



nmb: annual report

**Nurses and Midwives Board
Annual Report 2008**

Nurses and Midwives Board of New South Wales

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nmb

The Hon John Della Bosca MLC
Minister for Health
Level 30 Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

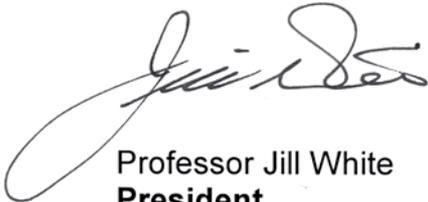
Dear Minister

On behalf of the Nurses and Midwives Board, we are pleased to submit the Board's Annual Report for the year ended 30 June 2008 for presentation to Parliament.

You will be interested to note that the number of registered nurses has increased by more than a thousand since last year to 84,507 which is the highest number ever recorded by the Board. There was also a small increase in the number of enrolled nurses but a small decrease in the number of registered midwives.

The Board remains committed to protection of the public and to the maintenance of standards in the education and practice of nurses and midwives in New South Wales.

Yours sincerely



Professor Jill White
President



Mr Charles Linsell
Deputy President

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part one: the nurses and midwives board



THE BOARD'S CHARTER

The Nurses and Midwives Board is established and operates under the provisions of the *Nurses and Midwives Act 1991* to exercise the powers, authorities, duties and functions prescribed by the Act.

The Nurses and Midwives Board is listed in Schedule 2 to the *Public Finance and Audit Act 1983* and is a statutory body within the meaning of the *Annual Reports (Statutory Bodies) Act 1984*.

AIMS AND OBJECTS OF THE BOARD

The Nurses and Midwives Board fulfils the objects of the legislation by which it is established and undertakes the functions that are provided in the legislation.

The objects are stated in section 2A of the *Nurses and Midwives Act 1991*. They are:

- to protect the health and safety of the public by providing mechanisms to ensure that nurses and midwives are fit to practise, and
- to provide mechanisms to enable the public and employers to readily identify nurses and midwives who are registered or enrolled under this Act.

The Nurses and Midwives Board exercises its functions in a manner that is consistent with these objects.

The functions of the Board are set out in section 10 of the *Nurses and Midwives Act 1991*. They are:

- to promote and maintain professional standards of nursing practice and midwifery practice in New South Wales
- to promote the education of nurses and midwives and educational programs relating to nursing and midwifery
- to advise the Minister on matters relating to the registration and enrolment of nurses and midwives, standards of nursing practice and midwifery practice and any other matter arising under or related to the Act or the regulations
- to publish and distribute information concerning the Act and the regulations to nurses and midwives and other interested persons
- to hold examinations for the purposes of the Act and to determine the character, subjects and conduct of those examinations, and to appoint examiners and supervisors, places and times for those examinations
- for the purpose of facilitating the registration of nurses and midwives, the authorisation of registered

nurses to practise as nurse practitioners, the authorisation of registered midwives to practise as midwife practitioners and the enrolment of enrolled nurses and enrolled nurses (mothercraft), to grant recognition to:

- hospitals, nursing homes and educational and other institutions offering courses for the training of nurses, nurse practitioners, midwives, midwife practitioners and enrolled nurses and enrolled nurses (mothercraft)
- the curricula for such courses, and
- diplomas, certificates and other qualifications awarded to persons who successfully complete those courses.

