

Nursing and midwifery regulation at work in Australia

2014/15

Regulating nurses and midwives in the National
Registration and Accreditation Scheme

Managing risk to the public

Regulating nurses
and midwives



Nursing and Midwifery
Board of Australia | AHPRA

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Nursing and Midwifery Board in 2014/15
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Highlights



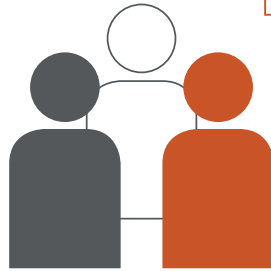
Review completed of five mandatory registration standards

Safety and quality guidelines for privately practising midwives developed

Branding, identity and stakeholder engagement initiative

First national conference held

28% of registered nurses and midwives are based in New South Wales, and 26% are based in Victoria



14% increase in registered midwives

370,303

nurses and midwives registered in Australia on 30 June 2015; an increase of 2.17% since 2013/14

89.5% of nurses and midwives are female

4% decrease in number of practitioners with dual registration

26% of nurses and midwives are aged between 50 and 59

57% increase in midwives with scheduled medicine endorsement

97% of male midwives also hold registration as a nurse

97.5% of nurses and midwives renewed registration online

75% of notifications were about registered nurses (excluding New South Wales)

3,000 registration applications under new model of assessment for internationally qualified applicants



1,807 notifications lodged about nurses and midwives; 0.5% of the registrant base

492 mandatory notifications made about nurses and midwives; a 21% decrease compared to 2013/14

Of 396 mandatory notifications closed in 2014/15, 61% led to disciplinary action

72% of panel hearings resulted in disciplinary action

250 cases of immediate action

81% of immediate action cases (outside New South Wales) led to disciplinary action

1,121 nurses and midwives under active monitoring on 30 June 2015 – 37% due to health issues and 35% to do with suitability/eligibility

79% of tribunal hearings led to disciplinary action



25,750 criminal history checks of nurses and midwives



About this report

This report provides a profession-specific view of the Nursing and Midwifery Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Scheme.

This report 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 completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the AHPRA and National Boards' 2014/15 [annual report](#).

Contents

About this report	2	List of tables	
Message from the Chair, Nursing and Midwifery Board of Australia	4	Table NM1: Registrant numbers at 30 June 2015	13
Message from the Agency Management Committee Chair and the AHPRA CEO	5	Table NM2: Registered nurses and midwives by age	13
Nursing and Midwifery Board achievements in 2014/15	6	Table NM3: Registered nurses and midwives by principal place of practice and gender	14
Registration standards, policies and guidelines developed/published	6	Table NM4: Registered nurses and midwives by principal place of practice and registration type	14
Stakeholder engagement	7	Table NM5: Registrants by division	15
Other major activities and achievements	7	Table NM6: Registered nurses and midwives by profession, principal place of practice, and endorsement or notation	15
International engagement	7	Table NM7: Notifications received, closed in 2014/15 and open at 30 June 2015, by state or territory	15
Priorities for the coming year	8	Table NM8: Notifications received about nursing registrants by division and state or territory (excluding NSW)	16
Members of the Nursing and Midwifery Board of Australia	9	Table NM9: Notifications received by state or territory	16
NMBA Australian Capital Territory	9	Table NM10: Per cent of registrant base with notifications received, by state or territory	16
NMBA New South Wales	9	Table NM11: Notifications closed by state or territory	16
NMBA Northern Territory	9	Table NM12: Open notifications at 30 June 2015 under the National Scheme, by state or territory	17
NMBA Queensland	9	Table NM13: Registrants involved in notifications (including NSW)	17
NMBA South Australia	9	Table NM14: Mandatory notifications received by state or territory	17
NMBA Victoria	9	Table NM15: Immediate action cases by state or territory (including NSW)	17
NMBA Western Australia	9	Table NM16: Outcome of immediate actions (excluding NSW)	18
Data: the Board's work in 2014/15	10	Table NM17: Outcome of assessment for nurses and midwives, by grounds for the mandatory notification (excluding NSW)	18
The nursing and midwifery professions in profile 2014/15: registration data	10	Table NM18: Outcome at closure for mandatory notifications closed in 2014/15 (excluding NSW)	18
Notifications	10	Table NM19: Stage at closure for notifications closed (excluding NSW)	19
Keeping the public safe: monitoring	22	Table NM20: Outcome at closure for notifications closed (excluding NSW)	19
Statutory offences: advertising, practice and title protection	23	Table NM21: Outcome of assessments finalised in 2014/15 (excluding NSW)	20
Criminal history checks	23	Table NM22: Outcome of investigations finalised in 2014/15 (excluding NSW)	20
		Table NM23: Outcome of panel hearings finalised in 2014/15 (excluding NSW)	21
		Table NM24: Outcome of tribunal hearings finalised in 2014/15 (excluding NSW)	21
		Table NM25: Active monitoring cases at 30 June 2015, by profession and state (excluding HPCA)	21
		Table NM26: Active monitoring cases at 30 June 2015 by profession and stream (excluding HPCA)	22

Message from the Chair, Nursing and Midwifery Board of Australia

The Nursing and Midwifery Board of Australia (NMBA) continues to lead nursing and midwifery regulation in Australia. The NMBA protects the public and provides leadership to nurses, midwives and students through responsible, evidence-based regulation in accordance with the National Scheme.

This year, the NMBA reached many important milestones, including supporting 97.5% of nurses and midwives to renew their registration online, and streamlining the management of registration applications including the interim model for assessment of internationally qualified applicants seeking registration to practise in Australia.

A number of registration standards and guidelines were developed and reviewed during the year, and will be implemented in the coming year, including five mandatory registration standards across both the nursing and midwifery professions.

