years. We thank them for their sustained efforts and contributions and whilst they will be missed, we welcome the arrival of similarly skilled and knowledgeable new members, Joanne Muller, Kerryn Boland and Angela Garvey.

I would like to thank all the HPCA staff and the Council and panel members for their hard work and contributions during the year and look forward to the year ahead.

A handwritten signature in black ink that reads "John Kelly". The signature is written in a cursive, flowing style.

Adj Professor John G Kelly AM

President

Nursing and Midwifery Council of New South Wales

Regulation of Nurses and Midwives in 2017/18

SNAPSHOT



Practitioner information

109,957

nurses and midwives registered in NSW

- nurse 100,734
- midwife 1,199
- nurse/midwife 8,024

2.2% more than last year

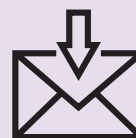
27.2% of registered nurses and midwives in Australia

666

NSW nurses and midwives had complaints made about them - nurse 634 / midwife 32

6.7% more than last year (n 42 more)

0.6% of registered nurses and midwives in NSW



Complaints received

741

new complaints were received

- nurse 707 / midwife 34

9% more than last year (n 61 more)

33.5% of complaints were mandatory notifications (n 248 - nurse 234 / midwife 14)

25.2% of complaints were about clinical care (n 187 - nurse 164 / midwife 23) followed by:

- health impairment 23.9% (n 177 - nurse 173 / midwife 4) and
- offence 8% (n 60 - nurse 59 / midwife 1)

36.8%

of complaints were from employer (n 273 - nurse 259 / midwife 14) followed by:

- relative 10.8% (n 80 - nurse 78 / midwife 2) and
- patient 9.7% (n 72 - nurse 62 / midwife 10)



Complaints managed

712

complaints were managed directly by the Council

67.9% more than last year (n 288 more)

177

immediate actions were considered or taken by Council

56.6% more than last year (n 64 more)

413

assessments and hearings were concluded

7.2% less than last year (n 32 less)

14 outcomes for closed complaints involved cancelled or suspended registration of nurses (no midwives)

65 involved conditions on practice of nurses (no midwives) and

94 involved counselling or interview - 91 nurses and 3 midwives



Practitioners monitored

277

cases were being actively monitored at year end

24.2% conduct (n 67)

22.7% performance (n 63)

53.1% health (n 147)

Nursing and Midwifery Council Strategic Plan

The Council held a planning day in June 2018 to consider the outcomes of the evaluation of the previous strategic plan and an environmental scan of the current and future projected health context and how it may influence regulatory activities. These discussions resulted in the development of a new strategic plan with a mission to protect public safety and maintain professional standards and trust in the profession through the effective regulation of nurses and midwives and the development of collaborative relationships in a co-regulatory environment.

The Council’s role is complex and the volume of complaints places significant demands on the Council’s resources. The Council will continue to focus on further refining and developing its procedures and tools in order to improve the efficiency and effectiveness of its operations and to strengthen its preventative focus through its work with partners in the regulatory system

The Council’s work is directed at empowering and supporting nurses and midwives to share responsibility for professional standards (their own and others). This not only supports the development of a culture of safety, it will enable the Council to manage the projected increase in complexity and volume of complaints in the context of predicted future reduced revenue.