- to recognise, if the Board considers it appropriate, areas of practice as a nurse practitioner or midwife practitioner
- to impose requirements or conditions for or relating to registration as a nurse or midwife, authorisation to practise as a nurse practitioner or midwife practitioner, or enrolment as an enrolled nurse or enrolled nurse (mothercraft)
- to grant to persons in prescribed circumstances or cases exemptions from a requirement or condition for or relating to registration as a nurse or midwife, authorisation to practise as a nurse practitioner or midwife practitioner, or enrolment as an enrolled nurse or enrolled nurse (mothercraft)
- to cause the relevant particulars of qualified nurses or midwives to be entered in the appropriate Register or Roll in such manner as the Board may direct
- to cause the relevant particulars of the qualifications and experience of registered nurses or midwives who are authorised by the Board to practise as nurse practitioners or midwife practitioners to be entered in the appropriate Register
- to determine in accordance with this Act applications for registration as a nurse or midwife, for authorisation to practise as a nurse practitioner or midwife practitioner, and for enrolment as an enrolled nurse or enrolled nurse (mothercraft)
- to issue certificates of registration to registered nurses and registered midwives, certificates of authorisation to registered nurses or registered midwives who are authorised by the Board to practise as nurse practitioners or midwife practitioners, and certificates of enrolment to enrolled nurses and enrolled nurses (mothercraft)
- to issue authorities to practise as a nurse or midwife

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- generally, to do any other act or to exercise any other functions necessary for carrying the provisions of the *Nurses and Midwives Act 1991* into effect.

The Board is empowered:

- to terminate or vary, as it considers appropriate, any appointment made under the above functions
- to withdraw, or vary the conditions of, any recognition or exemption granted in exercising the above functions
- in accordance with the Act, to cancel or suspend any registration as a nurse or midwife, authorisation to practise as a nurse practitioner or midwife practitioner, or enrolment as an enrolled nurse or enrolled nurse (mothercraft) or, where appropriate, to restore any such registration, authorisation or enrolment, and
- in accordance with the Act, to cancel certificates of registration, enrolment and authorisation.

The Board is subject to the control and direction of the Minister in the exercise of its functions.

CLIENTELE OF THE NURSES AND MIDWIVES BOARD

The clientele of the Nurses and Midwives Board includes:

- Any member of the public who has cause to enquire regarding the regulation of nursing or midwifery, or make complaint regarding the professional actions of registered nurses, registered midwives and enrolled nurses
- All registered nurses, registered midwives and enrolled nurses in New South Wales
- Applicants for registration, authorisation and enrolment
- Employers of registered nurses, registered midwives and enrolled nurses.

CHANGES TO LEGISLATION

The *Nurses and Midwives Act 1991* was amended by the *Health Legislation Amendment Act 2007*, which commenced on 13 December 2007. Sections 60(4A) and 60(4B), relating to the Chairperson and Deputy Chairpersons, were added. In Schedule 2, which deals with proceedings before the Nurses and Midwives Tribunal or a Professional Standards Committee, clause 6(3A) was inserted and it clarifies what words or images etc. are encompassed by references to the identification of individuals. The penalty provisions in clause 6 of Schedule 2 were also amended. Section 77, which relates to protection from liability, was amended to include assessors undertaking performance assessments for the Board.

members of the board

Membership of the Board is prescribed under section 9 of the *Nurses and Midwives Act 1991* and consists of 16 members who are appointed by the Governor.

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Three (3) are registered nurses elected in accordance with the regulations by registered nurses who are eligible to vote at elections held for the purpose:



Jane O'Connell
RN, NP, MN(UTS),
FCN, appointed under
section 9(2)(a)



Elizabeth Mary Chiarella
RN, RM, AssocDipNEd,
LLB(Hons),
PhD(UNSW),
appointed under
section 9(2)(a)



Francis Ian Ross
RN, RM, PaedCert,
MRCert, BAppSc(Nsg),
MPH, FCN, appointed
under section 9(2)(a)

One (1) is a registered midwife who is elected in accordance with the regulations by registered midwives who are eligible to vote at elections held for the purpose:



Susan Hendy
RN, RM, AdvDipMid,
BHSc(USQ),
MMid(USQ), appointed
under section 9(2)(b)

One (1) is an enrolled nurse or enrolled nurse (mothercraft) elected in the prescribed manner by the enrolled nurses and enrolled nurses (mothercraft) who are eligible to vote at elections held for the purpose:



Rebecca Roseby
EN, Medication
Admin(TAFE), MCN,
appointed under
section 9(2)(c)

Two (2) are to be nurses or midwives engaged in the tertiary or pre-enrolment education of nurses or midwives in New South Wales nominated by the Minister, at least one of whom is a registered nurse:



Jill White
RN, RM, AssocDipNEd
(Cumb), BEd(SCAE),
MEd(USyd), PhD
(Adelaide), appointed
under section 9(2)(d)



John Daly
RN, BHSc(Nsg), BA,
MEd(Hons), PhD,
FINE, FCN, FRCNA,
appointed under
section 9(2)(d)

One (1) is a registered nurse or registered midwife nominated by the New South Wales Nurses' Association:



Brett Holmes
RN, RM, PsychCert,
appointed under
section 9(2)(e)
(resigned 4 April 2008)



Kathryn Adams,
RN, RM, BA, appointed
under section 9(2)(e)
(term commenced 14
May 2008)

One (1) is a registered nurse or registered midwife nominated by the NSW College of Nursing:



Marie Clarke
RN, RM, DipNEd,
DipNAdmin, BBus,
GradCertMgmt,
appointed under
section 9(2)(f)

One (1) is to be a registered nurse who is nominated by the Minister who practises nursing in the area of mental health:



Charles Linsell
RN, BA, DipEd,
GradDipBus(Industrial
Relations), appointed
under section 9(2)(g)

One (1) is to be an enrolled nurse nominated by the Minister:



Stephen Brand
EN, Medication
Mgmt(CoN), MCN,
appointed under
section 9(2)(h)

One (1) is a registered nurse who is an officer of the Department of Health, an Area Health Service, the Ambulance Service of NSW or the Corporation, nominated by the Minister:



Debra Thoms
RN, RM, BA, MNA,
GradCertBioethics,
AdvDipArts,

One (1) is an Australian lawyer nominated by the Minister:



Ian Linwood
BEc(Syd), LLB(UNSW),
PublicSectorMgmt,
appointed under
section 9(2)(j)

Three (3) are persons nominated by the Minister as representatives of consumers:



Margo Gill
DipMed
Ultrasonography,
MAppSc (QUT), MBA
(QUT), appointed
under section 9(2)(k)

In Schedule 1 to the *Nurses and Midwives Act 1991*, clause 1 provides that of the members of the Board, one who is a nurse or midwife is appointed as President of the Board and one (who need not be a nurse or midwife) is appointed as Deputy President of the Board.

President

Jill White
RN, RM
AssocDipNEd(Cumb),
BEd(SCAE), MEd(USyd),
PhD(Adelaide)

Deputy President

Charles Linsell
RN
BA, DipEd,
GradDipBus(Industrial
Relations) (appointed 30
May 2007)

Board members' terms of office will conclude on 24 March 2011.



Betty Johnson
MIndRel(USyd)
(Honorary),
FCN(Honorary),
appointed under
section 9(2)(k)



Margaret Winn
BA(USyd),
DipEd(USyd),
appointed under
section 9(2)(k)

BOARD MEETINGS

Meetings of the Board

The Board met on 11 occasions during the reporting period, on the first Thursday of each month, except January.

Attendance at Meetings

Jill White (9)
 Charles Linsell (10)
 Kathryn Adams (1) (term commenced 14 May 2008)
 Stephen Brand (8)
 Mary Chiarella (7)
 Marie Clarke (10)
 John Daly (7)
 Margo Gill (11)
 Susan Hendy (7)
 Brett Holmes (7) (resigned 4 April 2008)
 Betty Johnson (11)
 Ian Linwood (8)
 Jane O'Connell (8)
 Rebecca Roseby (9)
 Francis Ross (10)
 Debra Thoms (9)
 Margaret Winn (9)

The number of meetings attended by respective members is shown in brackets.