Most importantly, the NMBA finalised its work on the Enrolled nurse standards for practice, which will replace the Enrolled nurse competency standards as of 1 January 2016. Work continued on the development of the Registered nurse standards for practice to replace the Registered nurse competency standards.

During the year we improved engagement with nurses, midwives and the general community through consultations on registration standards and other issues, and surveys on important workforce matters.

I would like to acknowledge and thank all of the national and state/territory board members, Nursing and Midwifery Council of New South Wales, 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 2014/15.



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

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards work in partnership with AHPRA to maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The 14 National Boards in the National Scheme have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and

collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Nursing and Midwifery Board achievements in 2014/15

Registration standards, policies and guidelines developed/published

The NMBA approved and developed a number of new and revised registration standards, codes, guidelines, position statements and fact sheets to guide nurses and midwives:

Registration standards

The NMBA completed a review of the five mandatory registration standards: criminal history, English language skills, continuing professional development, recency of practice and professional indemnity insurance arrangements. As a part of this work the policies and guidelines associated with these registration standards were included in the review.

Profession-specific registration standards

As a part of our three-year plan to review registration standards, the NMBA also reviewed the following nursing and midwifery-specific registration standards:

- ▶ **Endorsement as a nurse practitioner.**
The consultation on this registration standard indicated that the standard was working well and needed minor changes to ensure that it remains current.
- ▶ **Endorsement for scheduled medicines for midwives.**
- ▶ **Eligible midwife.**
The NMBA consulted on a proposal to combine the two midwifery-specific registration standards into one registration standard: Endorsement for scheduled medicines for midwives. This proposal was supported by stakeholders who provided feedback to the consultation. The combining of the standards will remove the current two-step process for midwives who are seeking to become endorsed to prescribe scheduled medicines.

Standards for practice

The NMBA developed standards for practice for both enrolled nurses and registered nurses. These two sets of standards will replace the current NMBA competency standards for enrolled nurses and registered nurses. The standards for practice are the core practice standards for enrolled nurses and registered nurses, in understanding the practice expectations of the NMBA. The practice standards also assist the NMBA in its regulatory role to assess competence and determine eligibility for registration.

Position statements

- ▶ Specialist registration and the nursing profession
- ▶ The role of nurses and midwives in a national emergency

Fact sheets

- ▶ Renewal for nurses and midwives
- ▶ Renewal for employers
- ▶ Nurse practitioner notations
- ▶ Nurses with a sole qualification in mental health nursing, paediatrics nursing or disability nursing
- ▶ Student registration
- ▶ Recency of practice
- ▶ Context of practice for registered nurses and midwives
- ▶ The use of health practitioner protected titles
- ▶ Continuing professional development for nurses and midwives
- ▶ Non-practising registration for nurses and midwives
- ▶ Applying for registration for internationally qualified nurses and midwives

The following NMBA-funded projects were completed

- ▶ The development of safety and quality guidelines for privately practicing midwives. These guidelines set out the requirements of the NMBA relating the safety and quality of private practice midwifery.
- ▶ Model of supervision for privately practising midwives.
- ▶ Re-entry to practice – this project included the development of a re-entry to practice policy, supervision guidelines and a new registration type, provisional registration, for people seeking to re-enter the nursing and/or midwifery professions.
- ▶ National health impairment: referral, treatment and rehabilitation for health professionals.
- ▶ NMBA codes, guidelines and position statements review.
- ▶ NMBA branding, identity and stakeholder engagement initiative – these projects provided the Board with valuable information about external perceptions of the image, role and functions of the NMBA, and opportunities to improve our engagement with stakeholders.

Stakeholder engagement

There was improved engagement with nurses, midwives and the general community through:

- ▶ consultations on nursing and midwifery registration standards, and other regulatory issues, and
- ▶ surveys on important workforce matters, including the referral, treatment and services for nurses and midwives with a health impairment, and the role of national and international regulators.

The online experience for NMBA registrants and website visitors was improved through:

- ▶ quicker and easier renewal of registration
- ▶ a dedicated section for internationally qualified nurses and midwives, and
- ▶ a streamlined suite of updated web documents, including fact sheets, guidelines and position statements.

Stakeholder forums

The NMBA held stakeholder forums in: Perth in September 2014; Adelaide in October 2014; Hobart in February 2015; and Canberra in April 2015. Participants included nurses and midwives, professional associations, education providers and employers. These forums provided an opportunity for stakeholders, nurses and midwives to meet Board members and learn about the work of the Board.

National conference

In November 2014 the NMBA held its first national conference. This conference was attended by national and state/territory board members, members of the Nursing and Midwifery Council of New South Wales, and AHPRA staff. The conference provided an opportunity for members to reflect on their experiences and contribute to developing the understanding and capabilities required to ensure robust and consistent decision-making about registration and notification matters.

Australian College of Nursing (ACN) expos and conference

We participated in the ACN Nursing and Health expos in April and May 2015, in Melbourne and Perth respectively. We were able to promote the role and function of the NMBA, and engage with nurses and students of nursing about the work of the NMBA.

We had a booth at the ACN conference in Adelaide in November 2014. This gave nurses the opportunity to engage with the NMBA and learn more about regulation and registration.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)

We had a booth at the CATSINaM conference in September 2014 in Perth. This conference gave nurses, midwives and students the opportunity to engage with the NMBA and learn more about regulation and registration.

Other major activities and achievements

Publication of regulatory principles for the National Scheme

In conjunction with AHPRA and the other National Boards, the NMBA endorsed the refreshed regulatory principles. These principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

Three-year review of the National Scheme

The NMBA contributed to the review of the National Scheme through attendance at stakeholder forums and by providing a written submission to the review.