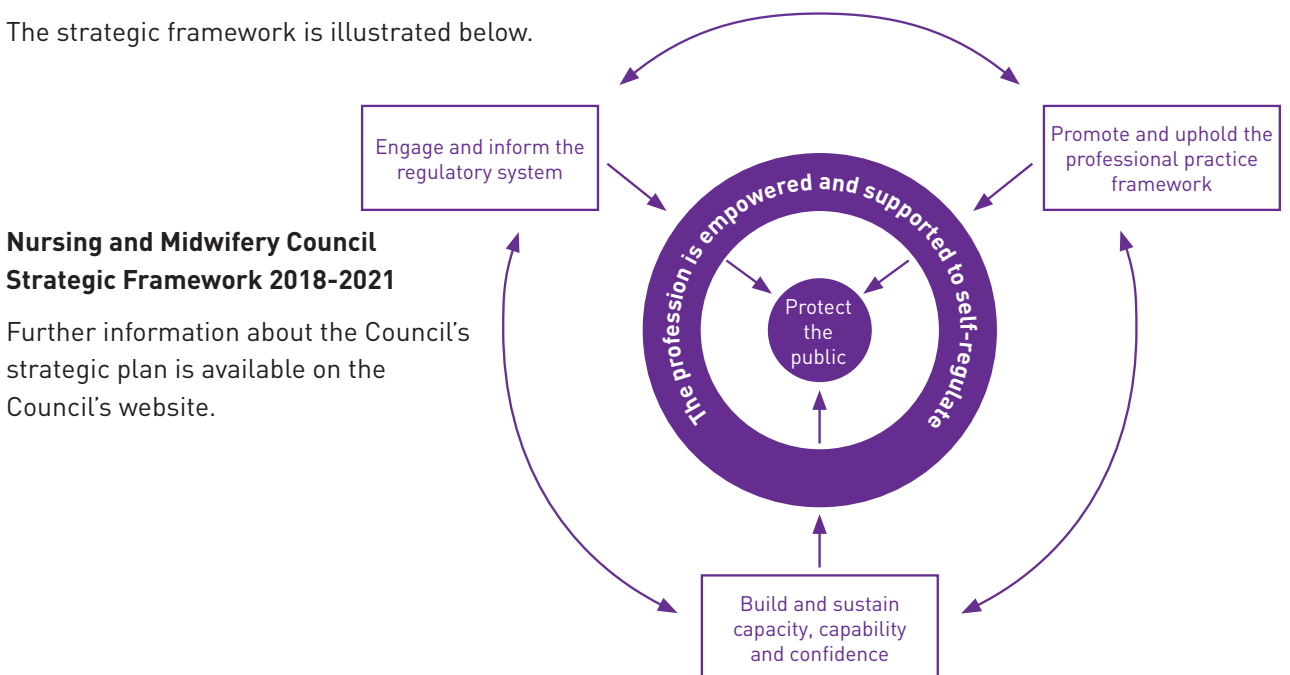
This focus will require closer engagement with partners in the regulatory system, supported by education and information (based on data and evidence), to promote system and workplace support for professional standards.

The Council’s primary responsibility is to efficiently and effectively manage complaints in order to ensure public protection and safety. The Council will need to continue its focus on improving the efficiency, effectiveness and quality of its processes and on developing its capability to support this role. The Council also has a key role to play in working with the regulatory system to address the broader system issues that impact on the performance of the workforce. In particular, the Council can support the system by using data and information about patterns and trends in complaints to provide feedback that can inform strategies at both the system level and in individual workplaces.

To achieve this, the Council’s strategic framework for 2018-2021 is based on three key goals:

1. Promote and uphold the professional practice framework
2. Engage and inform the regulatory system
3. Build and sustain capacity, capability and confidence

The strategic framework is illustrated below.



Nursing and Midwifery Council Strategic Framework 2018-2021

Further information about the Council’s strategic plan is available on the Council’s website.

Council Members

Fifteen members sit on the Nursing and Midwifery Council as prescribed by 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 (CAN nominee)
- Ms Angela Garvey RN, B Nursing (QUT), B Arts (USyd)
- 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
- Ms Joanne Muller BSc (Syd), LLB (UTS), DipEd (STC), MAICD

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
- Ms Kerryn Boland PSM, LLB, GDLP

The NSW Governor appointed Adj Professor John G Kelly AM as the President and Dr Bethne Hart as the 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:
- 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 24 FTE staff as at 30 June 2018 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 seven times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of first appointment	Current Term of Office
Adj. Professor John G Kelly AM - President	5	7	15 October 2010	1 July 2015 -30 June 2018
Dr Bethne Hart – Deputy President	7	7	1 July 2012	1 July 2015 – 30 June 2018
Ms Susan Anderson	7	7	1 July 2015	1 July 2015 – 30 June 2018
Ms Maryann Curry	5	7	27 August 2014	1 July 2017 – 30 June 2020
Ms Kate Cheney	7	7	1 July 2015	1 July 2015 – 30 June 2018
Ms Karen Hay	6	7	1 July 2015	1 July 2015 – 30 June 2018
Ms Karen Godier	6	7	27 August 2014	1 July 2017 – 30 June 2020
Ms Kate Adams	4	7	1 July 2015	1 July 2015 – 31 December 2017
Ms Elisabeth Black	7	7	1 July 2015	1 July 2015 – 30 June 2018
Professor Iain Graham	4	7	1 July 2012	1 July 2015 – 30 June 2018
Dr Murray Fisher	5	7	5 August 2015	5 August 2015 – 30 June 2018
Ms Jann Gardner	4	5	1 July 2015	1 July 2015 – 31 December 2017
Mr Bernard Rupasinghe	5	7	1 July 2015	1 July 2015 – 30 June 2018
Mr David Spruell	6	7	1 July 2012	1 July 2015 – 30 June 2020
Ms Jennifer Symons	3	5	1 July 2015	1 July 2015 – 31 December 2017
Ms Joanne Muller	2	2	1 January 2018	1 January 2018 – 30 June 2020
Ms Angela Garvey	2	2	1 January 2018	1 January 2018 – 30 June 2020
Ms Kerry Boland	2	2	1 January 2018	1 January 2018 – 30 June 2020

