

2017/18

Nursing and Midwifery Board of Australia

Annual report summary

Our National Scheme: For safer healthcare



Nursing and Midwifery
Board of Australia

AHPRA

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At a glance: The nursing profession



398,596 nurses, up **3.1%** from 2016/17; that's **56.7%** of all registered health practitioners

28,277 also hold registration in midwifery

The number of dual registered nurses and midwives is down **2.3%** from last year

Female: **88.2%**

Male: **11.8%**



1,612 notifications lodged with AHPRA about nurses

0.5% of nurses had notifications made about them

21 notifications were made about students



1,580 notifications closed this year:

- **18.3%** resulted in accepting an undertaking or conditions being imposed on a nurse's registration
- **15.5%** resulted in a nurse receiving a caution or reprimand by the Board
- **1.3%** resulted in suspension or cancellation of registration
- **0.3%** resulted in the surrender of registration
- **0.1%** resulted in a fine
- **62.3%** resulted in no further action being taken
- **2.2%** were referred to another body or retained by a health complaints entity



Immediate action was taken **192** times; **64** resulted in suspension of registration¹



467 mandatory notifications were made:

- **330** about standards
- **93** about impairment
- **31** about alcohol or drugs
- **13** about sexual misconduct



1,157 nurses were monitored by AHPRA for health, performance and/or conduct during the year



1,523 cases were being monitored for compliance with restrictions on their registration by AHPRA as at 30 June 2018:

- **85** on the grounds of conduct
- **281** for health reasons
- **161** for performance
- **178** prohibited practitioners/students
- **818** for suitability/eligibility for registration



74 statutory offence complaints were made about nurses; **90** were closed

- Most new matters related to title protection

¹ Immediate action is an interim step the Board can take to suspend or cancel a nurse's registration while a complaint is being considered. Refer to the [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

At a glance: The midwifery profession



33,486 midwives, down 0.2% from 2016/17; that's **4.8%** of all registered health practitioners

5,209 hold registration as a midwife only; that's up **12.7%** from last year

Female: **99.6%**

Male: **0.4%**



72 notifications lodged with AHPRA about midwives

0.3% of midwives had notifications made about them

6 notifications were made about students



80 notifications closed this year:

- **21.3%** resulted in accepting an undertaking or conditions being imposed on a midwife's registration
- **20.0%** resulted in a midwife receiving a caution or reprimand by the Board
- **58.8%** resulted in no further action being taken



Immediate action was taken **8** times¹



8 mandatory notifications were made:

- **6** about standards
- **2** about alcohol or drugs



31 midwives were monitored by AHPRA for health, performance and/or conduct during the year



155 cases were being monitored for compliance with restrictions on their registration by AHPRA as at 30 June 2018:

- **3** on the grounds of conduct
- **4** for health reasons
- **9** for performance
- **2** prohibited practitioners/students
- **137** for suitability/eligibility for registration



1 statutory offence complaint was made about a midwife; **5** were closed

- The new matter related to title protection

¹ Immediate action is an interim step the Board can take to suspend or cancel a midwife's registration while a complaint is being considered. Refer to the [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

Message from the Chair

This report summarises data relating to the nursing and midwifery professions in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report. It offers a unique insight into the regulatory landscape for the nursing and midwifery professions.

People place their trust in nurses and midwives. The Nursing and Midwifery Board of Australia (NMBA) exists to make sure that trust is being met. The NMBA sets the evidence-based standards, codes and guidelines which establish safe practice. We take action on behalf of the public if standards of nursing and midwifery care fall below public safety requirements.

On 1 March 2018, the NMBA's new codes of conduct took effect for all nurses and midwives in Australia. The codes are a vital part of ensuring that practitioners, employers and people being cared for are aware of the required standard of conduct for the nursing and midwifery professions. The codes are evidence-based and were developed in consultation with over 4,000 nurses, midwives, health consumers and other stakeholders. The NMBA undertook a strong engagement campaign on the release of the new codes, to ensure that nurses and midwives understand both the principles of the codes and their importance.

One critical element of the codes is the inclusion of 'Principle 3: Cultural practice and respectful relationships', with a domain dedicated to Aboriginal and Torres Strait Islander Peoples' health. The NMBA worked closely with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives to develop this principle, which was further supported by a joint statement on culturally safe care, released on 1 February 2018. A second joint statement, the *Joint statement on cultural safety: Nurses and midwives leading the way for safer healthcare*, was released on 5 April 2018. It is a testament to the commitment of the nursing and midwifery professions to culturally safe care, that this statement was endorsed by 30 leading nursing and midwifery organisations.

The NMBA released the new *Midwife standards for practice* on 1 May 2018. These standards are enabling, woman-centred and suitable for midwives in all practice settings. The standards reflect currently available evidence for midwifery practice in Australia and provide a framework for midwifery practice in all contexts. Critically, the standards inform women, other consumers, regulators, educators, those that collaborate with and manage midwives on what to expect from a midwife's practice.

On behalf of the NMBA, I would like to thank the nurses and midwives across Australia who are leading the way for an evidence-based and culturally safe healthcare system. I would also like to thank the individuals, partners and organisations we have worked with to achieve so much this year.



Associate Professor Lynette Cusack

Chair, Nursing and Midwifery Board of Australia

Nursing and Midwifery Board of Australia

Members of the Board

Associate Professor Lynette Cusack (Chair)

Ms Angela Brannelly

Adjunct Professor Veronica Casey

Ms Nicoletta Ciffolilli

Professor Denise Fassett

Ms Melodie Heland

Mr Christopher Helms

Mr Max Howard

Ms Annette Symes

Mrs Allyson Warrington

Ms Margaret Winn

Mrs Jennifer Wood

Committees

A number of national committees support the NMBA, including the:

- Finance, Governance and Communications Committee
- Program Approval Committee
- Registration and Notifications Committee, and
- State and Territory Chairs' Committee.

The NMBA also has boards in each state and territory. For more information, see the appendices.

Executive and policy support



Ms Tanya Vogt

Executive Officer, Nursing and Midwifery

Ms Vogt supports the NMBA. Executive Officers provide a vital link between the National Boards and AHPRA.

For more information about the NMBA, visit our [website](#).

About us

The Nursing and Midwifery Board of Australia (NMBA) has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the professions by ensuring that only those practitioners who are suitably trained and qualified as nurses and/or midwives can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the National Scheme regulatory principles.

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

About this report

This annual report summary provides a specific view of the NMBA and AHPRA's work in regulating nurses and midwives to protect the public in 2017/18. Information provided in this summary report is drawn from data published in the 2017/18 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards in the National Scheme are available to download from the [AHPRA website](#).

Our regulatory principles

Eight [regulatory principles](#) underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's [2017/18 annual report](#).

Nursing and Midwifery Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2017/18. Here are the highlights:

New codes of conduct

New codes of conduct for nurses and midwives took effect on 1 March 2018, after being released publicly in September 2017. The codes set out the legal requirements, professional behaviour and conduct expectations for all nurses and midwives in all practice settings. The codes were developed by the NMBA through extensive consultation with stakeholders and the nursing and midwifery professions, as well as literature and evidence reviews.

The *Code of conduct for nurses* and *Code of conduct for midwives* share four domains of conduct:

1. Practise legally

This domain addresses the requirements for nurses and midwives to adhere to their professional obligations under the National Law, and abide by other laws. This includes meeting the requirements of the NMBA registration standards, practising ethically and honestly, and not engaging in unlawful behaviour.

2. Practise safely, effectively and collaboratively

Within this domain of conduct, the principles of 'person-centred practice' and 'woman-centred practice' give guidance for nurses and midwives around decision-making, informed consent, adverse events and open disclosure.

'Cultural practice and respectful relationships' sets out the expectations for nurses and midwives in relation to important issues such as bullying and harassment, so that we can all work towards safe care. Culturally safe and respectful practice requires having knowledge of how a nurse's or midwife's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues.

3. Act with professional integrity

This domain provides guidance for nurses and midwives on professional behaviour, such as professional boundaries, honesty and transparency in representing themselves professionally, and how to manage conflicts of interest.

The domain also sets out conduct expectations on teaching, supervising and assessing for the professions, and outlines the additional responsibilities of nurses and midwives involved in the design, organisation, undertaking or reporting of health research.

4. Promote health and wellbeing

This domain of conduct sets out the responsibility for nurses and midwives to maintain their physical and mental health, in order to be able to practise safely and effectively.

'Promote health and wellbeing' also gives guidance for nurses and midwives about their role in health advocacy – recognising that there are significant disparities in the

health status of various groups in the Australian community. These disparities result from social, historic, geographic, environmental, legal, physiological and other factors. Groups who experience health disparities include Aboriginal and/or Torres Strait Islander Peoples, those with disabilities, those who are gender or sexuality diverse, and those from social, culturally and linguistically diverse backgrounds, including asylum seekers and refugees.

Nurses and midwives have a professional obligation to use their expertise to protect and advance the health and wellbeing of people and communities.

Adoption of international codes of ethics

The International Council of Nurses (ICN)'s *ICN code of ethics for nurses* and the International Confederation of Midwives (ICM)'s *International code of ethics for midwives* took effect as the guiding documents for ethical decision-making for nurses and midwives in Australia on 1 March 2018. The NMBA, Australian College of Midwives, Australian College of Nursing and Australian Nursing and Midwifery Federation agreed to adopt the ICN and ICM codes of ethics jointly, based on evidence from an academic literature review on ethical guiding documents and the mapping and analysis of the previous codes of ethics.

New midwife standards for practice: enabling midwifery care

The new *Midwife standards for practice* (the standards) were released on 1 May 2018 and replace the *National competency standards for the midwife* on 1 October 2018. The standards provide a framework for midwifery practice in all contexts. The standards are evidence-based and have been tested across a broad range of midwifery settings, including clinical, community and education, which means they are enabling and suitable for all midwives in all practice settings.

Seven interrelated standards are framed within a woman-centred approach and contain criteria that specify how the standard can be demonstrated. The standards reflect the midwife's continuous woman-centred professional relationship that may extend from preconception to the postnatal period, and acknowledge the role midwives play across the health system.

Communications, engagement and stakeholder relations

A number of communications and engagement activities were conducted throughout the year to keep the professions and stakeholders up to date with changes to standards and guidelines. These included:

'Being a midwife or a nurse means something': Codes of conduct campaign

To engage nurses and midwives with their new codes of conduct, on 1 March 2018 the NMBA released its first video, 'Being a midwife or a nurse means something', which promoted the values and principles of the codes.

The video focused on the trust that individuals and communities place in nurses and midwives, and the important role that the codes of conduct play in ensuring that practitioners meet that trust.

The video was launched to nurses and midwives on the day the new codes came into effect as part of an integrated campaign that included features in the e-newsletter, social media advertising, media releases and articles in key professional publications.

Other resources were released as part of the campaign, including full-colour fridge magnets for workplaces, a vodcast presentation explaining the conduct expectations, conduct case studies and a fact sheet.

The new codes and the video have been promoted face-to-face with nurses and midwives and key stakeholders around the country at information forums and events.

Consulting on prescribing

The NMBA worked with the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) to explore potential models of prescribing for nurses and midwives.

The Commonwealth Chief Nursing and Midwifery Officer held the Registered Nurse/Midwife Prescribing Symposium on 21 March 2017. From this symposium, a joint working group was established by the NMBA Board and ANZCCNMO, which released a discussion paper for public consultation in October 2017.