International engagement

The NMBA continued its commitment to engagement with international nursing and midwifery regulators through attendance at the following meetings and conferences. Attendance at these international conferences and meetings contributes to the NMBA meeting its strategic objective to be a recognised leader in nursing and midwifery regulation.

- ▶ 8th ICN/APNN Conference, Helsinki, Finland, August 2014
- ▶ CLEAR Annual Education Conference, New Orleans, US, September 2014
- ▶ International Nurse Regulators Collaborative Symposium, Chicago, US, October 2014
- ▶ International Council of Nurses Conference, Seoul, June 2015 (in addition to attending this conference the NMBA gave two presentations on the regulation of nurses in Australia).

Priorities for the coming year

The NMBA has funded a number of projects for the coming year that will inform and support the Board in carrying out its regulatory functions, including:

- ▶ The development of:
 - an outcomes-based model for the assessment of internationally qualified nurses and midwives (IQNMs), and
 - orientation program to the Australian health context for IQNMS.
- ▶ The development of the midwife standards for practice – this project will include a review of the NMBA competency standards for midwives, and the development of evidence-informed standards for practice for midwives.
- ▶ The establishment of the national health support service for nurses and midwives – following on from the project the NMBA completed on health impairment: referral, treatment and rehabilitation for health professionals.
- ▶ The review of the code of conduct for nurses and the code of conduct for midwives – this includes a review of the professional boundaries guides for nurses and midwives.
- ▶ A review of the *Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice)*.

Members of the Nursing and Midwifery Board of Australia

Dr Lynette Cusack (Chair)
Ms Angela Brannelly
Adjunct Professor Veronica Casey
Professor Elizabeth (Mary) Chiarella
Professor Denise Fassett
Ms Melodie Heland
Ms Louise Horgan
Mr Max Howard
Ms Mary Kirk
Dr Christine Murphy
Mrs Allyson Warrington
Ms Margaret Winn

NMBA Australian Capital Territory

Ms Emma Baldock (Chair)
Ms Alison Chandra
Ms Felicity Dalzell
Ms Jane Ferry
Ms Kate Gauthier
Ms Eileen Jerga AM
Dr Carmel McQuellin
Ms Alison Reardon
Ms Natalie Robinson

NMBA New South Wales

Mr Eric Daniels (Chair – to December 2014)
Ms Susan Hendy (Chair – from December 2014)
Ms Liza Edwards (Deputy Chair – from December 2014)
Ms Kate Adams
Mr Bruce Brown
Mrs Sue Dawson
Ms Adrienne Farago
Dr Susan Gould
Mr Steven Jeffs
Ms Betty Johnson AO
Ms Melissa Maimann
Ms Suzanne McNicol
Ms Rebecca Roseby

NMBA Northern Territory

Ms Angela Bull (Chair)
Mr Ross Ashcroft
Ms Angela Brannelly
Mrs Denise Brewster-Webb
Mrs Stephanie Campbell
Mr David Carpenter
Dr Therese Kearns
Ms Heather King
Ms Gay Lavery
Ms Kim Packer
Dr Brian Phillips
Ms Alison Phillis
Ms Heather Sjoberg

NMBA Queensland

Professor Patsy Yates (Chair)
Adjunct Professor Veronica Casey
Mr John Chambers
Ms Tracey Duke
Ms Michelle Garner
Professor Don Gorman
Ms Susan Johnson
Mr Stanley Macionis
Ms Cathy Styles

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 Meredith Hobbs
Ms Eugenia Koussidis
Ms Paula Medway
Ms Melanie Ottaway
Mr Michael Salt
Ms Kate Sullivan

NMBA Tasmania

Ms Catherine Schofield (Chair)
Ms Carol Baines
Mr Paul Brown
Ms Emma Curnin
Ms Kim Gabriel
Ms Susan Hughes
Dr Kylie McShane
Mr David Paton
Ms Christine Schokman

NMBA Victoria

Ms Naomi Dobroff (Chair)
Dr Leslie Cannold
Ms Maureen Capp
Ms Kathryn Hough
Mr Gregory Miller
Ms Virginia Rogers
Ms Deborah Rogers
Ms Leanne Satherley
Ms Katrina Swire

NMBA Western Australia

Ms Marie-Louise MacDonald (Chair)
Professor Selma Allix
Mrs Marie Baxter
Dr Karen Clark-Burg
Dr Margaret Crowley
Mr Anthony Dolan
Adjunct Associate Professor Karen Gullick
Ms Lynn Hudson
Ms Pamela Lewis
Mr Michael Piu
Ms Virginia Seymour
Mrs Jennifer Wood

During 2014/15, the NMBA was supported by Executive Officer Ms Tanya Vogt.

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

Data: the Board's work in 2014/15

These data are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Scheme. This report – *Nursing and midwifery regulation at work in Australia, 2014/15* – 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 with national data about health 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 2014/15 [annual report](#) of AHPRA and the National Boards.

The nursing and midwifery professions in profile 2014/15: registration data

Numbers: location, age, gender and registration type

There were 370,303 registered nurses and midwives in Australia on 30 June 2015 (see [Table NM1](#)). The number of registered practitioners has increased by 2.17% (from 362,450) since 2014. There continues to be a large increase in the number of registered midwives, from 3,230 to 3,682 (13.99%), and a corresponding decrease in the number of practitioners with both nurse and midwife registration (from 31,832 to 30,522, or -4.12%).

The increase in the number of registered nurses and midwives varies across states and territories, from a 3.2% increase in Queensland to a 0.8% increase in the Northern Territory (NT). The highest number of registered nurses and midwives are based in New South Wales (NSW; 102,117), which has 28% of all registered nurses and midwives, followed by Victoria (97,516) 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 Australian Capital Territory (ACT) to 64% in the NT.