COMMITTEES OF THE BOARD

Section 12 of the *Nurses and Midwives Act 1991* provides that the Board may establish committees to assist it in connection with the exercise of any of its functions.

Although there are nominated members of committees, any other members of the Board may deputise for absent members when required so that committees may continue to function.

(a) Conduct Committee

The Conduct Committee undertakes certain functions on behalf of the Board in regard to nurses and midwives and in regard to applicants for registration and enrolment.

In relation to registered and enrolled nurses and registered midwives:

- The Conduct Committee receives, on behalf of the Board, complaints and notifications regarding nurses and midwives. In order to facilitate consultation with the Health Care Complaints Commission, representatives of the Commission attend meetings of the committee. The committee, in consultation with the Health Care Complaints Commission,

decides how complaints and notifications are to be dealt with as provided by section 45 of the *Nurses and Midwives Act 1991*. Some matters are assessed as being primarily issues relating to the health or professional performance of the nurse or midwife and are referred to the Board's Competence to Practise Committee; some matters are assessed as warranting counselling and are referred to the Board's Counselling Committee. Where it is considered that there may be an issue warranting disciplinary action, the matter is referred to the Health Care Complaints Commission for investigation prior to a decision being made about how the matter is to be dealt with. When an investigation is completed, further consultation occurs between the committee, acting on behalf of the Board, and the Commission. Where it is considered that professional disciplinary action is not warranted, the matter may be referred by the Health Care Complaints Commission to another body for further action or may be referred to the Health Conciliation Registry for conciliation. In some instances, it is considered that no further action should be taken in regard to complaints or notifications.

- Where it is considered that a complaint or other information indicates that urgent action is necessary for the purpose of protecting the life or the physical or mental health of any person, the committee may recommend to the Board that a nurse's or midwife's registration or enrolment be suspended or that it be subject to conditions, as provided by section 48 of the *Nurses and Midwives Act 1991*. The committee also regularly monitors the need for continuation of suspension or conditions imposed under section 48.
- Where conditions have been imposed on a nurse's or midwife's registration or enrolment by the Nurses and Midwives Tribunal or by a Professional Standards Committee and where the conditions are required to be monitored by the Board, the Conduct Committee undertakes this monitoring of adherence to conditions.
- If a nurse or midwife, in the annual return required to be submitted each year in accord with section 42A of the *Nurses and Midwives Act 1991*, reports a matter of significance such as a conviction or criminal finding, the Conduct Committee considers what action is to be taken. Similarly the committee considers notifications by nurses and midwives of convictions, criminal findings and charges, as required by section 42B, and information provided by courts in accord with section 42C.

In relation to applications for registration and enrolment, the committee considers declarations by applicants and other matters relating to convictions, character and impairment. The committee determines whether the matter might be an impediment to registration or enrolment necessitating further inquiry or whether the application may be granted if all other requirements have been satisfied.

Members: Charles Linsell (8)
Mary Chiarella (7)
Susan Hendy (2)
Betty Johnson (8)
Frank Ross (10)

The committee normally meets on one half day per month and has shorter meetings by teleconference to deal with any pressing matters. Twelve (12) meetings, nine (9) teleconferences and one (1) ad hoc meeting were held in the reporting period. The number of meetings attended by respective members is shown in brackets (not including teleconferences and ad hoc meetings).

(b) Competence to Practise Committee

The Competence to Practise Committee is delegated to oversee, on the Board's behalf, matters relating to 'impairment', 'competence to practise' and 'professional performance'.

Section 4A of the *Nurses and Midwives Act 1991* provides that "a person is considered to suffer from an impairment if the person suffers from any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise nursing or midwifery. Habitual drunkenness or addiction to a deleterious drug is considered to be a physical or mental disorder."

Section 4B of the Act states that "a person is competent to practise nursing or midwifery only if the person has sufficient physical capacity, mental capacity, knowledge and skill to practise nursing or midwifery and has sufficient communication skills for the practice of nursing or midwifery, including an adequate command of the English language."