The consultation feedback supported the NMBA's current approach to autonomous midwifery prescribing and indicated there was no need to establish another pathway.

There was support for a supervised/designated prescribing model for registered nurses – with the preferred term being 'partnership'. It was also clear from feedback that the use of protocols and standing orders for the supply of medicines is captured at the undergraduate level of registered nurse education.

The NMBA is now consulting on a proposed *Endorsement for scheduled medicines for registered nurses to prescribe in partnership*.

NMBA national conference 2018

In June 2018, 120 people involved in nursing and midwifery regulation in Australia came together for the NMBA national conference in Melbourne.

The nursing and midwifery team ran the event on 7–8 June, which brought together the National Board, the state and territory boards, AHPRA staff and key partners, the NSW Nursing and Midwifery Council and representatives from New Zealand nursing and midwifery regulatory bodies. The NMBA conference provided a chance to come together and assess the current environment and plan for the future regulation of nurses and midwives.

The conference focused on consistency and improvements in regulation across the country. Delegates participated in workshops on risk-based approaches to notifications, re-entry to practice, and cultural safety.

The NMBA welcomed keynote speakers Dr Anna van der Gaag CBE, former Chair of the Health and Care Professions Council in the UK, and Dr David Benton, Chief Executive Officer of the National Council of State Boards of Nursing in the USA. Dr van der Gaag spoke about the UK experience of multi-profession regulation and Dr Benton presented on what technology means for the future of regulation.

Policy and audit

The following policy and audit activities were actioned during the year:

Outcomes-based assessment of overseas-qualified nurses and midwives

In 2017/18, the NMBA continued its work to develop a new approach to the assessment of internationally qualified nurses and midwives (IQNM). Monash University was awarded the tender to develop an objective-structured clinical examination (OSCE) for registered nurses and enrolled nurses. The NMBA is also undertaking a joint project with the New Zealand Midwifery Council to develop a multi-choice examination and OSCE for midwives.

The NMBA established the Nursing and Midwifery Accreditation Committee (Assessment of Overseas Nurses and Midwives) in April 2018 to provide oversight of the outcomes-based assessment of the knowledge, clinical skills and professional attributes of internationally qualified nurses and midwives wanting to register in Australia. The NMBA plans to begin the new model for the assessment of IQNMs in late 2019.

Successful audit of privately practising midwives

On 1 January 2017 the Safety and quality guidelines for privately practising midwives came into effect, replacing the Safety and quality framework for privately practising midwives attending homebirths. The guidelines set out the NMBA requirements for midwives who practise privately.

In late 2017, at the request of the Ministerial Council, the NMBA carried out an audit of privately practising midwives (PPMs) providing homebirth services against the NMBA's Safety and quality guidelines for privately practising midwives (SQG). PPMs providing homebirth services need to meet the requirements of the SQG to be exempt from holding professional indemnity insurance for homebirths under the National Law.

The outcomes of the audit show that the 101 PPMs who responded to the audit met all the audit requirements.

The audit demonstrates that an overwhelming majority of PPMs comply with all elements of the SQG in their private practice.

Future work

The NMBA is planning the following activities during 2018/19:

- Internationally qualified nurses and midwives – finalise the development of the outcomes-based assessment model to commence in late 2019.
- Advanced practice – consultation on an updated definition of advanced practice in the *Registration standard: Endorsement as a nurse practitioner*.
- Re-entry to practice – evidence-based review of the NMBA re-entry to practice policy and associated documents.
- Decision-making framework (DMF) – evidence-based review of the DMF to ensure it is current and reflective of nursing and midwifery practice. Public consultation on the revised DMF is expected in early 2019.
- Nurse practitioner standards for practice – evidence-based review to ensure the standards reflect nurse practitioner practice. The work has commenced with a literature review and public consultation is expected to commence in mid-2019.
- *English language skills registration standard* – revision of the standard to clarify the existing requirement to complete at least five years (full-time equivalent) education as continuous education.

Registering the workforce

In brief

398,596 nurses registered in 2017/18; up 3.1% from 2016/17.

33,486 midwives registered in 2017/18; down 0.2% from 2016/17.

Nurses comprise 56.7% of all registered health practitioners.

Midwives comprise 4.8% of all registered health practitioners.

The number of dual registered nurses and midwives decreased by 2.3% from 2016/17.

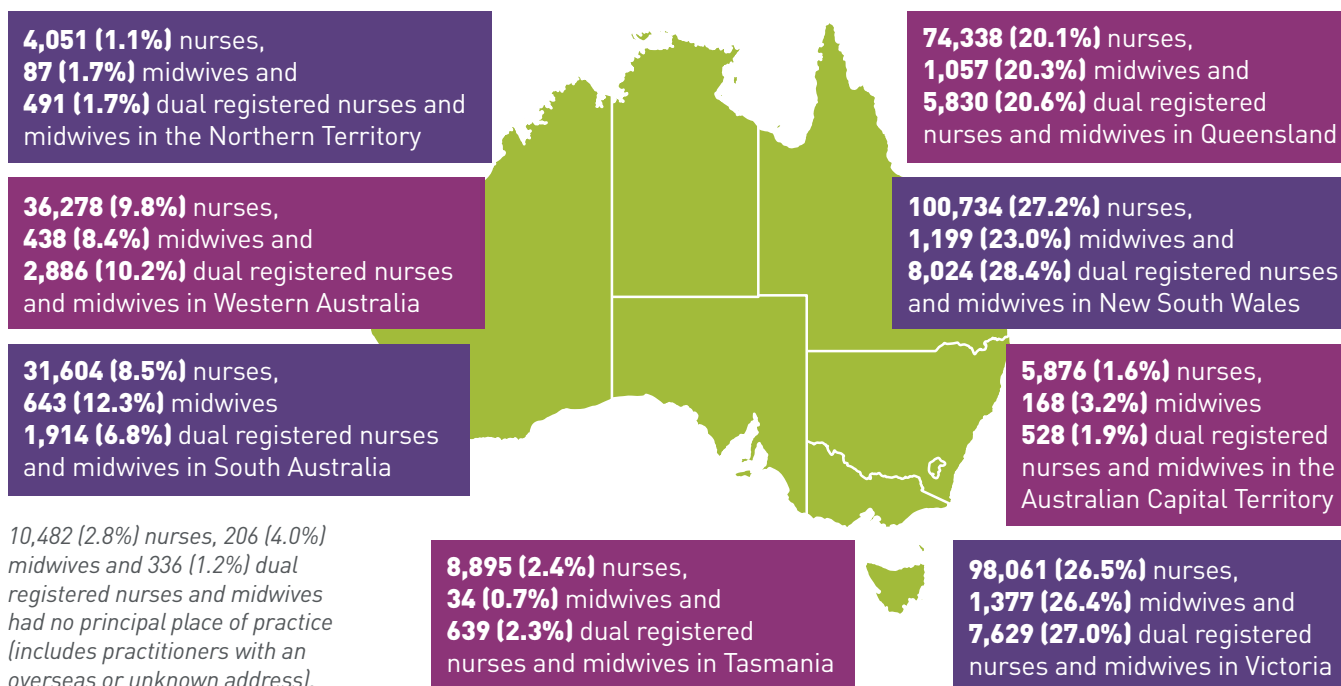
Of all midwifery registrants, 5,209 hold registration as a midwife only (an increase of 12.7% from 2016/17).

1.1% of nurses and midwives identified as being Aboriginal and/or Torres Strait Islander (the total of 4,136 practitioners includes 3,762 nurses, 81 midwives, 23 dual registered nurses and midwives and 56 non-practising registrants). This is an increase from 2016/17.

Women comprised 88.9% of the nursing profession and 98.5% of the midwifery profession.

Figure 1: Number and percentage of nurses and midwives with a principal place of practice in each state and territory

A total of **370,319** nurses, **5,209** midwives and **28,277** dual registered nurses and midwives at 30 June 2018



About registration

Under the National Law, as in force in each state and territory, there is a range of registration categories. Nursing and midwifery registration types are:

- ➔ General registration as an enrolled nurse, registered nurse and/or midwife
- ➔ Non-practising registration
- ➔ Student registration, and
- ➔ Provisional registration.

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. The endorsements for nursing and midwifery are:

- ➔ Nurse practitioner
- ➔ Registered nurse – supply scheduled medicines (rural and isolated practice), and
- ➔ Midwife – scheduled medicines.

Before a person can practise and/or use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration or endorsement, and registration or endorsement must be granted by the NMBA.

Find out more about [registering](#) as a nurse and/or midwife.

Figure 2: Number of nurses registered, year by year, since the National Scheme began

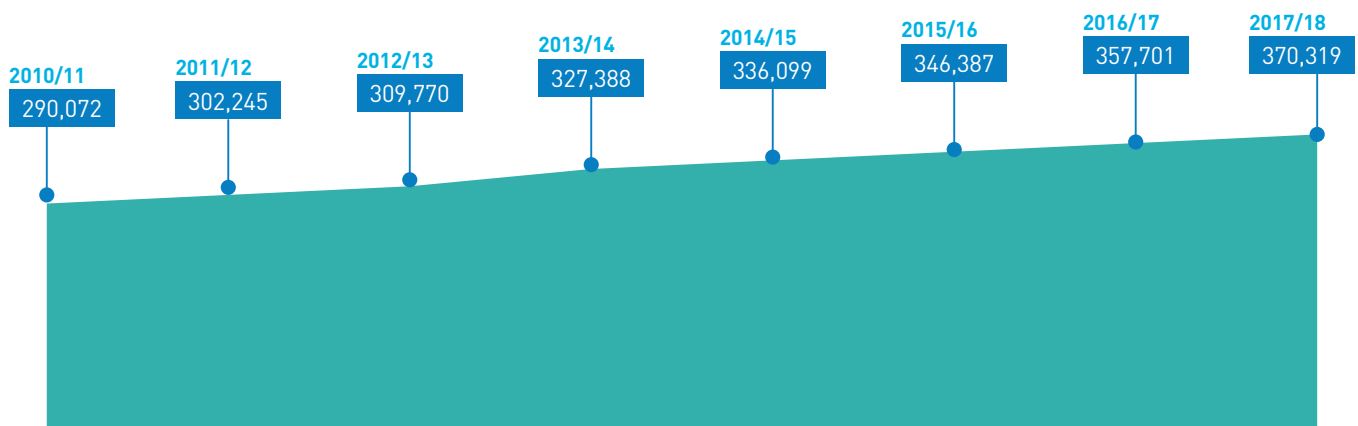


Figure 3: Number of midwives registered, year by year, since the National Scheme began