The age distribution of nurses and midwives is interesting. The largest age group are those nurses and midwives aged 55–59, who make up 13.1% of registered practitioners, followed closely by those ages 50–54 (12.9% of practitioners) (see [Table NM2](#)).

The gender breakdown of registrants is provided in [Table NM3](#). Women make up 89.5% of the nursing/midwifery workforce.

[Table NM4](#) provides details about the registration type for practitioners in each state and territory, between general and non-practising. [Table NM5](#) shows a breakdown of registration by division for each state and territory. There was a 2.9% growth in the number

of registered nurses (from 261,065 to 268,634), compared with a 0.94% increase in the number of enrolled nurses (from 61,301 to 61,880). There has been a 4.17% drop in the number of people holding dual registration as a registered nurse and a midwife.

Details of the endorsements held by nurses and midwives are provided in [Table NM6](#). There has been steady growth in the number of nurses with nurse practitioner endorsements (+15%) and scheduled medicines endorsements (+10%); midwives with eligible midwife notations increasing by 23% and midwives with scheduled medicines endorsement by 57%.

Notifications

In 2014/15 there were 1,807 notifications about nurses and midwives nationally, of which 1,196 were lodged outside of NSW (see [Table NM7](#)). Most notifications (850 out of 1,131 excluding NSW, or 75%) about nurses were about registered nurses, and 17% were about enrolled nurses (see [Table NM8](#)).

[Table NM9](#) details the number of notifications received by state or territory. The number of notifications received decreased in all states and territories except the NT, Western Australia (WA) and NSW.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland, including nurses and midwives.

Notifications about midwives relate to 0.2% 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. The NT is the jurisdiction with the highest proportion of nurses involved in notifications (1.4%) and the highest proportion of midwives (0.7%) – see [Table NM10](#).

Information about notifications in the National Scheme is available under [notifications and outcomes](#) on the AHPRA website.

Managing notifications: open and closed matters

During the year, AHPRA and the NMBA have continued to refine processes to ensure timely outcomes for notifiers and practitioners. Information about notifications key performance indicators, and preliminary data about performance against them, is published on page 35 of the 2015 [annual report](#) of AHPRA and the National Boards.

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 NM7](#) summarises notifications received in 2014/15, notifications closed in 2014/15 and those open at the end of that year for each state or territory. There were 1,847 notifications closed in 2015, compared to 1,807 received during the year. Excluding NSW, there were 1,196 notifications received and 1,306 notifications closed. There were 1,110 notifications open at the end of the year; 321 of them (29%) in NSW. [Table NM11](#) details the three-year history of the number of notifications closed by state or territory.

Notifications open at 30 June 2015 saw a modest decrease of 8% nationally, with decreases in every state and territory other than South Australia (SA; 7% increase) and NSW (27% increase). [Table NM12](#) details the number of open notifications in each state or territory at the end of the reporting year.

Mandatory notifications

A total of 492 mandatory notifications about nurses and midwives were received in 2014/15. Of these, 217 were made in NSW and 275 were made in the rest of the country (see [Table NM7](#)).

While there was an overall decrease (-21%) in the number of mandatory notifications received, this was not the case in all states and territories. The ACT (+60%), WA (+21%) and NSW (+57%) all saw increases (see [Table NM14](#)).

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

Outcomes of mandatory notifications

The assessment of 291 mandatory notifications about nurses and midwives was finalised during the year, excluding NSW (see [Table NM17](#)). Of these, 201 out of 291 (69%) were referred for further regulatory action and 31% (90 out of 291) were closed.

Of the cases referred for further regulatory action, 147 out of the 201 (73%) were referred for investigation only; 54 (27%) were referred for performance or health assessment. Of the cases closed after assessment, in 50 out of 90 cases (56%) the Board decided no further regulatory action was needed, and in 40 out of 90 cases (44%) the Board took disciplinary action (see [Table NM17](#)).

Of the 396 mandatory notifications closed in 2014/15 (see [Table NM18](#)), in 155 cases (39%) the Board determined that no further regulatory action was required. There were 241 (61%) cases that led to disciplinary action, including nine cases where registration of the practitioner was cancelled (four cases), suspended (three cases), surrendered by the registrant (one case) or the registrant was not permitted to reapply for registration for 12 months (one case).

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 and outcomes](#) 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 Health Practitioner Regulation National Law (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.

State and territory boards of the NMBA took immediate action in 250 cases during the year. This is 18% less than in 2014 (see [Table NM15](#)). This included 102 cases in NSW and 148 cases in other states and territories.

Outcomes of immediate action

Of the 148 immediate actions taken by nursing and midwifery boards around Australia (excluding NSW), 120 (81%) led to disciplinary action of some sort. In 20 cases (14%), boards decided no further regulatory action was needed as an interim step to keep the public safe, pending other regulatory processes. Disciplinary action included: conditions being imposed in 56 cases (38%), undertakings given in 28 cases (19%), registration suspended in 34 cases (23%) and in two cases the board accepted surrender of the practitioner's registration. In eight cases the decision was still pending at the end of the reporting year (see [Table NM16](#)).

What happened? Outcomes of closed notifications

Tables [NM19](#) and [NM20](#) provide details of the stage that notifications were closed, and their outcome, excluding NSW data. Of the 1,306 notifications about nurses and midwives closed during the year, 45% were closed after assessment, compared with 54% closed at this stage for all professions. A further 30% were closed after investigation and 85 matters (7%) were closed after a disciplinary hearing.

Of the matters closed, boards decided in 55% of cases that no further regulatory action was needed (60% for all professions). Disciplinary action was the result in 526 cases (40%), compared with 32% 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](#).

Tables [NM21](#), [NM22](#), [NM23](#) and [NM24](#) provide details of the outcomes of notifications finalised at different stages of the notifications process during the year.