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

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Professional Standards Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council acknowledges and thanks the large number of practitioners and lay members appointed to the many panels and hearings conducted during the year.

Council Committees

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

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

Strategic Management Committee

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.

This Committee met on six occasions.

Notifications Committee

The Notifications Committee considers new complaints in collaboration with the HCCC and recommends to Council the course of action for each matter. The Notifications Committee also acts under Council delegation to deal with health, conduct and performance complaints referred to the Council for management.

This Committee met on 24 occasions.

Monitoring and Review Committee

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.

This Committee met on nine occasions.

Education and Quality Committee

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.

This Committee met on two occasions.

Counselling Committee

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.

This Committee met on 14 occasions to counsel 39 practitioners and students including six midwives, seven enrolled nurses and 26 registered nurses.

Performance Interview Committee

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.

This Committee met on 25 occasions to interview 82 practitioners and students including five midwives, 10 enrolled nurses and 67 registered nurses.

s150 Review Committee

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.

This Committee met on 54 occasions to consider the safe practice of 183 practitioners including one student, five midwives, 26 enrolled nurses and 150 registered nurses.

s152J Health Committee

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.

This Committee reviewed 122 initial recommendations and reviews by Impaired Registrant Panels including five students, two midwives, 18 enrolled nurses and 97 registered nurses.

Table ii provides information on Council committee membership.

Table ii: Nursing and Midwifery Council Committees and Membership

Strategic Management Committee	Notifications Committee	Monitoring & Review Committee	Education & Research Committee
Chair John Kelly	Chair Bethne Hart	Chair Kate Adams	Chair Kate Cheney
Council Members Bethne Hart David Spruell Jo Muller Jann Gardner	Council Members Bethne Hart Elisabeth Black Jann Gardner Karen Hay Bernard Rupasinghe Murray Fisher Maryann Curry	Council Members Iain Graham Jennifer Symons	Council Members Kate Adams Murray Fisher Iain Graham Karen Hay Jennifer Symons
Non Council Members Nil	Non Council Members Nil	Non Council Members Sue Dawson Nick Miles	Non Council Members Nil
Counselling Committee	Interview Committee	S150 Review Committee	S152J Committee
Council Members Bernard Rupasinghe Angela Garvey David Spruell Elisabeth Black Iain Graham Jennifer Symons Joanne Muller Karen Hay Karyn Godier Kate Cheney Kerryn Boland Maryann Curry Murray Fisher Susan Anderson	Council Members Bernard Rupasinghe Angela Garvey David Spruell Elisabeth Black Iain Graham Jennifer Symons Joanne Muller Karen Hay Karyn Godier Kate Cheney Kerryn Boland Maryann Curry Murray Fisher Susan Anderson	Council Members Susan Anderson Bernard Rupasinghe Bethne Hart David Spruell Elisabeth Black Jann Gardner Joanne Muller John Kelly Karen Hay Karyn Godier Katchen Cheney Kerryn Boland Maryann Curry Susan Anderson	Council Members Karyn Godier Kerryn Boland David Spruell Maryann Curry Joanne Muller Angela Garvey
Non Council Members Carole Doyle Dee Sinclair Frances Taylor Letetia Gibbs Loretta Musgrave Margo Gill Marie Clarke Rebecca Roseby Rosemary Kusuma Sue Kennedy Tania Andrews Valerie Gibson Zena Wilson Monica Hogan	Non Council Members Carole Doyle Dee Sinclair Frances Taylor Letetia Gibbs Loretta Musgrave Margo Gill Marie Clarke Rebecca Roseby Rosemary Kusuma Sue Kennedy Tania Andrews Valerie Gibson Zena Wilson Monica Hogan	Non Council Members Margo Gill Marie Clarke	Non Council Members Nil