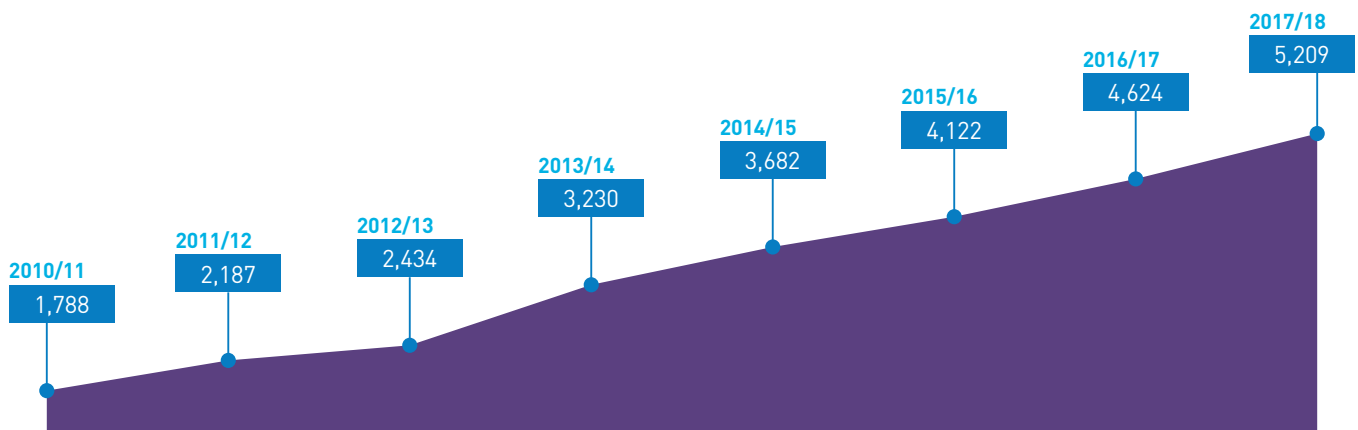
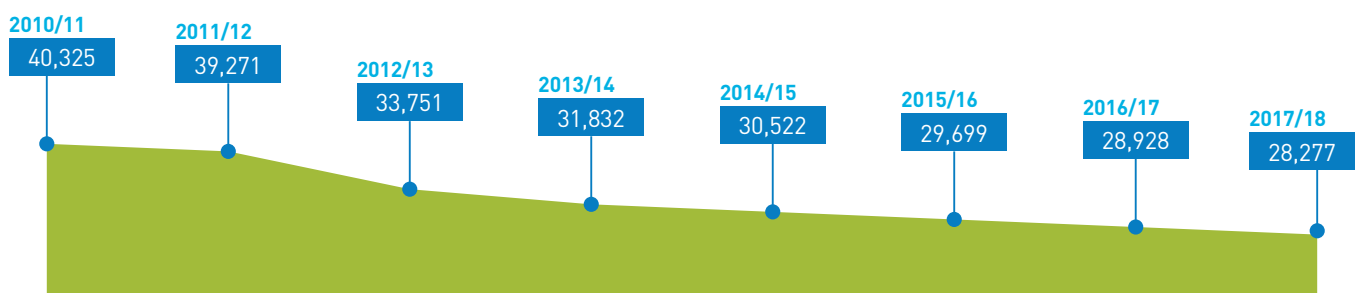


Figure 4: Dual registered (nurse and midwife) numbers, year by year, since the National Scheme began



Registration

As at 30 June 2018, there were a total of 403,805 nurses and midwives registered with the NMBA. This represents a 3.2% increase in the number of registrants with the NMBA.

New South Wales (NSW), Victoria (Vic) and Queensland (Qld) accounted for 73.9% of all nurses and midwives registered nationally. Within the National Scheme, 57.5% of all registered health practitioners were nurses and/or midwives.

According to data from the National health workforce data set, compiled from a survey that health practitioners fill out upon registration, 4,136 nurses and/or midwives identified as being Aboriginal or Torres Strait Islander in 2017/18, equating to 1.1% of all nurses and midwives. This is an increase from 3,740 in 2016/17.

Of all nurses and midwives registered at 30 June 2018, 98.4% held some form of practising registration (see Table 2); 0.8% also held an endorsement for an expanded scope of practice (see Table 6).

For more information about registration, visit the [NMBA website](#).

Applications for registration

AHPRA received 36,727 new applications for registration with the NMBA in 2017/18 (34,767 to register as a nurse and 1,960 to register as a midwife). In partnership with AHPRA, the NMBA considers every application for registration carefully and assesses it against the requirements for registration, including criminal history and English language proficiency.

Only those applicants who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, the NMBA may decide to impose conditions on a nurse or midwife's registration or refuse an application entirely.

Of the applications finalised, 10.7% resulted in conditions being imposed on registration or refusal of registration in order to protect the public. Of these, the majority were overseas-trained applicants who either had conditions placed on their registration or were refused registration because they did not meet all eligibility requirements.

Renewals

Once on the register, nurses and/or midwives must apply to renew their registration each year and be reassessed against the relevant registration requirements. As with new applications for registration, the NMBA may impose conditions on registration or refuse renewal entirely.

In the 2018 renewal cycle, a total of 382,007 nurses and midwives renewed their registration in 2017/18, with 98.9% of all registrants renewing online.

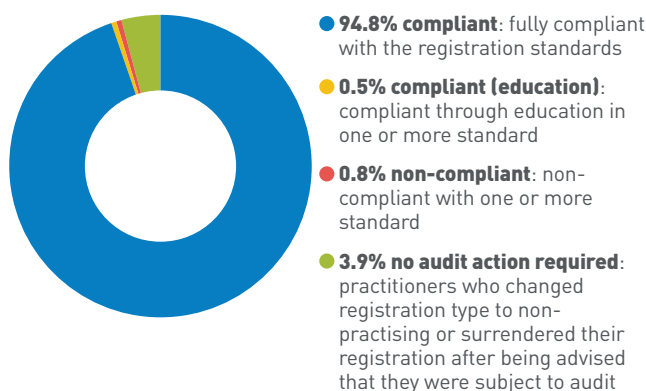
Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 registered health professions. See Figure 5 for audit outcomes for the nursing and midwifery professions.

See AHPRA's [2017/18 annual report](#) for more information about the audit process.

Figure 5: Audit outcomes for the nursing and midwifery professions



Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible register of practitioners for each profession (Register) so that information about the registration of any health practitioner is easy to find. The professions of nursing and midwifery each have a separate register, with some practitioners holding dual registration of both professions.

The online [Register](#) has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. As decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the register is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a [Register of cancelled practitioners](#).

Table 1: Number of nurses and midwives as at 30 June 2018

Nursing/midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Midwife: 2017/18	168	1,199	87	1,057	643	34	1,377	438	206	5,209
Midwife: 2016/17	141	1,043	83	907	572	24	1,272	408	174	4,624
% change from 2016/17 to 2017/18	19.1%	15.0%	4.8%	16.5%	12.4%	41.7%	8.3%	7.4%	18.4%	12.7%
Nurse: 2017/18	5,876	100,734	4,051	74,338	31,604	8,895	98,061	36,278	10,482	370,319
Nurse: 2016/17	5,671	98,130	3,887	70,904	30,989	8,429	94,114	35,396	10,181	357,701
% change from 2016/17 to 2017/18	3.6%	2.7%	4.2%	4.8%	2.0%	5.5%	4.2%	2.5%	3.0%	3.5%
Nurse and midwife: 2017/18	528	8,024	491	5,830	1,914	639	7,629	2,886	336	28,277
Nurse and midwife: 2016/17	543	8,371	497	5,890	2,023	646	7,695	2,937	326	28,928
% change from 2016/17 to 2017/18	-2.8%	-4.1%	-1.2%	-1.0%	-5.4%	-1.1%	-0.9%	-1.7%	3.1%	-2.3%
Total: 2017/18	6,572	109,957	4,629	81,225	34,161	9,568	107,067	39,602	11,024	403,805
Total: 2016/17	6,355	107,544	4,467	77,701	33,584	9,099	103,081	38,741	10,681	391,253
% change from 2016/17 to 2017/18	3.4%	2.2%	3.6%	4.5%	1.7%	5.2%	3.9%	2.2%	3.2%	3.2%
State/territory nurses and midwives as % of all nurses and midwives	1.6%	27.2%	1.1%	20.1%	8.5%	2.4%	26.5%	9.8%	2.7%	100.0%
All registered health practitioners 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741
All registered health practitioners 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938
Nurses and midwives as % of all practitioners in the state or territory 2017/18	53.4%	54.4%	62.4%	58.4%	62.0%	63.0%	58.6%	55.9%	60.7%	57.5%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Nurses and midwives, by registration type and state or territory

Nursing/midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2017/18	Total 2016/17	% change 2016/17-2017/18
Midwife	168	1,199	87	1,057	643	34	1,377	438	206	5,209	4,624	12.7%
General	168	1,179	86	1,048	633	34	1,351	431	198	5,128	4,548	12.8%
Non-practising		19	1	9	9		24	7	8	77	73	5.5%
Provisional		1			1		2			4	3	33.3%
Nurse	5,876	100,734	4,051	74,338	31,604	8,895	98,061	36,278	10,482	370,319	357,701	3.5%
General	5,776	98,845	4,019	73,364	31,087	8,750	96,931	35,813	9,977	364,562	352,011	3.6%
General and non-practising ²		5		6	5		6	2		24	27	-11.1%
General and provisional				1	2		2		1	6	5	20.0%
Non-practising	95	1,840	32	929	490	137	1,070	430	503	5,526	5,421	1.9%
Provisional	5	44		38	20	8	52	33	1	201	237	-15.2%
Nurse and midwife	528	8,024	491	5,830	1,914	639	7,629	2,886	336	28,277	28,928	-2.3%
General	476	6,977	483	5,530	1,809	602	7,271	2,748	299	26,195	26,835	-2.4%
General and non-practising ³	32	754	8	196	63	27	226	91	8	1,405	1,401	0.3%
General and provisional		1		4	1		2			8	8	0.0%
Non-practising	20	290		95	41	10	129	46	29	660	679	-2.8%
Provisional		2		5			1	1		9	5	80.0%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Nurse or midwife holding general registration in one division and non-practising registration in another division.

³ Nurse or midwife holding general registration in one profession and non-practising registration in the other profession.

Table 3: Nurses and midwives, by age

Nursing/midwifery	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
Midwife: 2017/18	382	934	873	750	650	595	425	294	200	76	26	3	1	5,209
Midwife: 2016/17	329	848	774	623	617	537	391	247	161	69	23	4	1	4,624
Nurse: 2017/18	17,622	42,299	51,444	40,718	38,517	42,954	39,522	42,525	34,261	15,486	4,100	713	158	370,319
Nurse: 2016/17	16,307	40,195	47,272	37,961	38,865	42,700	39,490	43,168	32,594	14,608	3,710	695	136	357,701
Nurse and midwife: 2017/18	451	1,665	2,017	1,946	2,062	2,849	3,752	5,680	4,918	2,219	570	124	24	28,277
Nurse and midwife: 2016/17	361	1,602	1,967	1,864	2,175	2,999	4,237	6,067	4,812	2,156	558	109	21	28,928
Total nurse and midwife: 2017/18	18,455	44,898	54,334	43,414	41,229	46,398	43,699	48,499	39,379	17,781	4,696	840	183	403,805
Total nurse and midwife: 2016/17	16,997	42,645	50,013	40,448	41,657	46,236	44,118	49,482	37,567	16,833	4,291	808	158	391,253
Age group as % of all nurses and midwives	4.6%	11.1%	13.5%	10.8%	10.2%	11.5%	10.8%	12.0%	9.8%	4.4%	1.2%	0.2%	0.0%	100.0%
All registered health practitioners 2017/18	27,649	88,553	102,709	85,716	76,383	76,601	68,203	71,750	58,315	29,621	11,528	3,777	1,936	702,741
All registered health practitioners 2016/17	26,073	85,071	95,700	80,655	75,316	75,186	68,215	72,475	55,722	28,217	10,734	3,662	1,912	678,938
Nurses and midwives as % of all registered health practitioners 2017/18	66.7%	50.7%	52.9%	50.6%	54.0%	60.6%	64.1%	67.6%	67.5%	60.0%	40.7%	22.2%	9.5%	57.5%