Outcomes at assessment stage

Of the 1,163 assessments finalised, 571 (49%) were referred for further regulatory action and 592 (51%) were closed after assessment. Of those referred for further action, 433 (76%) were referred for investigation and the rest for a health or performance assessment, or tribunal hearing.

Of those closed at assessment, in 66% of cases (70% for all professions), nursing and midwifery boards decided no further regulatory action was needed. In 54 cases (9%) (14% for all professions), boards referred the matter for management by the health complaints entity, and 24% of cases involved disciplinary action (16% for all professions) (see [Table NM21](#)).

Outcomes of investigations

Of the 520 investigations finalised during the year (excluding NSW), 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 56% of cases boards decided no further regulatory action was needed, and 43% led to disciplinary action (see [Table NM22](#)).

Outcomes of panel and tribunal hearings

Of the 47 notifications finalised following a panel hearing, 34 (72%) led to disciplinary action. In 12 cases (26%) boards decided no further regulatory action was needed (see [Table NM23](#)). Of the 38 cases finalised following a tribunal hearing (see [Table NM24](#)), 30 (79%) led to disciplinary action and in eight cases (21%) no further action was required.

Table NM1: Registrant numbers at 30 June 2015										
Nursing/Midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Midwife: 2014/15	101	809	59	656	492	22	1,071	349	123	3,682
Midwife: 2013/14	89	699	55	540	459	11	961	322	94	3,230
% change from prior year	13.5%	15.7%	7.3%	21.5%	7.2%	100.0%	11.4%	8.4%	30.9%	13.99%
Nurse: 2014/15	5,193	92,160	3,679	64,564	30,305	8,053	88,550	33,988	9,607	336,099
Nurse: 2013/14	5,089	89,946	3,647	62,226	29,949	7,899	86,647	33,364	8,621	327,388
% change from prior year	2.0%	2.5%	0.9%	3.8%	1.2%	1.9%	2.2%	1.9%	11.4%	2.66%
Nurse and Midwife: 2014/15	583	9,148	537	6,102	2,193	656	7,940	3,023	340	30,522
Nurse and Midwife: 2013/14	606	9,795	538	6,363	2,282	667	8,199	3,114	268	31,832
% change from prior year	-3.8%	-6.6%	-0.2%	-4.1%	-3.9%	-1.6%	-3.2%	-2.9%	26.9%	-4.12%
Total: 2014/15	5,877	102,117	4,275	71,322	32,990	8,731	97,561	37,360	10,070	370,303
Total 2013/14	5,784	100,440	4,240	69,129	32,690	8,577	95,807	36,800	8,983	362,450
% change from prior year	1.6%	1.7%	0.8%	3.2%	0.9%	1.8%	1.8%	1.5%	12.1%	2.17%
State/territory nurses and midwives as % of all nurses and midwives	2%	28%	1%	19%	9%	2%	26%	10%	3%	100%
All health practitioners 2014/15	10,978	185,247	6,696	121,788	52,192	13,886	164,324	65,588	16,519	637,218
Nurses and midwives as % of all practitioners in the state or territory	54%	55%	64%	59%	63%	63%	59%	57%	61%	58%

*Principal place of practice

Table NM2: Registered nurses and midwives by age															
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 +	Not available	Total
Midwife: 2014/15	355	668	554	489	520	445	251	206	118	58	17	1			3,682
Midwife: 2013/14	272	587	468	437	466	411	246	178	92	52	18	3			3,230
Nurse: 2014/15	17,704	38,950	38,800	34,870	40,818	39,798	41,806	41,874	27,219	11,288	2,426	472	73	1	336,099
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 and Midwife: 2014/15	461	1,535	1,849	1,818	2,568	3,569	5,631	6,450	4,437	1,711	403	76	14		30,522
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
Total Nurse and Midwife: 2014/15	18,520	41,153	41,203	37,177	43,906	43,812	47,688	48,530	31,774	13,057	2,846	549	87	1	370,303
Age group as % of all nurses and midwives	5.0%	11.1%	11.1%	10.0%	11.9%	11.8%	12.9%	13.1%	8.6%	3.5%	0.8%	0.1%	0.0%		
All practitioners 2014/15	30,606	82,019	82,501	72,732	75,161	69,354	71,265	70,526	47,345	23,202	7,981	2,959	1,560	7	637,218
Nurses and midwives as % of all practitioners	61%	50%	50%	51%	58%	63%	67%	69%	67%	56%	36%	19%	6%		58%

Table NM3: Registered nurses and midwives by principal place of practice and gender													
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2014/15	Total 2013/14	Total 2011/12	% change 2013/14-2014/15
Midwife	101	809	59	656	492	22	1,071	349	123	3,682	3,230	2,434	13.99%
Female	100	804	58	654	491	21	1,068	349	121	3,666	3,219	2,426	13.89%
Male	1	5	1	2	1	1	3		2	16	11	8	45.45%
Nurse	5,193	92,160	3,679	64,564	30,305	8,053	88,550	33,988	9,607	336,099	327,388	309,770	2.66%
Female	4,574	80,360	3,108	57,419	26,878	7,110	79,214	30,837	8,292	297,792	290,178	274,159	2.62%
Male	619	11,800	571	7,145	3,427	943	9,336	3,151	1,315	38,307	37,210	35,611	2.95%
Nurse and Midwife	583	9,148	537	6,102	2,193	656	7,940	3,023	340	30,522	31,832	33,751	-4.12%
Female	570	8,953	511	5,993	2,144	639	7,858	2,977	330	29,975	31,242	33,107	-4.06%
Male	13	195	26	109	49	17	82	46	10	547	590	644	-7.29%