Meetings and Events

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

Table iii: Nursing and Midwifery Council representation at meetings and events

Name of Meeting / Event	Attended By
Review of the codes of conduct – final working Group	Bethne Hart – Deputy President Kate Cheney – Council member Margaret Cooke - Executive Officer
AHPRA and HPCA Research Collaboration Group meetings	Margaret Cooke – Executive Officer
NMBA State and Territory and Council committee – bi-monthly meeting	John Kelly - President
Ministry of Health Regulators Forum	John Kelly - President
Australian College of Nursing Seminar - 2030 and beyond: The future of nursing regulation	Elizabeth Black - Council Member Margaret Cooke - Executive Officer Emma Child – Professional Officer
Meetings with the Nursing and Midwifery Association of NSW	Margaret Cooke - Executive Officer Kim Bryant – Deputy Executive Officer Emma Child – Professional Officer Annmaree Nichols – Professional Officer Rosa Hearnshaw – Communications Officer June Garcia – Policy and Project Officer
Meeting with National Board Chair and Executive officer and the State Nursing and Midwifery Board	John Kelly – President Margaret Cooke – Executive Officer
NMBA Conference, Melbourne	John Kelly – President Susan Anderson – Council Member Elisabeth Black – Council Member Kate Cheney – Council Member Maryann Curry – Council Member Murray Fisher – Council Member Karyn Godier – Council Member Iain Graham – Council Member Joanne Muller – Council Member David Spruell – Council Member Margaret Cooke – Executive Officer Annmaree Nicholls – Professional Officer Emma Child – Professional Officer Kim Bryant – Deputy Executive Officer June Garcia - Policy and Project Officer
Performance Assessor Training day	Melinda Weir Project and Policy Officer Emma Child – Professional Officer Loretta Musgrave – Education Officer
AHPRA Risk Research Forum	Margaret Cooke – Executive Officer
Council on Licensure, Enforcement & Regulation Congress on Professional and Occupational Regulation	Elisabeth Black – Council Member Susan Anderson – Council Member Margaret Cooke – Executive Officer Emma Child - Professional Officer
2017 Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Bethne Hart – Deputy President

Table iii: Nursing and Midwifery Council representation at meetings and events (continued)

Name of Meeting / Event	Attended By
<p>Visits to Local Health Districts (LHD) Murrumbidgee LHD</p> <p>Far West LHD Broken Hill</p> <p>Northern NSW LHD – Lismore and Ballina Southern Cross University</p>	<p>Kim Bryant – Deputy Executive Officer Emma Child – Professional Officer Kim Bryant – Deputy Executive Officer Anmaree Nicholls – Professional Officer Rosa Hearnshaw – Communications Officer Kim Bryant – Deputy Executive Officer Anmaree Nicholls – Professional Officer</p>
<p>Meeting with Chief Nursing and Midwifery Officer NSW</p>	<p>Margaret Cooke – Executive Officer June Garcia – Policy and Project Officer Rosa Hearnshaw – Communications Officer</p>
<p>Meeting with President and the Executive Officer and NMBA</p>	<p>Bethne Hart - Deputy President Margaret Cooke - Executive Officer</p>
<p>NMBA – new code of conduct Launch NSW</p>	<p>Kate Cheney – Council Member Margaret Cooke - Executive officer</p>
<p>Meeting with Chief Nursing and Midwifery Officer and Council of Deans NSW</p>	<p>Margaret Cooke – Executive officer</p>
<p>Meeting with Paul De Carlo (NAMO) and Ange Karoz Clinical nurse manager (SESLHD) regarding professional standards, cultures of safety and mental health units.</p>	<p>Margaret Cooke – Executive Officer Anmaree Nicholls – Professional Officer Rosa Hearnshaw – Communications Officer</p>

Overseas Travel

Overseas travel costs for the Nursing and Midwifery Council included the following:

- Attendance at the World Health Professions Conference on Regulation and the International Council of Nurses (ICN) in Geneva, Switzerland by Adj Professor John Kelly (President) from 17 May to 20 May 2018 at a cost of \$9,965.35.