Table 4: Nurses and midwives, by principal place of practice and gender

Nursing/midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2017/18	Total 2016/17	% change 2016/17-2017/18
Midwife	168	1,199	87	1,057	643	34	1,377	438	206	5,209	4,624	12.7%
Female	167	1,193	86	1,056	641	32	1,371	438	206	5,190	4,608	12.6%
Male	1	6	1	1	2	2	6	0	0	19	16	18.8%
Nurse	5,876	100,734	4,051	74,338	31,604	8,895	98,061	36,278	10,482	370,319	357,701	3.5%
Female	5,093	87,401	3,409	65,874	27,965	7,854	87,123	32,864	8,925	326,508	315,993	3.3%
Intersex or indeterminate	0	2	0	1	0	0	0	0	0	3	2	50.0%
Male	783	13,331	642	8,463	3,639	1,041	10,938	3,414	1,557	43,808	41,706	5.0%
Nurse and midwife	528	8,024	491	5,830	1,914	639	7,629	2,886	336	28,277	28,928	-2.3%
Female	519	7,845	460	5,739	1,873	625	7,561	2,843	330	27,795	28,419	-2.2%
Male	9	179	31	91	41	14	68	43	6	482	509	-5.3%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 5: Nurses by division and dual registration as a midwife

Nursing/midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2017/18	Total 2016/17	% change 2016/17-2017/18
Nurse	5,876	100,734	4,051	74,338	31,604	8,895	98,061	36,278	10,482	370,319	357,701	3.5%
Enrolled nurse	729	14,156	437	13,735	8,082	1,616	21,266	5,628	140	65,789	64,021	2.8%
Enrolled nurse and registered nurse ²	88	1,437	64	1,652	830	82	3,009	731	38	7,931	7,264	9.2%
Registered nurse	5,059	85,141	3,550	58,951	22,692	7,197	73,786	29,919	10,304	296,599	286,416	3.6%
Nurse and midwife	528	8,024	491	5,830	1,914	639	7,629	2,886	336	28,277	28,928	-2.3%
Enrolled nurse and midwife ²	1	8	3	26	8		34	2	0	82	70	17.1%
Enrolled nurse and registered nurse and midwife ²	0	19	2	7	2	2	34	13	0	79	66	19.7%
Registered nurse and midwife ²	527	7,997	486	5,797	1,904	637	7,561	2,871	336	28,116	28,792	-2.3%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Nurses and midwives who hold dual or multiple registration.

Table 6: Nurses and midwives and endorsements, by principal place of practice

Nursing/midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2017/18	Total 2016/17
Nurse²	50	443	56	1,270	151	49	535	276	34	2,864	2,676
Nurse practitioner	43	399	29	447	141	41	356	249	24	1,729	1,559
Scheduled medicines	7	44	27	823	10	8	179	27	10	1,135	1,117
Midwife²	4	66	5	156	41	11	76	70	1	430	333
Midwife practitioner	0	1	0	0	0	0	0	0	0	1	1
Scheduled medicines	4	65	5	156	41	11	76	70	1	429	332

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Nurses and midwives may hold dual nursing and midwifery registration and may have endorsements and/or notations against each registration.

Table 7: Nurses and midwives and notations, by principal place of practice

Nursing/midwifery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2017/18	Total 2016/17
Nurse²	11	450	30	323	236	19	409	1,233	253	2,964	2,876
Disability nursing	0	40	2	10	5		12	23	19	111	98
Mental health nursing	8	273	26	198	216	17	308	1,051	161	2,258	2,222
Paediatric nursing	3	137	2	115	15	2	89	159	73	595	556
Midwife²	1	1	0	4	0	0	2	2	0	10	45
Eligible midwife³	1	1	0	4	0	0	2	2	0	10	45

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Nurses and midwives may hold dual nursing and midwifery registration and may have endorsements and/or notations against each registration.

³ Midwives with the eligible midwife notation only. An eligible midwife, may be qualified to apply for endorsement for scheduled medicines for midwives under section 94 to prescribe Schedule 2, 3, 4 & 8 medicines when they have completed an NMBA-approved program of study and meet the requirements of the NMBA registration standard for endorsement for scheduled medicines for midwives.

Regulating the workforce

In brief: Notifications, monitoring and offences

1,612 notifications (complaints or concerns) were lodged with AHPRA about nurses in 2017/18. Nationally, 0.5% of the profession had notifications made about them.

72 notifications (complaints or concerns) were lodged with AHPRA about midwives in 2017/18. Nationally, 0.3% of the profession had notifications made about them.

21 notifications were lodged about nursing students; 6 notifications were lodged about midwifery students.

1,660 notifications about nurses and midwives were closed (1,580 notifications about nurses and 80 about midwives).

Immediate action was considered on 279 occasions and taken 200 times – 192 times in relation to notifications about nurses, and 8 times in relation to notifications about midwives.

475 mandatory notifications were received by AHPRA about nurses and midwives during the year. These notifications made up over 37.4% of all mandatory notifications received across all professions in the National Scheme.

1,507 nurses and 155 midwives were being monitored for conditions on their registration.

75 statutory offence complaints were made – the majority related to title protection.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the NMBA, unless otherwise stated.

The notification process is different in New South Wales and Queensland:

- ➔ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission.
- ➔ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer

to the HPCA's 2017/18 annual report on their [website](#), as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. OHO receives all health complaints in Queensland, including those about nurses and midwives, and decides whether the complaint:

- ➔ is serious, in which case it must be retained by OHO for investigation
- ➔ should be referred to AHPRA and the relevant National Board for management, or
- ➔ can be closed, or managed by way of conciliation or local resolution.

We only have access to data relating to matters referred to us by OHO. We do not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified about a concern or complaint about a practitioner, which AHPRA manages in partnership with the relevant National Board. Most of the notifications received about individual nurses and midwives are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some notifications are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For data about statutory offences concerning nurses and midwives in 2017/18, see Tables 28 and 29.

Keeping the public safe is the primary focus when the NMBA makes decisions about notifications.

Anyone can notify AHPRA about a registered nurse, enrolled nurse and/or midwife's health, performance or conduct. Employers have mandatory reporting obligations under the National Law and they are the source of most of the complaints or concerns we receive about nurses, both overall and from mandatory reporting. For midwives, the most common source of complaints, both overall and from mandatory reporting obligations, are from other practitioners. The most common source of complaints or concerns voluntarily lodged about nurses and midwives are from the people they care for, relatives or members of the public.

For more information about the notifications process, visit the [AHPRA website](#).

Figure 6: How AHPRA and the Board manage notifications

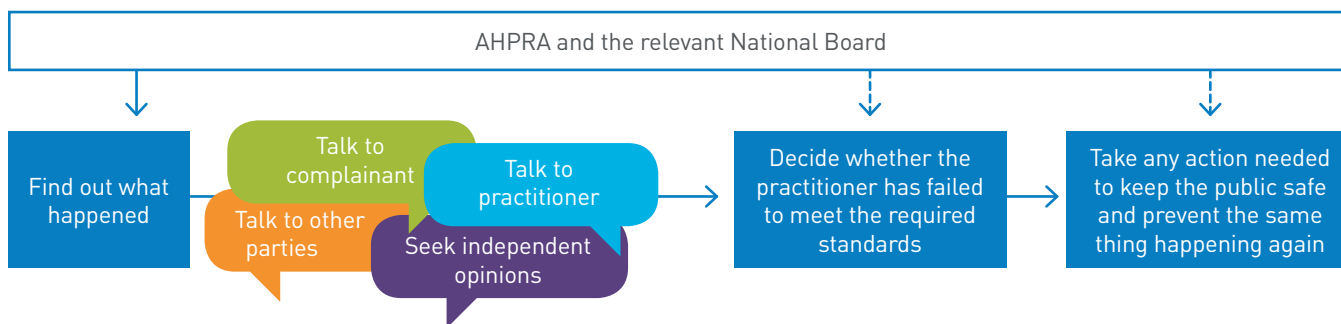


Figure 7: Total notifications received by AHPRA about midwives, year by year, since the National Scheme began

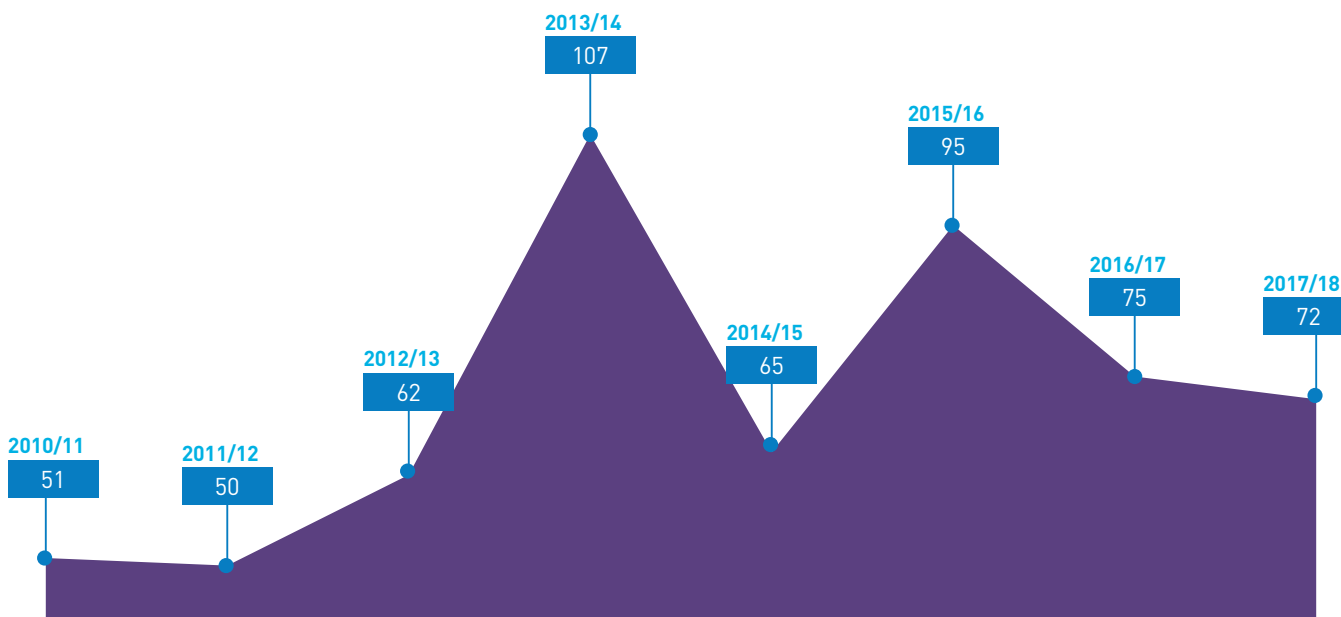


Figure 8: Total notifications received by AHPRA about nurses, year by year, since the National Scheme began