Section 42E of the Act states that 'professional performance' of a nurse or midwife is a reference to "the knowledge, skill or care possessed and applied by the nurse or midwife in the practice of nursing or midwifery" and professional performance is unsatisfactory "if it is below the standard reasonably expected of a nurse or midwife of an equivalent level of training or experience."

The committee receives notifications regarding impairment and competence and considers how they should be dealt with. Commonly, the nurse or midwife is required to undertake an examination by a designated medical practitioner or other health professional. Matters relating to a nurse's or midwife's impairment may be referred to an Impairment Panel (information provided elsewhere in this report).

The committee is delegated by the Board to oversee implementation of the performance assessment and performance review provisions in the Act.

Section 33 of the Act provides that the Board may grant restoration to all persons who were formerly on a Register or the Roll and who apply to be restored; alternatively the Board may refuse restoration and treat the application as an application for registration. Section 29A provides a mechanism for registering with conditions where there were concerns relating to the applicant's competence. Conditions are usually imposed where a nurse or midwife is applying for re-registration after an extended absence from practice. The Competence to Practise Committee has been delegated to monitor conditions, and to vary or remove the conditions for appropriate reasons such as consideration of reports regarding the nurse's or midwife's competence. Where it is proposed to impose conditions that are more onerous than those currently imposed, the Committee makes recommendations for decision by the Board.

Members: Rebecca Roseby (9)
Charles Linsell (10)
Margaret Winn (5)
Frank Ross (8)

The committee usually meets on the day prior to the monthly Board meeting. Eleven (11) meetings were held in the reporting period. The number of meetings attended by respective members is shown in brackets.

(c) Counselling Committee

Section 45(1)(b) of the *Nurses and Midwives Act 1991* provides that one avenue for dealing with a complaint concerning a nurse or midwife is to direct the nurse or midwife to attend for counselling. While there are various modes of counselling that might be undertaken, counselling is usually related to expected professional standards. The committee members may themselves undertake counselling or may co-opt other persons to assist or may refer the nurse or midwife to one or more specified counsellors.

Members: Margo Gill
Charles Linsell
Jane O'Connell
Rebecca Roseby
Stephen Brand
Sue Hendy
Frank Ross (invited for one case)
Marilyn Harris (invited for one case)

In the reporting period, the majority of counselling was undertaken by Committee members. Two (2) or three (3) members of the committee usually meet, when required, to interview and counsel nurses and midwives. Not all members attend each counselling interview. During the reporting period eight (8) counselling sessions were held and 28 nurses and midwives counselled. The issues covered during these counselling sessions related to boundaries of professional relationships, standards of nursing care, medication administration, scope of nursing practice, and communication issues. In one instance, one midwife was referred for further personal and professional counselling.

(d) Research and Development Committee

Scholarships, awarded to selected nurses and midwives, constitute a major use of funds in the Board's Education and Research Account. The Research and Development Committee reviews scholarship applications, conducts interviews and provides recommendations to the Board.

In addition to Board members, the Research and Development Committee utilises the skills of nurses and midwives who are not Board members, but who are able to bring expertise to assessing scholarship applications.

There were seven (7) meetings held in the reporting period. Members only attend specific meetings as required.

Members of the Committee are:

Board members:
Jill White
Stephen Brand
Margo Gill

Jane O'Connell
Rebecca Roseby

Other invited persons:

Esther Chang
Judith Donoghue
Sue Nagy
Margaret McMillan
Elaine Dietsch

An amount of \$239,503.40 was expended on scholarships. Scholarships supported:

- the completion of the final year (or part thereof) of study leading to an academic award / recognised / accredited educational program
- study tours
- attendance at local, national and international conferences
- nursing or midwifery research; and
- provided a financial contribution for nurses / midwives undertaking research studies relevant to nursing / midwifery, who devoted one year to the writing and completion of a thesis.