*Principal place of practice

Table NM4: Registered nurses and midwives by principal place of practice and registration type													
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2014/15	Total 2013/14	Total 2011/12	% change 2013/14-2014/15
Midwife	101	809	59	656	492	22	1,071	349	123	3,682	3,230	2,434	13.99%
General	101	792	59	647	483	21	1,053	344	116	3,616	3,173	2,426	13.96%
Non-practising		17		9	9	1	18	5	7	66	57	8	15.79%
Nurse	5,193	92,160	3,679	64,564	30,305	8,053	88,550	33,988	9,607	336,099	327,388	309,770	2.66%
General	5,122	90,255	3,642	63,866	29,887	7,939	87,655	33,599	9,267	331,232	323,284	309,770	2.46%
General and Non-practising ¹	1	9		2	1		7			20	13	13	53.85%
Non-practising	70	1,896	37	696	417	114	888	389	340	4,847	4,091	3,747	18.48%
Nurse and Midwife	583	9,148	537	6,102	2,193	656	7,940	3,023	340	30,522	31,832	33,751	-4.12%
General	545	8,054	529	5,871	2,113	620	7,664	2,916	304	28,616	30,111	31,111	-4.96%
General and Non-practising ²	23	752	5	148	43	27	183	65	7	1,253	1,122	1,122	11.68%
Non-practising	15	342	3	83	37	9	93	42	29	653	599	599	9.02%

*Principal place of practice

Notes:

1. Practitioners holding general registration in one division and non-practising registration in another division.
2. Practitioners holding general registration in one profession and non-practising registration in the other profession.

Table NM5: Registrants by division												
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2014/15	Total 2013/14	% change 2013/14-2014/15
Nurse	5,193	92,160	3,679	64,564	30,305	8,053	88,550	33,988	9,607	336,099	327,388	2.66%
Enrolled Nurse	694	13,683	409	12,061	7,887	1,461	20,209	5,373	103	61,880	61,301	0.94%
Enrolled Nurse and Registered Nurse ¹	56	1,092	60	1,131	621	48	2,067	482	28	5,585	5,022	11.21%
Registered Nurse	4,443	77,385	3,210	51,372	21,797	6,544	66,274	28,133	9,476	268,634	261,065	2.90%
Nurse and Midwife	583	9,148	537	6,102	2,193	656	7,940	3,023	340	30,522	31,832	-4.12%
Enrolled Nurse and Midwife ¹	4	4		13	2		39			62	55	12.73%
Enrolled Nurse and Registered Nurse and Midwife ¹	1	10	2	2	2		33	9		59	54	9.26%
Registered Nurse and Midwife ¹	578	9,134	535	6,087	2,189	656	7,868	3,014	340	30,401	31,723	-4.17%

*Principal place of practice

Note:

1. Practitioners who hold dual or multiple registration.

Table NM6: Registered nurses and midwives by profession, principal place of practice, and endorsement or notation											
Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2014/15	Total 2013/14
Nurse¹	42	307	32	1,111	117	33	342	221	23	2,228	1,975
Nurse Practitioner	37	268	20	332	111	26	231	208	14	1,247	1,087
Scheduled Medicines	5	39	12	779	6	7	111	13	9	981	888
Midwife¹	5	84	6	181	38	10	92	71		487	364
Eligible Midwife ²	3	53	4	117	22	7	58	40		304	247
Midwife Practitioner		1								1	1
Scheduled Medicines	2	30	2	64	16	3	34	31		182	116

*Principal place of practice

Notes:

1. Nursing and midwifery 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.

2. Holds notation of Eligible Midwife.

Table NM7: Notifications received, closed in 2014/15 and open at 30 June 2015, by state or territory								
State/territory	Notifications received	% of all nursing and midwifery notifications	Mandatory notifications received	% of all nursing and midwifery notifications	Notifications closed	% of all nursing and midwifery notifications	Open at 30 June 2015	% of all nursing and midwifery notifications
ACT	34	<1%	8	2%	48	3%	25	2%
NT	63	3%	3	1%	75	4%	22	2%
QLD	302	17%	6	1%	355	19%	220	20%
SA	198	11%	95	19%	191	10%	163	15%
TAS	64	4%	23	5%	73	4%	32	3%
VIC	361	20%	83	17%	383	21%	241	22%
WA	174	10%	57	12%	181	10%	86	8%
Subtotal	1,196	66%	275	56%	1,306	71%	789	71%
NSW	611	34%	217	44%	541	29%	321	29%
Total	1,807	100%	492	100%	1,847	100%	1,110	100%

Table NM8: Notifications received about nursing registrants by division and state or territory (excluding NSW)									
Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total 2014/15	Total 2013/14
Enrolled Nurse	5	1	55	41	9	57	21	189	205
Enrolled Nurse and Registered Nurse	1		5	6	2	13	1	28	44
Registered Nurse	24	58	211	138	49	233	137	850	1,041
Unknown practitioner ¹	1		5	6	3	46	3	64	17
Total 2014/15	31	59	276	191	63	349	162	1,131	
Total 2013/14	35	55	438	201	67	377	134		1,307

Note:

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

Table NM9: Notifications received by state or territory										
Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Midwife: 2014/15	3	4	26	7	1	12	12	65	9	74
Midwife: 2013/14	8	2	68	15	1	8	5	107	3	110
Nurse: 2014/15	31	59	276	191	63	349	162	1,131	602	1,733
Nurse: 2013/14	35	55	438	201	67	377	134	1,307	593	1,900
Total: 2014/15	34	63	302	198	64	361	174	1,196	611	1,807
Total: 2013/14	43	57	506	216	68	385	139	1,146	452	1,598
% change from 2013/14 to 2014/15	-21%	11%	-40%	-8%	-6%	-6%	25%	4%	35%	13%
All professions notifications received 2014/15	194	178	917	676	237	1,901	781	4,884	3,542	8,426
Nursing/midwifery as % of all notifications received 2014/15	18%	35%	33%	29%	27%	19%	22%	24%	17%	21%