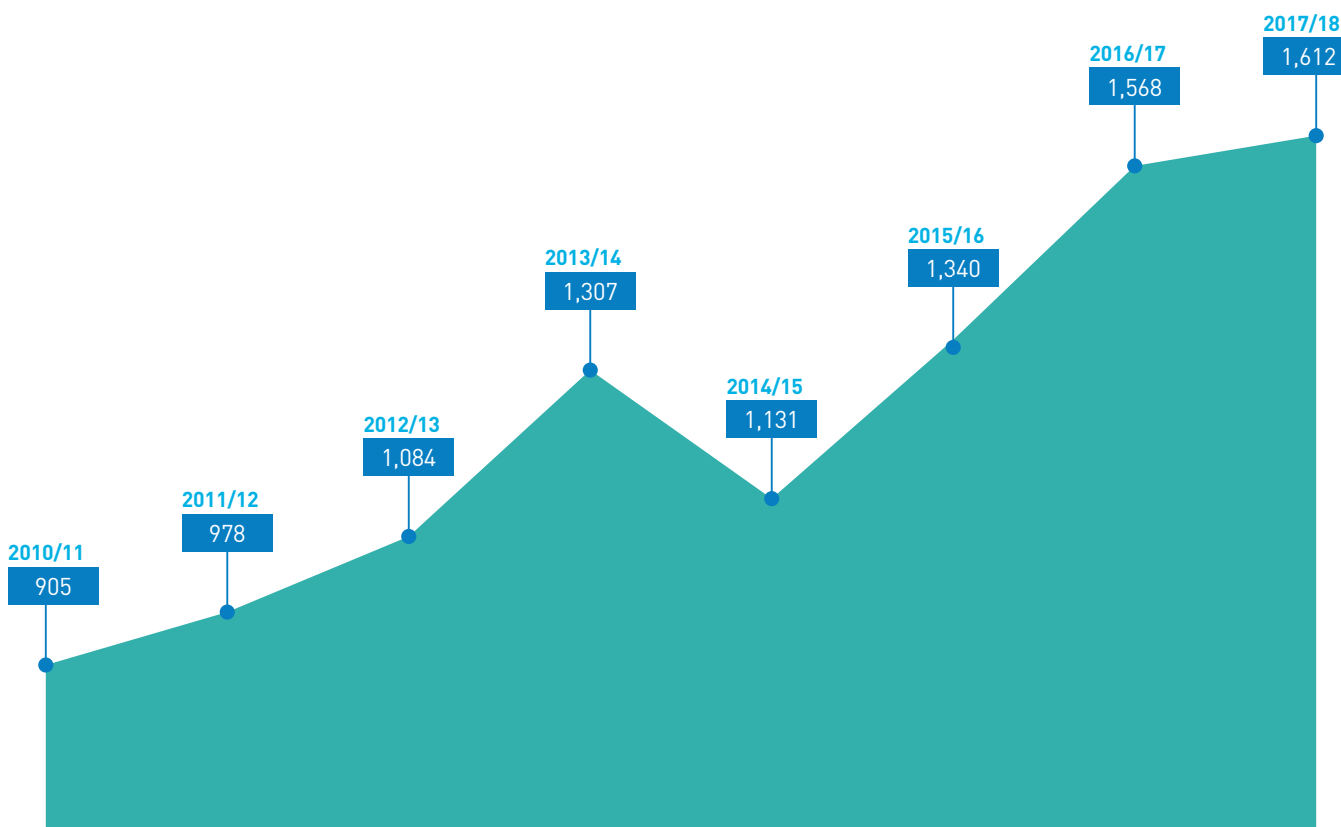
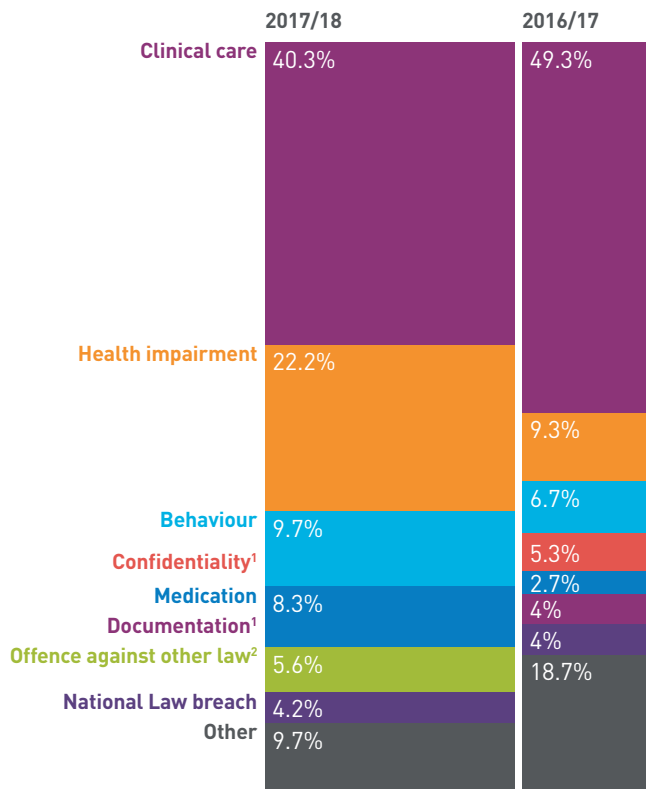


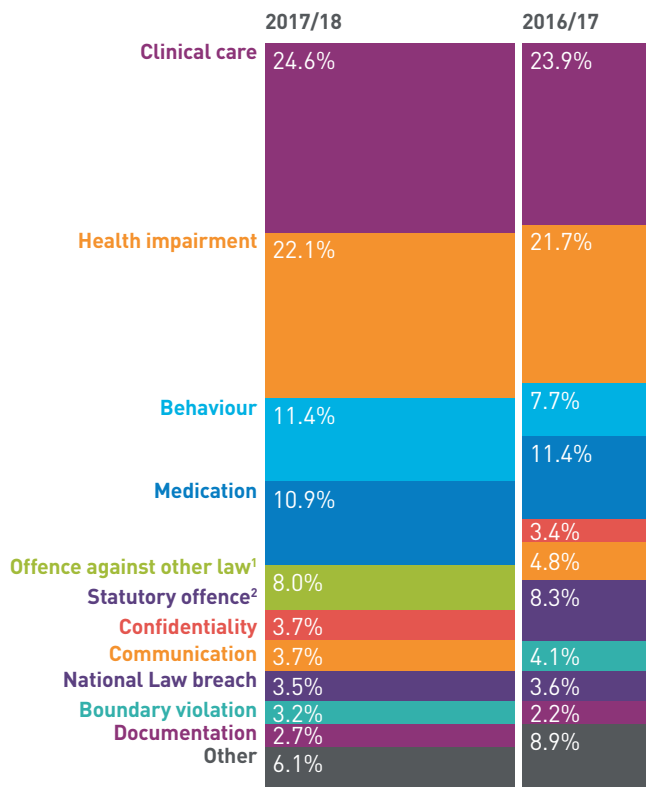
Figure 9: The most common types of complaint lodged with AHPRA about midwives



¹ Included in 'Other' for 2017/18.

² Included in 'Other' for 2016/17.

Figure 10: The most common types of complaint lodged with AHPRA about nurses



¹ 0.0% in 2016/17.

² 0.0% in 2017/18.

Figure 11: The most common sources of complaint lodged with AHPRA about midwives

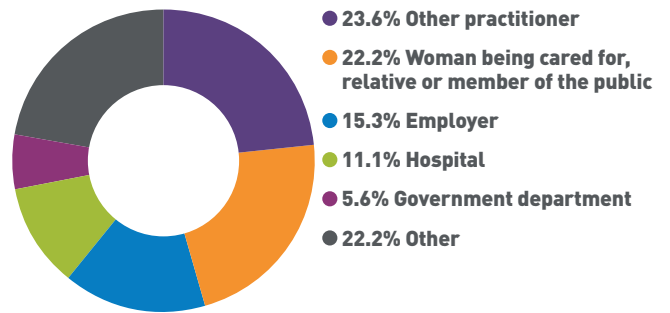
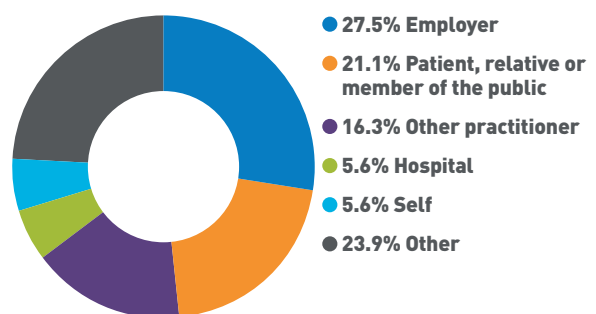


Figure 12: The most common sources of complaint lodged with AHPRA about nurses



Notifications received

This year, AHPRA received the highest number of notifications (7,276) in any single reporting year since the National Scheme began across all registered health professions. In 2017/18, 1,684 notifications were received about the health, performance or conduct of nurses or midwives. This was 23.1% of all notifications received. This compares to 1,643 notifications in 2016/17 which was 23.8% of all notifications received. Therefore in 2017/18, 2.5% more notifications about nurses and midwives were received compared to the previous year. However, the percentage of notifications that were made about nurses and midwives as a percentage of all notifications decreased by 0.7% when compared to the previous year.

Of the nursing and midwifery matters received and considered by the NMBA this year:

- ➔ 95.7% (1,612) related to health, performance or conduct of a nurse, and
- ➔ 4.3% (72) related to health, performance or conduct of a midwife.

Queensland, South Australia and Victoria reported an increase in notifications received year on year, with the other jurisdictions receiving fewer notifications about nurses and midwives in 2017/18 than in 2016/17. Queensland and Victoria accounted for over half of all notifications received.

Notifications closed

The NMBA assessed and closed 6.5% more notifications about nurses and/or midwives in 2017/18 than in 2016/17. This represents the highest number of closures (1,660) since the start of the National Scheme and accounted for 23.4% of all closed notifications nationally across all registered health professions. Of notifications that were closed, 37.9% resulted in some form of regulatory action being taken by the Board.

At 30 June 2018, there were 1,078 open notifications about nurses and midwives.

Tables 8–23 show data about notifications in 2017/18 and those that remained open as at 30 June 2018.

Mandatory notifications

All registered health practitioners, their employers and education providers have mandatory reporting responsibilities under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered nurse, enrolled nurse, midwife or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- ➔ practised while intoxicated by alcohol or drugs
- ➔ sexual misconduct in the practice of the profession
- ➔ placed the public at risk of substantial harm because of an impairment (health issue), or
- ➔ placed the public at risk because of a significant departure from accepted professional standards.

AHPRA received 908 mandatory notifications about registered health practitioners in 2017/18, with 52.3% of those (475) relating to notifiable conduct by nurses or midwives. Of the 463 mandatory notifications assessed about both nurses and midwives that were closed during the year, 46.9%

resulted in some form of regulatory action being taken. This compares with 34.1% of voluntary notifications lodged about nurses resulting in regulatory action and 40% of voluntary notifications lodged about midwives resulting in regulatory action.

Most mandatory notifications related to a serious departure from accepted standards of practice. For information about the Guidelines for mandatory notifications, visit the Board's website.

Tables 15–18 show data about mandatory notifications in 2017/18.

Taking immediate action

Immediate action is a serious step that the NMBA can take when it believes it is necessary to limit a nurse or midwife's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2017/18, the NMBA considered immediate action on 279 occasions and took it on 200 occasions. Immediate action was therefore taken in 71.7% of the cases considered, and this compares with 84.4% in 2016/17. Taking immediate action 200 times represents a 27.4% increase in the number of cases where immediate action was taken compared to 2016/17 when it was taken 157 times. Immediate action was considered by the NMBA in 16.6% of all notifications received this year, compared with 11.3% of all notifications received in 2016/17.

Tables 19 and 20 show data about immediate action in 2017/18.