World Health Professions Conference on Regulation

The World Health Professions Conference on Regulation brought together 139 professionals and administrators from 36 countries who deal with the regulation of health professionals in their respective jurisdictions. The Conference was organised by the World Health Professionals Alliance with membership including the International Council of Nurses, International Pharmaceutical Federation, World Confederation for Physical Therapy, World Dental Federation and World Medical Association. The conference had three themes:

- A call to set the right standards in regulation
- Safety quality and compliance: benefiting patient communities and populations and
- Supporting the quality of lifelong learning.

Conclusions of the speakers at the conference were:

- Workforce shortages continue to be a global challenge. This translates into practice settings that are pressed to deliver services in a competent manner, often in circumstances of reduced absolute numbers of carers who are necessary to deliver safe levels of care.
- Pressures to maximise the numbers of health professionals within the workforce create an ongoing strain between the needs of government to meet workforce numbers and regulators (on behalf of governments and communities) to oversee the provision of safe care. This is particularly challenging in respect of the assessment of internationally qualified health professionals (taking into account professional and language standards and cultural differences between jurisdictions).

Consistent themes in discussion were

- Legislation does not keep up with the state of change in health services and the market. Aspects of practice that challenge regulators centre on how health professional businesses market their services that fall outside the regulatory framework, for example the use of social media in a 'private' capacity in chat rooms to discuss and recommend health interventions; the cosmetic surgery and beauty market; the use of technology and artificial intelligence in the treatment of patients.
- The free movement of health professionals continues to create challenges whereby free trade advocates want less regulatory burden while health regulators seek more to protect the public. Free trade advocates are now requiring regulators to expressly justify the extent of a protective context.
- Continuing professional development auditing has little evidence to indicate that it has positive practice outcomes. Competence assessment is complex, particularly in the area of measuring clinical judgement, 'soft skills' and emotional intelligence required for health care.

The ICN President, Annette Kennedy reported the ICN was concentrating on five key areas affecting nurses:

1. The global maldistribution of nurses
2. The global shortage of nurses
3. Workforce supply and retention
4. Safe staffing levels
5. Lack of consistency in the provision of skills.

During the Council's strategic planning day the Council considered many of the topics which were identified as concerns by international regulators at the Conference. Ideas for operationalising the strategic plan were enriched by the President's attendance at the Conference. In particular, use of technology to improve timely data management, analysis and knowledge sharing is critical to ensure that the Council keeps up to date with a rapidly changing environment.

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. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

Education and Research account expenditure this year included:

Research or Education Initiative	Expenditure
Decision Making Study	\$23,626.25
Evaluation of Performance Assessment	\$30,000.00
KPMG Evaluation of Strategic Plan	\$146,979.95
Online Learning Members	\$101,709.00
Performance Assessment Project (final stage)	\$8,100.00
Conference - World Health Professions Conference - John Kelly May 2018	\$9,965.35
Stage 3 Validation Osman Consulting	\$6,150.00
Total	\$326,530.55

Research projects

Decision Making Study - summary of results

The aims of the study were to:

1. Analyse the variables which predict decision outcomes; and
2. Examine the consistency of decision making

All complaints closed by the Council during 2015 (approximately 500 files) were used for the analysis. The data was collected from the HPCA complaints management system and staff reviewed the files. Data was collected on variables related to:

- Registrant's characteristics: eg gender age, overseas training, time registered, work setting and employment status and whether the incident occurred in the practice of the profession.
- Complaint characteristics: eg mandatory notification (type), category of the complaint, previous complaints, total number of complaints received and whether the practitioner or the employer had taken action as a result of the incident.
- Incident characteristics: number and severity (risk rating) of health, performance or conduct issues.

Ethics approval was obtained for the research.

Analysis

Univariate and multivariate tests were used to screen and identify potential variables for inclusion in Classification and Regression Tree analyses (CART) in IBM/SPSS. CART is an analytic tool that helps determine the most 'important' variables (based on explanatory power) in a dataset and can help researchers create a potent explanatory model for the outcome variable of interest. CART uses a decision tree (as a predictive model) which examines how well independent, explanatory or predictive, variables may influence or predict the observed outcomes of the dependent or outcome variable.