Table NM10: Per cent of registrant base with notifications received, by state or territory										
Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Midwife: 2014/15	0.4%	0.7%	0.4%	0.3%	0.1%	0.1%	0.4%	0.3%	0.1%	0.2%
Midwife: 2013/14	1.2%	0.3%	0.8%	0.5%	0.1%	0.1%	0.1%	0.4%	<0.1%	0.3%
Nurse: 2014/15	0.5%	1.4%	0.4%	0.6%	0.7%	0.4%	0.4%	0.4%	0.6%	0.5%
Nurse: 2013/14	0.6%	1.1%	0.6%	0.6%	0.8%	0.3%	0.4%	0.5%	0.5%	0.5%

Table NM11: Notifications closed by state or territory										
Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	48	75	355	191	73	383	181	1,306	541	1,847
2013/14	23	54	459	184	57	388	156	1,321	556	1,877
% change from 2013/14 to 2014/15	109%	39%	-23%	4%	28%	-1%	16%	-1%	-3%	-2%
All notifications closed 2014/15	267	226	1,258	737	267	2,154	820	5,729	3,274	9,003
Nursing/midwifery as % of all notifications closed	18%	33%	28%	26%	27%	18%	22%	23%	17%	21%

Table NM12: Open notifications at 30 June 2015 under the National Scheme, by state or territory										
Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	25	22	220	163	32	241	86	789	321	1,110
2013/14	51	33	308	153	43	269	96	953	252	1,205
% change 2013/14 to 2014/15	-51%	-33%	-29%	7%	-26%	-10%	-10%	-17%	27%	-8%
All cases for all professions open 2014/15	121	90	773	462	127	918	467	2,958	1,573	4,531
Nursing/midwifery as % of all open cases	21%	24%	28%	35%	25%	26%	18%	27%	20%	24%

Table NM13: Registrants involved in notifications (including NSW)						
Profession	2014/15				2013/14	
	No. practitioners ¹			Rate / 10,000 practitioners	No. practitioners ¹	Rate / 10,000 practitioners
	AHPRA	NSW	Total			
Nurse/midwife ²	267	206	473	12.8	552	15.2
All registrants	491	298	789	12.4	976	15.8

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 NM14: Mandatory notifications received by state or territory										
Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	8	3	6	95	23	83	57	275	217	492
2013/14	5	5	176	106	24	123	47	486	138	624
% change from 2013/14 to 2014/15	60%	-40%	-97%	-10%	-4%	-33%	21%	-43%	57%	-21%
All mandatory notifications received 2014/15	20	4	14	160	34	172	114	518	315	833
Nursing/midwifery as % of all mandatory notifications received	40%	75%	43%	59%	68%	48%	50%	53%	69%	59%

Table NM15: Immediate action cases by state or territory (including NSW)										
Nursing/Midwifery	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	11	3	30	41	7	30	26	148	102	250
2013/14	10	9	107	25	11	29	25	216	88	304
% change from 2013/14 to 2014/15	10%	-67%	-72%	64%	-36%	3%	4%	-31%	16%	-18%

Outcome	2014/15		2013/14	
	Nursing/midwifery registrants	All registrants	Nursing/midwifery registrants	All registrants
Not take immediate action	20	45	37	110
Accept undertaking	28	77	33	93
Impose conditions	56	124	96	187
Accept surrender of registration	2	2	1	3
Suspend registration	34	66	45	75
Decision pending	8	22	4	6
Total	148	336	216	474

Grounds for mandatory notification	End matter						Total closed after assessment	Refer to further stage					Total referred to further stage	Total assessments finalised 2014/15	Total assessments finalised 2013/14
	No further action	Refer all of the notification to another body	Caution	Accept undertaking	Impose conditions	Surrender of registration		Refer to health or performance assessment	Refer to investigation	Refer to investigation and health or performance assessment	Refer to panel	Refer to tribunal			
Standards	33		16	5	2		56	16	90				106	162	268
Impairment	11	1	2	6	4		24	27	34				61	85	134
Sexual misconduct	3						3	1	4				5	8	12
Alcohol or drugs	2			2		1	5	10	19				29	34	37
Not classified			1	1			2							2	2
Total 2014/15	49	1	19	14	6	1	90	54	147				201	291	
Total 2013/14	90	1	35	13	11	1	151	97	167	37		1	302		453

Outcome at closure	2014/15	2013/14
No further action	152	233
Refer all of the notification to another body	3	1
Caution	51	84
Reprimand	3	14
Fine registrant	2	1
Accept undertaking	74	54
Impose conditions	101	72
Accept surrender of registration	1	2
Suspend registration	3	3
Cancel registration	4	3
Not permitted to reapply for registration for 12 months or more	1	
Proceedings withdrawn	1	
Total	396	467

Table NM19: Stage at closure for notifications closed (excluding NSW)				
Stage at closure	2014/15		2013/14	
	Nursing/midwifery registrants	All registrants	Nursing/midwifery registrants	All registrants
Assessment	592	3,069	746	4,387
Health or performance assessment	238	440	190	356
Investigation	391	1,772	320	1,469
Panel hearing	47	269	23	228
Tribunal hearing	38	179	42	116
Total	1,306	5,729	1,321	6,556