Tribunals, panels and appeals

Tribunals

The NMBA can refer a matter to a tribunal for hearing. This happens when the allegations involve the most serious of matters, such as where the Board believes a practitioner has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- ➔ **Australian Capital Territory** Civil and Administrative Tribunal
- ➔ **New South Wales** Civil and Administrative Tribunal
- ➔ **Northern Territory** Civil and Administrative Tribunal
- ➔ **Queensland** Civil and Administrative Tribunal
- ➔ **South Australia** Health Practitioners Tribunal
- ➔ **Tasmania** Health Practitioners Tribunal
- ➔ **Victorian** Civil and Administrative Tribunal
- ➔ **Western Australia** State Administrative Tribunal

Of the 38 tribunal hearings relating to nurses and midwives that were finalised in 2017/18, 37 resulted in some form of disciplinary action being taken or the surrender of registration. Of these 15 (40.5%) resulted in the suspension of registration, seven resulted in reprimands being given, six in the cancellation of registration and six in conditions being imposed on registration. See Table 25.

Panels

The NMBA has the power to establish two types of panel depending on the type of notification:

- ➔ **Health panels**, for issues relating to a practitioner's health and performance, or
- ➔ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession, a nurse if it is a nursing matter and a midwife if it is a midwifery matter, as well as community members. The NMBA has a list of approved people who may be called upon to sit on a panel.

Of the 14 matters relating to nurses and midwives that were decided by panels during the year, 10 resulted in some form of regulatory action being taken against the individual nurse or midwife. See Table 24.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- ➔ refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- ➔ impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- ➔ suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

There were nine appeals lodged by nurses nationally about a decision made by the NMBA under the National Law in 2017/18, (none by midwives or dual registered nurses and midwives). This compares with 24 appeals lodged by nursing registrants and one by a midwifery registrant the previous year.

Of the 23 appeals with outcomes in 2017/18, 11 were withdrawn by the applicant, five were dismissed by the appeal body and seven appeals were finalised. Three (42.9%) of the finalised appeals resulted in the NMBA's original decision being upheld. One decision was amended and three decisions were substituted for a new decision on appeal.

Please refer to the main [annual report](#) by AHPRA and the National Boards for data relating to appeals in 2017/18. The breakdown of appeal outcomes is available via the supplementary tables.

Tables 24 and 25 show data about tribunals and panels in 2017/18.

Compliance

On behalf of the NMBA, AHPRA monitors nurses, midwives, and nursing and midwifery students who have had restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the NMBA to manage risk to public safety.

Monitoring can be for one or more of the following reasons:

- ➔ suitability/eligibility to be registered to practise
- ➔ compliance with restrictions on their registration – health, conduct, performance, and/or
- ➔ to make sure that any practitioner who was cancelled from the register did not practise.

The 1,678 active monitoring cases shown in Table 26 relate to 155 individual midwives and 1,507 individual nurses.¹ These cases represent just under one-third of all monitoring cases across all registered health professions in the National Scheme. Just under 57% of the nursing and midwifery cases were not in relation to a complaint, but about monitoring of eligibility/suitability requirements such as re-entry to practice. See Table 27 for the breakdown by stream.

For more information on monitoring and compliance, visit the [AHPRA website](#).

Statutory offences

The National Law sets out four types of statutory offences:

- ➔ unlawful use of protected titles
- ➔ unlawful claims by individuals or organisations as to registration
- ➔ performing a restricted act, and
- ➔ unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, visit the AHPRA website.

AHPRA received 75 new offence complaints related to the nursing and midwifery professions in 2017/18, which is a decrease of 10.7% when compared with 2016/17. Over 80% of offence complaints received related to allegations of the improper use of a protected title. The majority of the remaining complaints related to the advertising of nursing or midwifery services. Statutory offence complaints about nurses and/or midwives accounted for 12.9% of all statutory offences received nationally across all registered health professions during the year.

Concerns about unlawful advertising are now managed in two ways: serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and low- to moderate-risk advertising offences by registrants are managed under the *Advertising compliance and enforcement strategy*.

See Tables 28 and 29 for more data related to statutory offences.

¹ A practitioner who has restrictions for more than one reason will be allocated more than one 'monitoring case'. For example, if a nurse or midwife has conditions imposed as a result of health concerns and conduct, they will be allocated two monitoring cases.

Table 8: Notifications received about nurses and midwives, by state or territory

Nursing/midwifery ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	AHPRA subtotal	HPCA ⁵	Total
Midwife 2017/18	3	1	2	31	6	2	13	11	3	72	34	106
Midwife 2016/17	3	1	7	35	9		7	10	3	75	38	113
Nurse 2017/18	40	9	48	442	307	67	473	185	41	1,612	707	2,319
Nurse 2016/17	49	19	51	422	240	93	457	201	36	1,568	642	2,210
Total 2017/18	43	10	50	473	313	69	486	196	44	1,684	741	2,425
Total 2016/17	52	20	58	457	249	93	464	211	39	1,643	680	2,323
% change from 2016/17 to 2017/18	-17.3%	-50.0%	-13.8%	3.5%	25.7%	-25.8%	4.7%	-7.1%	12.8%	2.5%	9.0%	4.4%
All registered health practitioner notifications received 2017/18 ⁶	209	111	147	2,079	992	251	2,414	972	101	7,276	4,610	11,886
All registered health practitioner notifications received 2016/17 ⁶	242	96	169	2,046	800	329	2,230	900	86	6,898	4,111	11,009
Nursing/midwifery as % of all registered health practitioner notifications received 2017/18	20.6%	9.0%	34.0%	22.8%	31.6%	27.5%	20.1%	20.2%	43.6%	23.1%	16.1%	20.4%
Nursing/midwifery as % of all registered health practitioner notifications received 2016/17	21.5%	20.8%	34.3%	22.3%	31.1%	28.3%	20.8%	23.4%	45.3%	23.8%	16.5%	21.1%

¹ Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

² Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

³ Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁵ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

⁶ 'All notifications' are the total number of notifications lodged with AHPRA about registered health practitioners in the 15 health professions regulated in the National Scheme.

Table 9: Percentage of notifications received about nurses and midwives, by state or territory

Registrants	ACT	NSW (including HPCA complaints) ¹	NT	QLD (including OHO complaints) ²	SA	TAS	VIC	WA	No PPP ³	Total
Midwife 2017/18	0.4%	0.2%	0.5%	0.6%	0.2%	0.3%	0.2%	0.3%	0.0%	0.3%
Midwife 2016/17	0.4%	0.1%	1.0%	0.7%	0.3%		0.1%	0.3%	0.6%	0.3%
Nurse 2017/18	0.5%	0.5%	0.9%	0.7%	0.8%	0.7%	0.4%	0.4%	0.1%	0.5%
Nurse 2016/17	0.7%	0.5%	1.1%	0.7%	0.7%	0.8%	0.4%	0.5%	0.3%	0.6%

¹ Data in this column include matters managed by AHPRA and the NMBA, and the HPCA in NSW.

² Includes matters managed by OHO in Queensland, not just those matters referred to AHPRA by OHO.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 10: Notifications received about nurses, by division and state or territory (excluding HPCA)

Division	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Total 2017/18	Total 2016/17
Enrolled nurse	7	1	3	88	73	13	131	35	9	360	336
Enrolled nurse and registered nurse	1	1		15	11		13	1	1	43	45
Registered nurse	32	7	45	338	222	53	291	149	21	1,158	1,161
Unknown practitioner ⁴				1	1	1	38		10	51	26
Total 2017/18	40	9	48	442	307	67	473	185	41	1,612	
Total 2016/17	49	19	51	422	240	93	457	201	36		1,568

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁴ Practitioners are not always identified in the early stages of a notification.

Table 11: Notifications received, closed in 2017/18 and open at 30 June 2018, by state or territory (including HPCA)

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	AHPRA subtotal	HPCA ⁴	Total
Notifications received 2017/18	43	10	50	473	313	69	486	196	44	1,684	741	2,425
% of all nursing and midwifery notifications	1.8%	0.4%	2.1%	19.5%	12.9%	2.8%	20.0%	8.1%	1.8%	69.4%	30.6%	100.0%
Mandatory notifications received 2017/18	8	4	13	2	167	22	173	72	14	475	248	723
% of all nursing and midwifery notifications	1.1%	0.6%	1.8%	0.3%	23.1%	3.0%	23.9%	10.0%	1.9%	65.7%	34.3%	100.0%
Notifications closed 2017/18	55	20	56	511	297	75	423	186	37	1,660	649	2,309
% of all nursing and midwifery notifications	2.4%	0.9%	2.4%	22.1%	12.9%	3.2%	18.3%	8.1%	1.6%	71.9%	28.1%	100.0%
Notifications open at 30 June 2018	21	12	22	334	172	38	333	127	19	1,078	474	1,552
% of all nursing and midwifery notifications	1.4%	0.8%	1.4%	21.5%	11.1%	2.4%	21.5%	8.2%	1.2%	69.5%	30.5%	100.0%

¹ Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No PPP includes practitioners with an overseas or unknown address.

⁴ Matters managed by the HPCA in NSW.

Table 12: Open notifications at 30 June 2018, by state or territory (including HPCA)

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	AHPRA subtotal	HPCA ⁴	Total
2017/18	21	12	22	334	172	38	333	127	19	1,078	474	1,552
2016/17	33	15	32	370	158	46	262	123	18	1,057	387	1,444
% change 2016/17 to 2017/18	-36.4%	-20.0%	-31.3%	-9.7%	8.9%	-17.4%	27.1%	3.3%	5.6%	2.0%	22.5%	7.5%
All cases ⁵ for all registered health practitioners open 2017/18	102	77	67	1,448	435	121	1,345	554	38	4,187	2,541	6,728
All cases ⁵ for all registered health practitioners open 2016/17	107	60	90	1,431	492	141	1,125	537	33	4,016	2,282	6,298
Nursing and midwifery as % of all registered health practitioner open cases 2017/18	20.6%	15.6%	32.8%	23.1%	39.5%	31.4%	24.8%	22.9%	50.0%	25.7%	18.7%	23.1%
Nursing and midwifery as % of all registered health practitioner open cases 2016/17	30.8%	25.0%	35.6%	25.9%	32.1%	32.6%	23.3%	22.9%	54.5%	26.3%	17.0%	22.9%

¹ Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No PPP includes practitioners with an overseas or unknown address.

⁴ Matters managed by the HPCA in NSW.

⁵ 'All cases' are the total number of notifications lodged with AHPRA about registered health practitioners in the 15 health professions regulated in the National Scheme.

Table 13: Notifications closed, by state or territory (including HPCA)

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	AHPRA subtotal	HPCA ⁴	Total
2017/18	55	20	56	511	297	75	423	186	37	1,660	649	2,309
2016/17	47	21	44	397	297	77	464	180	32	1,559	626	2,185
% change from 2016/17 to 2017/18	17.0%	-4.8%	27.3%	28.7%	0.0%	-2.6%	-8.8%	3.3%	15.6%	6.5%	3.7%	5.7%
All registered health practitioner notifications ⁵ closed 2017/18	211	114	168	2,065	1,049	265	2,197	953	83	7,105	4,240	11,345
All registered health practitioner notifications ⁵ closed 2016/17	237	102	149	1,901	871	284	2,192	859	74	6,669	3,765	10,434
Nursing and midwifery as % of all registered health practitioner notifications closed 2017/18	26.1%	17.5%	33.3%	24.7%	28.3%	28.3%	19.3%	19.5%	44.6%	23.4%	15.3%	20.4%
Nursing and midwifery as % of all registered health practitioner notifications closed 2016/17	19.8%	20.6%	29.5%	20.9%	34.1%	27.1%	21.2%	21.0%	43.2%	23.4%	16.6%	20.9%

¹ Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No PPP includes practitioners with an overseas or unknown address.