Results

At initial assessment three models were examined.

Model 1 examined the decisions to discontinue, refer to the Council, or refer to the HCCC – this model predicted 76% of the decisions but did not predict any of the cases referred to the HCCC

Model 2 looked at the predictors of complaints that were discontinued or referred to the Council – this model predicted 83% of the outcomes

Model 3 examined those complaints that were either discontinued or referred to a regulator (either the Council or the HCCC) and predicted 85% of the outcomes.

In all these models, the type of mandatory notification is an important predictor and, in particular, whether the notification is related to health or not. By definition, mandatory notifications are related to more serious behaviour and higher risk. Complex mandatory notifications where more than one issue is identified across streams and those related to health were more likely to be referred to the Council and less likely to be discontinued when compared with mandatory notifications about professional standards and complaints that are not mandatory notifications. Other variables which predicted outcomes were whether performance issues were identified, whether the employer has taken action and whether the practitioner has taken action. The three models had an overall prediction of between 76-85% of the outcomes.

Part 2: Reports from Health Professional Councils

Examination of the stage at which the complaint was closed ie discontinue complaint at initial assessment, complaint closed following collection of further evidence, complaint closed following a panel. This work indicated the type of notification again was associated with the outcome. Non-mandatory notifications were more likely to be discontinued, mandatory performance notifications more likely to be closed after seeking further information or evidence and mandatory health notifications more likely to be finalised at panel stage. All three categories of notifications were more likely to be closed at a later stage if the relevant risk rating was reported to be higher compared to when it was assessed as lower. Having a previous complaint was also an important predictor for mandatory health notifications. The model predicted 70% of decisions.

The findings indicate that factors associated with risk are related to further assessment/ investigation and referral to a panel for consideration. Further qualitative analysis of the cases that were not predicted may assist in either identifying other factors that were considered by decision makers when making their decision or areas where improvements in decision making could occur.

KPMG Evaluation of Strategic Plan 2015 -2018

KPMG was engaged to evaluate the NMC Strategic Plan 2015-2018. The evaluation focussed on three areas:

- How well the Council achieved its strategic objectives
- How well the Council achieved international standards for regulation
- The critical strategies for the Council to focus on in the next three years.

The approach included implementing a progress assessment, a qualitative assessment of impact, quantitative benchmarking and a review of alignment with international standards. The methods included document review, targeted interviews, surveys, data analysis, reviews and SWOT analysis.

KPMG found significant progress and several notable successes, which KPMG considered impressive and 'robust' in the context of the Council's operating environment.

Successes included:

- Embedding the principles of 'protecting the public' throughout the Council's processes and practices
- Improving the effectiveness of the complaints management process by implementing a new early intervention/prevention process through Performance Interviews
- Improving the timeliness of initial and outcome communication to complainants
- Improving access to performance assessments by conducting them in simulation labs
- Introducing Plain English factsheets on the Council's new website
- Establishing an orientation program for Council members
- Clarity around roles and responsibilities for HPCA staff in the Health and Performance teams
- Commencing LHD engagement through roadshows
- Undertaking various research projects that have yielded important insights about the application of professional standards, cultures of safety and how to improve stakeholder engagement.

KPMG identified critical strategies for focus in the next three years, recommending that the Council:

- Ensures a quality complaints management system
- Improves the productivity of complaints management processes
- Strengthens IT systems and leverages emerging technologies
- Strengthens the capability of HPCA staff
- Strengthens the risk assessment process and considers complexity
- Develops a communications strategy
- Continues research and translating research into findings
- Reviews the impact of the Performance Interview process
- Strengthens communications to practitioners.

Education projects

Online Learning Modules for Council and panel members

In October 2017, the Nursing and Midwifery and Medical Councils commenced a project with the Health Education and Training Institute (HETI) to develop an online learning program for hearing members. The program focuses on five learning modules pertinent to the work of hearing members:

Module 1 - Legal framework

Module 2 - Roles and responsibilities

Module 3 - Acting fairly

Module 4 - Decision making

Module 5 - Communication techniques.

This year the Councils have completed two modules, the legal framework and roles and responsibilities. The remaining modules are expected to be completed in late November 2018. This program will replace the Council's current online learning program when it is completed and will be evaluated.