Table NM20: Outcome at closure for notifications closed (excluding NSW)				
Outcome at closure	2014/15		2013/14	
	Nursing/midwifery registrants	All registrants	Nursing/midwifery registrants	All registrants
No further action	713	3,439	774	3,744
HCE to retain	54	435	105	1,342
Refer all or part of the notification to another body	11	22	4	22
Caution or reprimand	179	811	192	798
Accept undertaking	134	311	94	218
Impose conditions	192	612	131	382
Fine registrant	3	12	2	7
Suspend registration	7	38	6	18
Practitioner surrender	3	12	4	11
Cancel registration	6	24	8	12
Not permitted to reapply for registration for 12 months or more	2	9		1
Proceedings withdrawn	2	4		
Permanently prohibited from undertaking services relating to midwifery			1	1
Total	1,306	5,729	1,321	6,556

Table NM21: Outcome of assessments finalised in 2014/15 (excluding NSW)				
	2014/15		2013/14	
	Nursing/midwifery registrants	All registrants	Nursing/midwifery registrants	All registrants
Outcome of decisions to take the notification further				
Investigation	433	1,668	469	2,055
Health or performance assessment	131	233	193	324
Panel hearing		13	2	27
Tribunal hearing	7	9	5	16
Subtotal	571	1,923	669	2,422
Outcome of notifications closed following assessment				
No further action	391	2,136	485	2,550
HCE to retain	54	435	105	1,342
Refer all or part of the notification to another body	5	10	1	10
Caution	85	322	93	366
Accept undertaking	32	59	38	58
Impose conditions	23	104	22	58
Accept surrender of registration	2	3	2	3
Subtotal	592	3,069	746	4,387
Total assessments finalised	1,163	4,992	1,415	6,809

Table NM22: Outcome of investigations finalised in 2014/15 (excluding NSW)				
	2014/15		2013/14	
	Nursing/midwifery registrants	All registrants	Nursing/midwifery registrants	All registrants
Outcome of decisions to take the notification further				
Assessment		2		
Health or performance assessment	76	145	19	41
Panel hearing	21	166	51	242
Tribunal hearing	32	114	34	190
Subtotal	129	427	104	473
Outcome of notifications closed following investigation				
No further action	219	1,052	210	989
Refer all or part of the notification to another body	5	11	3	12
Caution	76	391	65	304
Accept undertaking	36	126	12	67
Impose conditions	55	192	30	96
Accept surrender of registration				1
Subtotal	391	1,772	320	1,469
Total investigations finalised	520	2,199	424	1,942

Outcome	2014/15		2013/14	
	Nursing/midwifery registrants	All registrants	Nursing/midwifery registrants	All registrants
No further action	12	63	5	55
Refer all or part of the notification to another body	1	1		
Caution	5	57	6	57
Reprimand	4	13	4	26
Accept undertakings				2
Impose conditions	23	130	5	82
Accept surrender of registration		1		2
Suspend registration	2	4	3	4
Total	47	269	23	228

Outcome	2014/15		2013/14	
	Nursing/midwifery registrants	All registrants	Nursing/midwifery registrants	All registrants
No further action	6	15	5	14
Fine registrant	3	12	2	7
Caution or reprimand	2	18	18	36
Accept undertaking	2	5		6
Impose conditions	11	53	4	25
Accept surrender of registration		6	1	2
Suspend registration	4	33	3	12
Cancel registration	6	24	8	12
Not permitted to reapply for registration for 12 months or more	2	9		
Proceedings withdrawn	2	4		
Other tribunal order				1
Permanently prohibited from undertaking services relating to midwifery			1	1
Total	38	179	42	116

Profession	ACT	NSW ¹	NT	QLD	SA	TAS	VIC	WA	No PPP [*]	Total 2014/15	Total 2013/14
Midwife	6	23		19	5	2	17	29	7	108	35
Nurse	57	50	24	274	156	33	241	138	40	1,013	908
Total Nursing/midwifery 2014/15	63	73	24	293	161	35	258	167	47	1,121	
Total Nursing/midwifery 2013/14	42		35	287	149	53	240	137			943
All practitioners	155	1,412	74	1,186	472	101	948	554	89	4,991	2,827
Nursing/midwifery as % of all practitioners	41%	5%	32%	25%	34%	35%	27%	30%	53%	22%	33%

**Principal place of practice*

Note:

1. 'NSW' refers to cases that are to be transitioned from AHPRA to HPCA for conduct, health and performance streams. These do not refer to HPCA managed monitoring cases.

Table NM26: Active monitoring cases at 30 June 2015 by profession and stream (excluding HPCA)

Profession	Conduct	Health	Performance	Suitability/eligibility	Total 2014/15	Total 2013/14
Midwife	6	12	12	78	108	35
Nurse	133	408	154	318	1,013	908
Total Nursing/midwifery 2014/15	139	420	166	396	1,121	
Total Nursing/midwifery 2013/14	148	459	134	202		943
All practitioners	482	826	600	3,083	4,991	2,827
Nursing/midwifery as % of all practitioners	29%	51%	28%	13%	22%	33%

Keeping the public safe: monitoring

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the National Boards to manage risk to public safety.

On 30 June 2015, there were 1,121 nurses and midwives being monitored across states and territories. Queensland has the highest number with 293 nurses and midwives being monitored (see [Table NM25](#)). [Table NM26](#) outlines the proportion of cases monitored in relation to conduct, health, performance and suitability/eligibility. 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 practise, 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.

It should be noted that notifications can be made about students only in relation to offences or impairment. The National Boards have no role in relation to students' academic or personal performance. Therefore monitoring of students will only relate to offences or impairment.

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 2014/15, AHPRA received 43 statutory offences complaints about nurses and midwives, related to sections 113 – 136 of the National Law. These included 18 about advertising and 25 about practice and title protections.

More detail about our approach to managing statutory offences is reported on page 54 of the 2014/15 [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 25,750 criminal history checks of nurses and midwives, leading to 1,793 disclosable court outcomes. The Board refused registration to five persons as a result of criminal history checks. In 21 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 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

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