⁴ Matters managed by the HPCA in NSW.

⁵ 'All mandatory notifications' are the total number of mandatory notifications lodged with AHPRA about registered health practitioners in the 15 health professions regulated in the National Scheme.

Table 14: Notifications closed, by state or territory, by stage at closure (excluding HPCA)

Stage at closure	2017/18		2016/17	
	Nursing/midwifery	All registered health practitioners	Nursing/midwifery	All registered health practitioners
Assessment ¹	848	4,431	739	4,141
Health or performance assessment ²	236	419	215	362
Investigation	524	2,039	529	1,919
Panel hearing	14	47	26	72
Tribunal hearing	38	169	50	175
Total³	1,660	7,105	1,559	6,669

¹ Closed after initial assessment of the matter.

² Performance assessments are carried out by an NMBA-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not NMBA members or AHPRA staff).

³ Excludes matters managed by the HPCA in NSW.

Table 15: Number of practitioners with mandatory notifications made about them in 2017/18 (including HPCA)

Profession	2017/18				2016/17			
	Number of practitioners			Rate / 10,000 practitioners	Number of practitioners			Rate / 10,000 practitioners
	AHPRA	HPCA ¹	Total		AHPRA	HPCA ¹	Total	
Nursing and midwifery ²	442	232	674	17	440	164	604	15.4
All registrants	793	332	1125	16	747	276	1,023	15.1

¹ Matters managed by the HPCA in NSW.

² Figures represent the number of individual practitioners involved in the mandatory notifications received. Data on mandatory notifications for nurses and midwives have been combined and compared with the total number of notifications received about nurses and midwives

Table 16: Mandatory notifications received, by state or territory (including HPCA)

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	AHPRA subtotal	HPCA ⁴	Total
2017/18	8	4	13	2	167	22	173	72	14	475	248	723
2016/17	16	2	9	6	162	36	193	61	3	488	172	660
% change from 2016/17 to 2017/18	-50.0%	100.0%	44.4%	-66.7%	3.1%	-38.9%	-10.4%	18.0%	366.7%	-2.7%	44.2%	9.5%
All mandatory notifications ⁵ received by AHPRA 2017/18	28	17	27	8	260	42	372	132	22	908	362	1,270
All mandatory notifications ⁵ received by AHPRA 2016/17	32	7	15	13	255	73	335	111	6	847	295	1,142
Nursing/midwifery as % of all mandatory notifications received 2017/18	28.6%	23.5%	48.1%	25.0%	64.2%	52.4%	46.5%	54.5%	63.6%	52.3%	68.5%	56.9%
Nursing/midwifery as % of all mandatory notifications received 2016/17	50.0%	28.6%	60.0%	46.2%	63.5%	49.3%	57.6%	55.0%	50.0%	57.6%	58.3%	57.8%

¹ Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.

³ No PPP includes practitioners with an overseas or unknown address.

⁴ Matters managed by the HPCA in NSW.

⁵ 'All mandatory notifications' are the total number of mandatory notifications lodged with AHPRA about registered health practitioners in the 15 health professions regulated in the National Scheme.

Table 17: Outcomes of assessment for mandatory notifications about nurses and midwives, by grounds for the notification (excluding HPCA)

Outcome	Grounds for notification					Total 2017/18 ¹	Total 2016/17 ¹	
	Standards	Impairment	Sexual misconduct	Alcohol or drugs	Not classified			
End matter	No further action ²	85	19	2	4	3	113	94
	Dealt with as enquiry	0	0	0	0	0	0	1
	Caution	19	0	0	0	1	20	21
	Accept undertaking	0	1	0	0	0	1	6
	Impose conditions	10	4	1	2	1	18	23
Total closed after assessment		114	24	3	6	5	152	145
Refer to further stage	Health or performance assessment	21	25	0	10	0	56	43
	Investigation	191	38	9	13	1	252	253
	Other stage	0	0	0	0	0	0	5
Total referred to further stage		212	63	9	23	1	308	301
Total assessments finalised 2017/18		326	87	12	29	6	460	
Total assessments finalised 2016/17		216	56	12	17	0		446

¹ Excludes matters managed by the HPCA in NSW.

² No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

Table 18: Outcomes at closure for mandatory notifications about nurses and midwives in 2017/18 (excluding HPCA)

Outcome	Total 2017/18	Total 2016/17
No further action ¹	246	211
Impose conditions	104	101
Accept undertaking	38	34
Caution	62	77
Suspend registration	6	6
Reprimand	3	4
Refer all of the notification to another body	2	1
Cancel registration	2	9
Accept surrender of registration	0	2
Total²	463	445

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 19: Immediate action cases about nurses and midwives, by state or territory

Nursing/midwifery	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
2017/18	0	1	9	53	76	13	79	41	7	279	153	432
2016/17	10	1	2	24	27	17	61	41	3	186	93	279
% change from 2016/17 to 2017/18	-100.0%	0.0%	350.0%	120.8%	181.5%	-23.5%	29.5%	0.0%	133.3%	50.0%	64.5%	54.8%

¹ Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No PPP includes practitioners with an overseas or unknown address.

⁴ Matters managed by the HPCA in NSW.

Table 20: Outcomes of immediate actions for nursing and midwifery (excluding HPCA)

Outcome	2017/18 ¹		2016/17 ¹	
	Nurses and midwives	All registered health practitioners	Nurses and midwives	All registered health practitioners
Not take immediate action	69	173	20	76
Accept undertaking	47	113	23	69
Impose conditions	87	174	78	147
Accept surrender of registration	1	1	1	1
Suspend registration	65	126	55	103
Decision pending	10	22	9	23
Total¹	279	609	186	419

¹ Excludes matters managed by the HPCA in NSW.

Table 21: Outcomes at closure for notifications closed (excluding HPCA)

Outcome	2017/18		2016/17	
	Nurses and midwives	All registered health practitioners	Nurses and midwives	All registered health practitioners
No further action ¹	1,031	5,116	881	4,572
Caution or reprimand	261	816	264	946
Impose conditions	246	686	286	706
Accept undertaking	60	158	67	149
Health complaints entity to retain	23	174	17	159
Refer all or part of the notification to another body	11	71	12	54
Suspend registration	15	37	12	30
Cancel registration	6	30	13	34
Not permitted to reapply for registration for 12 months or more	0	0	0	3
Practitioner surrender	5	5	5	5
Fine registrant	2	12	2	11
Total²	1,660	7,105	1,559	6,669

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 22: Outcomes of assessments finalised (excluding HPCA)

Outcome	2017/18		2016/17	
	Nurses and midwives	All registered health practitioners	Nurses and midwives	All registered health practitioners
Outcome of decisions to take the notification further				
Investigation	600	2,327	591	2,159
Health or performance assessment	156	267	135	228
Panel hearing	0	2	6	11
Tribunal hearing	0	0	0	0
Other stage	5	33	21	88
Subtotal	761	2,629	753	2,486
Outcome of notifications closed following assessment				
No further action ¹	612	3589	491	3111
Health complaints entity to retain	23	173	14	148
Refer all or part of the notification to another body	5	18	2	29
Dealt with as enquiry		1	1	10
Caution	144	417	111	485
Accept undertaking	4	28	20	44
Impose conditions	51	168	75	200
Accept surrender of registration	1	1	0	0
Subtotal²	840	4,395	714	4,027
Total²	1,601	7,024	1,467	6,513

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 23: Outcomes of investigations finalised (excluding HPCA)

	2017/18		2016/17	
	Nurses and midwives	All registered health practitioners	Nurses and midwives	All registered health practitioners
Outcome of decisions to take the notification further				
Investigation	1	4	0	7
Health or performance assessment	62	144	77	152
Panel hearing	12	31	24	61
Tribunal hearing	61	211	40	153
Other stage	3	14	0	3
Subtotal	139	404	141	376
Outcome of notifications closed following assessment				
No further action ¹	300	1,306	282	1,170
Refer all or part of the notification to another body	6	25	10	25
Caution	98	343	129	400
Accept undertaking	35	84	22	64
Impose conditions	81	284	87	261
Suspend registration	0	1	0	0
Subtotal²	520	2,043	530	1,920
Total investigations finalised²	659	2,447	671	2,296

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 24: Outcomes from panel hearings finalised (excluding HPCA)

Outcome	2017/18		2016/17	
	Nurses and midwives	All registered health practitioners	Nurses and midwives	All registered health practitioners
No further action ¹	4	12	3	11
Caution	5	16	11	28
Reprimand	2	5	3	5
Impose conditions	3	16	7	26
Suspend registration	0	0	2	2
Total²	14	49	26	72

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 25: Outcomes from tribunal hearings finalised (excluding HPCA)

Outcome	2017/18		2016/17	
	Nurses and midwives	All registered health practitioners	Nurses and midwives	All registered health practitioners
No further action ¹	1	5	0	15
Fine registrant	2	12	2	11
Caution or reprimand	7	27	7	19
Accept undertaking	0	0	1	3
Impose conditions	6	31	16	60
Accept surrender of registration	1	1	1	1
Suspend registration	15	36	10	27
Cancel registration	6	30	13	34
Not permitted to reapply for registration for 12 months or more	0	0	0	3
Refer all or part of the notification to another body	0	26	0	0
Total²	38	168	50	173

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 26: Monitoring cases at 30 June 2018, by state or territory (excluding HPCA)

Monitoring cases ¹	ACT	NSW ²	NT	QLD	SA	TAS	VIC	WA	No PPP ³	Total 2017/18 ⁴	Total 2016/17 ⁴
Midwifery	3	28	3	31	9	2	35	21	23	155	155
Nursing	24	179	23	386	222	42	420	194	33	1,523	1,553
Total nursing and midwifery 2017/18	27	207	26	417	231	44	455	215	55	1,678	
Total nursing and midwifery 2016/17	32	237	16	397	199	47	520	204	56		1,708
All registered health practitioners (2017/18)	90	1,315	81	1,045	460	103	1,178	657	136	5,065	
All registered health practitioners (2016/17)	113	1,353	53	1,069	450	107	1,138	666	135		5,084
Nursing and midwifery as % of all registered health practitioners (2017/18)	30.0%	15.7%	32.1%	39.9%	50.2%	42.7%	38.6%	32.7%	41.2%	33.1%	
Nursing and midwifery as % of all registered health practitioners (2016/17)	28.3%	17.5%	30.2%	37.1%	44.2%	43.9%	45.7%	30.6%	41.5%		33.6%

¹ AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. In 2017/18, there were 1,678 cases about nursing and midwifery, which relate to 1,507 individual nurses and 155 individual midwives.

² AHPRA performs monitoring of compliance cases in 'suitability/eligibility' stream matters for NSW registrations. These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. These do not refer to monitoring cases managed by the HPCA in NSW.

³ No principal place of practice (No PPP) includes practitioners with an overseas address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

⁴ Excludes matters managed by the HPCA in NSW.