Performance assessment project

In 2017 the performance assessment program was reviewed and resulting in a significant program of change.

During phase one (recruitment) 19 performance assessors were recruited, two distinct assessment roles created (regulatory and specialty) and a temporary Nurse Educator was appointed for 12 months.

Phase two (operational review) enabled the development of lean, streamlined operational processes that have decreased the administrative workload and reduced associated program costs. There has also been a marked increase in the achievement of KPI's and overall strengthening of collaborative working relationships with our simulation lab partners and performance assessors. The aim is to increase skills in regulatory assessment and build confidence in the reliability and validity of the assessment results.

Development of the program and continuous improvement will take place over the next three years to align with other global regulatory bodies. Further investment in the program and the performance assessors will enable the program to continue to meet its strategic and legislative requirements, whilst maintaining the focus of the Health Practitioner Regulation Law (NSW) performance program to improve profession standards and protect the public.

Evaluation of Performance Assessment program

Following implementation of the new performance assessment process, a six month evaluation project commenced in March 2017 through an external education consultancy. This was to see if the new process was meeting the objects as planned in terms of process, timeliness, quality and preparation of assessors.

The evaluation methods included anonymous surveys, meetings, observation and focus groups generating a wealth of information.

The results of the evaluation showed improved timeliness, process and quality of assessment reports. Positive results were also found in relation to the preparation of assessors' knowledge, skills and confidence.

The evaluation report proposed a number of changes to the assessment process in terms of simulation facilities use and improved and new assessment resources. The key recommendations for further development are to continue face to face learning for assessors, as well as developing a self-directed online learning package.

Council member attendance at NMBA Conference

In June 2018 Council members and HPCA staff attended the NMBA National Conference in Melbourne. The theme of the conference was 'Future Focused Regulation' with the aim of working towards better experiences and outcomes in regulation of nurses and midwives across Australia. Ten Council members and five HPCA staff members attended.

This important conference allows nursing and midwifery regulators across Australia and from New Zealand to come together to learn from each other and to discuss new and evolving ideas and evidence about how to improve the regulatory outcomes.

Highlight presentations included:

- Future of regulation - Anna van der Gaag, professor of ethics and regulation University of Surrey
- Protecting health care trends into the future – David Benton, CEO National Council State Boards of Nursing
- What is a fit and proper person – Jamie Orchard, Director Legal Services AHPRA.

Four workshops were also conducted on:

- Our responsibility for culturally safe care
- A risk based approach to regulation
- Re-entry to practice for nurses and midwives
- Professional development for regulation chairs.

The conference successfully met objectives to build knowledge and understanding of the needs of the professions to assist fulfilment of regulatory roles; to ensure the competence of practitioners; and to promote safe environments for the public.

LHD liaison and education

The Council commenced visits to Local Health Districts aiming to develop communication networks and knowledge about regulation and the new professional standards. These visits have been a valuable exercise in stakeholder engagement. They provided an opportunity to share information, develop relationships with practitioners, managers and employers as well as strengthen networks with both public and private health service providers within the districts.

Attendees ranged from senior to early career practitioners including Directors of Nursing and Midwifery, managers, educators and clinicians. The sessions consisted of formal presentations, informal group gatherings and individual drop in sessions as well as 'walk arounds' of the facilities and units. Importantly this allowed us to listen and learn, discuss the challenges and acknowledge common issues.

The program sought to introduce practitioners to the role of the Council and regulation, to encourage the development of safe systems and learning cultures and to emphasise the importance of understanding and using professional standards in everyday practice. We promoted increased practitioner awareness of professional development responsibilities, including a practitioner's own professional development and the need to support peers and other health practitioners. By working together we are better able to achieve safe patient centred care by all health practitioners, to all patients, every time.

Feedback from participants has been positive. The Council will continue these visits in the next year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	8,402,788
Operating expenditure	7,842,370
Gain / (loss) on disposal	(23,085)
Net result	537,333
Net cash reserves* (cash and cash equivalents minus current liabilities)	8,319,071

* Included in the cash reserves is an Education and Research bank account balance of \$1,103,566.

The Nursing and Midwifery Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	8,692,022
Operating expenditure	9,591,865
Net result	-899,843

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