Table 27: Monitoring cases at 30 June 2018, by stream (excluding HPCA)

Monitoring cases ¹	Stream					Total 2017/18 ³	Total 2016/17 ³
	Conduct	Health	Performance	Prohibited practitioner/student	Suitability/eligibility ²		
Midwifery	3	4	9		2	137	155
Nursing	85	281	161		178	818	1,553
Total nursing and midwifery 2017/18	88	285	170		180	955	
Total nursing and midwifery 2016/17	122	291	174		161	960	1,708
All registered health practitioners (2017/18)	275	564	561		315	3,350	
All registered health practitioners (2016/17)	356	577	552		256	3,343	5,084
Nursing and midwifery as % of all registered health practitioners (2017/18)	32.0%	50.5%	30.3%		57.1%	28.5%	33.1%
Nursing and midwifery as % of all registered health practitioners (2016/17)	34.3%	50.4%	31.5%		62.9%	28.7%	33.6%

¹ AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. In 2017/18, there were 1,678 cases about nursing and midwifery, which relate to 1,507 individual nurses and 155 individual midwives.

² AHPRA performs monitoring of compliance cases in 'suitability/eligibility' stream matters for NSW registrations. These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. These do not refer to monitoring cases managed by the HPCA in NSW.

³ Excludes matters managed by the HPCA in NSW.

Table 28: Statutory offence complaints received and closed about nurses and midwives, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	Received		16		4	4	1	17	1	20	63	59
	Closed	1	14	1	7	4	1	22	2	30	82	97
Practice protections (s. 121–123)	Received								1	1	2	0
	Closed								1	1	2	0
Advertising breach (s. 133)	Received		1		3	1			1	2	8	22
	Closed				3	1		3	1	1	9	15
Directing or inciting unprofessional conduct/professional misconduct (s. 136)	Received										0	1
	Closed										0	1
Other offence	Received					2					2	2
	Closed					2					2	2
Total 2017/18	Received	0	17	0	7	7	1	17	3	23	75	
	Closed	1	14	1	10	7	1	25	4	32	95	
Total 2016/17	Received	0	17	0	7	7	1	17	3	23		84
	Closed	1	14	1	12	7	1	25	4	32		115

¹ This table captures statutory offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Table 29: Statutory offence complaints received and closed, by profession, type of offence and jurisdiction

Profession/ jurisdiction	Type of offence										Total 2017/18 ¹		Total 2016/17 ¹		
	Title protections (s. 113–120)		Practice protections (s. 121–123)		Advertising breach (s. 133)		Directing or inciting unprofessional conduct/professional misconduct (s.136)		Other offence		Received	Closed	Received	Closed	
	Received	Closed	Received	Closed	Received	Closed	Received	Closed	Received	Closed					
Midwifery	1	5	0	0	0	0	0	0	0	0	0	1	5	8	35
ACT												0	0	0	0
NSW		1										0	1	0	1
NT												0	0	0	0
QLD	1	1										1	1	4	4
SA												0	0	2	2
TAS												0	0	0	0
VIC		1										0	1	0	1
WA												0	0	0	0
No PPP ²		2										0	2	2	27
Nursing	62	77	2	2	8	9	0	0	2	2	74	90	76	80	
ACT		1										0	1	1	1
NSW	16	13			1							17	13	10	17
NT		1										0	1	1	1
QLD	3	6			3	3						6	9	11	5
SA	4	4			1	1			2	2		7	7	2	2
TAS	1	1										1	1	3	1
VIC	17	21				3						17	24	19	22
WA	1	2	1	1	1	1						3	4	7	8
No PPP ²	20	28	1	1	2	1						23	30	22	23
Total 2017/18	63	82	2	2	8	9	0	0	2	2	75	95			
Total 2016/17	59	97	0	0	22	15	1	1	2	2				84	115

¹ This table captures statutory offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Appendices

Appendix 1: Structure of the Nursing and Midwifery Board of Australia

National committees of the NMBA

Accreditation Committee (Assessment of Overseas Qualified Nurses and Midwives)

Finance, Governance and Communications Committee

Program Approval Committee

Registration and Notifications Committee

State and Territory Chairs' Committee

State and territory boards

All states and territories have their own jurisdictional board

State and territory/regional committees

Immediate Action Committee (excluding NSW)

When required:

Notifications Committee (excluding NSW)

Registration Committee

Appendix 2: Approved registration standards, codes and guidelines

Registration standards are submitted for approval by the Ministerial Council in accordance with the National Law.

Codes and guidelines are developed and approved by the NMBA in accordance with the National Law. Prior to approval, there must be public consultation on the proposed registration standards, codes and guidelines.

During the year, the NMBA consulted on the *Midwife standards for practice*, released on 3 July and closed on 25 August 2017; the *Registered nurse and midwife prescribing – discussion paper*, released on 30 October and closed on 22 December 2017; the *Decision-making framework – benchmarking consultation survey*, released on 23 January and closed on 9 March 2018; the *Re-entry to practice policy – practitioner consultation survey*, released on 11 April and closed on 25 April 2018; and the *Re-entry to practice policy – Government and health consultation service survey*, released on 15 May and closed 10 June 2018. Read more about the codes on the [NMBA website](#).

Procedures for the development of registration standards, codes and guidelines can be found on the [AHPRA website](#).

The below guidelines commenced in 2017/18:

Registration standard, code or guideline	Approved by	Date of approval	Status
<i>Code of conduct for nurses</i>	NMBA	27 July 2017	Effective from 1 March 2018
<i>Code of conduct for midwives</i>	NMBA	27 July 2017	Effective from 1 March 2018
<i>Midwife standards for practice</i>	NMBA	22 March 2018	Effective from 1 October 2018

Appendix 3: Board and national committee members

The NMBA values the contribution of its State and Territory Board and committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 69 National Board and committee meetings and 598 state and territory board and committee meetings. Members of these Boards appointed for the entire or part of the 2017/18 year were as follows:

State and Territory Chairs' Committee

Ms Janet (Emma) Baldock (ACT) (Chair until 31 Dec 2017)

Ms Felicity Dalzell (ACT)
(from 31 Dec 2017)
Ms Angela Bull (NT)
Ms Naomi Dobroff (Vic)
Ms Liza Edwards (NSW)
(until 23 August 2017)
Mrs Eithne Irving (NSW) (Presiding
Member from 14 June 2018)
Mr John Kelly (Nursing and Midwifery
Council of NSW)
Ms Marie Louise Macdonald (WA)
Ms Cat(herine) Schofield (Tas)
Associate Professor Linda Starr (SA)
Professor Patsy Yates (Qld)

Australian Capital Territory

Ms Felicity Dalzell (Chair, from 31 Dec 2017)

Mrs Gulnara Abbasova
(from 31 Dec 2017)
Mrs Alison Archer
Ms Janet Baldock (from 22 Feb 2018)
Ms Tina Calisto
Ms Alison Chandra
Ms Kate Gauthier (until 30 Dec 2017)
Ms Eileen Jerga AM (from 31 Dec 2017)
Ms Kelley Stewart (from 31 Dec 2017)

New South Wales

Mrs Eithne Irving (Presiding Member from 14 Jun 2018)

Ms Kathryn Adams
Mr Bruce Brown
Mr Roderick Cooke (from 23 Aug 2017)
Ms Adrienne Farago
Dr Joanne Gray (from 23 Aug 2017)
Mrs Susan Greig (from 23 Aug 2017)
Ms Melissa Maimann
Ms Margaret Sampson
(until 23 Aug 2017)

Northern Territory

Ms Angela Bull (Chair)

Mrs Stephanie Campbell
(until 20 Apr 2018)
Mr David Carpenter
Ms Rosie Downing
Dr Therese Kearns
Ms Heather King
Dr Brian Phillips
Ms Alison Phillips
Dr Joanne Seiler

Queensland

Professor Patsy Yates (Chair)

Ms Suzanne Cardigan
Mr John Chambers (until 2 Feb 2018)
Ms Tracey Duke
Ms Michelle Garner
Dr Amanda Henderson
Ms Suzan Johnson (until 4 Oct 2017)
Mr Stanley Macionis
Ms Catherine Mickel (from 4 Oct 2017)
Ms Helen Towler

South Australia

Associate Professor Linda Starr (Chair)

Mr Mark Bodycoat
Mrs Zinta Docherty
Ms Elisa Gardiner (from 24 Nov 2017)
Ms Sally Hampel (until 24 Nov 2017)
Ms Kaaren Haywood (until 15 Dec 2017)
Ms Meredith Hobbs (until 24 Nov 2017)
Mrs Gillian Homan
Ms Paula Medway
Ms Katherine Sullivan

Tasmania

Ms Catherine Schofield (Chair)

Ms Carol Baines
Mrs Sharon Bingham (from 4 Sep 2017)
Mrs Briony Brown (from 4 Sep 2017)
Mr Paul Brown (until 4 Sep 2017)
Professor Rosalind Bull
Mr Stephen Carey (from 4 Sep 2017)
Ms Kim Gabriel (until 4 Sep 2017)
Dr Kylie McShane
Mr David Paton (until 4 Sep 2017)
Ms Christine Schokman
Mrs Lynette Staff

Victoria

Ms Naomi Dobroff (Chair)

Dr Leslie Cannold
Ms Maureen Capp (until 31 Dec 2017)
Mr Matthew Grace (from 1 Jan 2018)
Associate Professor David Hills
(from 1 Jan 2018)
Ms Kathryn Hough (until 31 Dec 2017)
Mrs Joanne Mapes (from 1 Jan 2018)
Mr Gregory Miller (until 31 Dec 2017)
Ms Virginia Rogers (until 31 Dec 2017)
Ms Amanda Singleton
Ms Paula Stephenson
Mrs Brenda Waites
Dr Penelope Webster (from 1 Jan 2018)

Western Australia

Ms Marie Louise Macdonald (Chair)

Mrs Marie Baxter (until 17 Sep 2017)
Dr Sara Bayes (from 18 Sep 2017)
Associate Professor Karen Clark-Burg
Dr Margaret Crowley
Adjunct Associate Professor Karen
Gullick
Mr John Laurence
Ms Pamela Lewis (until 8 Sep 2017)
Ms Mary Miller
Mrs Tamsin Mondy (from 9 Sep 2017)
Mr Michael Piu

Accreditation Committee (Assessment of Overseas Qualified Nurses and Midwives)

Professor Denise Fassett (Chair, from 22 February 2018)

Mr Ian Frank AM (from 23 January 2018)

Ms Marie Heartfield (from 23 January 2018)

Dr Daniel Malone (from 23 January 2018)

Professor Catherine Nagle (from 23 January 2018)

Ms Fiona Stoker (from 23 January 2018)

Mr Brett Vaughan (from 23 January 2018)

Finance, Governance and Communications Committee

Mrs Allyson Warrington (Chair)

Ms Angela Brannelly

Ms Maria Ciffolilli (from 1 July 2017)

Ms Melodie Heland

Program Approval Committee

Professor Denise Fassett (Chair)

Adjunct Professor Veronica Casey (from 3 Aug 2017)

Mr Max Howard (from 1 July 2017)

Mrs Allyson Warrington (from 1 July 2017)

Registration and Notifications Committee

Adjunct Professor Veronica Casey (from 3 August 2017) (Chair)

Mr Christopher Helms (from 1 July 2017)

Ms Annette Symes (from 1 July 2017)

Ms Margaret Winn (from 1 July 2017)

Mrs Jennifer Wood (from 1 July 2017)

Nursing and Midwifery Board of Australia: www.nursingmidwiferyboard.gov.au

Phone

Within Australia, call **1300 419 495**

From outside Australia, call **+61 3 9275 9009**

Opening hours: Monday to Friday 9:00am–5:00pm (Australian Eastern Standard Time)

Published

Australian Health Practitioner Regulation Agency

Melbourne, January 2019

For more information about AHPRA and the National Boards' work in 2017/18, please see the [annual report](#).

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[Complaints portal](#)


[Court and tribunal outcomes](#)

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