(e) Section 21 and 28C Committee

Sections 21 and 28C of the *Nurses and Midwives Act 1991* provide that, in determining the outcome of applications for registration, authorisation or enrolment, the Board must afford applicants the opportunity to be heard. When an applicant is advised that it is not intended to grant an application, the applicant is able to request a hearing and / or submit additional documents within a specified period before the foreshadowed decision is finalised.

Members:

John Kelly (until November 2007)
Brett Holmes (until December 2007)
Charles Linsell
Margo Gill
Jill White
Jane O'Connell
Marie Clarke

Meetings were held as required. Usually two (2) or three (3) members assisted by one (1) or two (2) officers of the Board attend interviews convened to afford hearings to applicants. Thirty-four (34) hearings were provided during the reporting period. Twenty-six (26) applicants had applied for registration as a nurse, three (3) applicants had applied for registration as a midwife, two (2) applicants had applied for enrolment as a nurse and three (3) applicants had applied for authorisation to practice as a nurse practitioner.

The primary reasons for applicants requesting hearings in relation to the Board's assessment and intention to refuse their application were as follows: the applicant's qualifications did not meet the Board's standards required for enrolment / registration as a nurse or midwife or authorisation as a midwife practitioner (16), failure to demonstrate competence in an assessment program approved by the Board (6); concern regarding authenticity of documents (6); and failure to complete all subjects in courses recognised by the Board (6). In some cases, there was more than one concern addressed.

In twenty-three (23) cases the committee recommended to the Board that the applications be refused. In nine (9) cases, it was recommended that applicants be referred for assessment of competence. In one (1) case it was recommended the applicant be registered with conditions and in one (1) case it was recommended that the applicant be registered without conditions.

(f) Legal Issues Committee

The Legal Issues Committee meets as required to provide advice and recommendations about legal issues relevant to the Board's work. When legal advice has been received by the Board, the Legal Issues Committee has assisted the Board in considering the advice and developing appropriate policies and responses. The Committee did not convene during the reporting period.

Members:

Ian Linwood
Charles Linsell
Brett Holmes (until April 2008)
Mary Chiarella

(g) Special Committees to consider Applications from Graduates of Approved Masters Courses

There are two (2) pathways leading to authorisation as a nurse practitioner or midwife practitioner. Pathway 1 of the authorisation process requires completion of an approved Master's degree course together with experience in advanced nursing or midwifery practice. The special committees consider the evidence of advanced nursing or midwifery practice, as submitted by each applicant, and make recommendations to the Board regarding authorisation. In the period July 2007 to June 2008, 14 committee meetings were held by teleconference to consider applications under pathway 1.

Members:

Arlene Bannon
Jeanne Barr
Peter Cocking
Philip Dolan
Amal Helou
Sonia Johnston
Katherine Kable
Sue Kennedy
Kris Liebke
Charles Linsell
Jim McVeigh
Anne Moehead
Christine Muller
Jane O'Connell
Frank Ross
Cate Salter
Lorna Scott
Joanne Seymour
Karina So
Tim Wand
Ron Wilson

(h) Nurse Practitioner or Midwife Practitioner Peer Review Interview Panels

Under pathway 2 for authorisation of nurse practitioners and midwife practitioners, applicants are required to submit a package of evidence and attend a peer review interview in order to demonstrate achievement of the specified assessment criteria. Members of peer review interview panels include a nurse or midwife academic with clinical expertise in the area of practice nominated by the applicant; two (2) senior nurse clinicians (who may be nurse practitioners or clinical nurse consultants) from the area of practice nominated by the applicant; and an expert in pharmacology (who may be a pharmacist, medical practitioner or lecturer in pharmacology). In the period July 2007 to June 2008, 13 peer review interview

panels were convened for the assessment of nurse practitioner applications, including interviews, under pathway 2.

Members:

Arlene Bannon
 Peter Barclay
 Annette Blinco
 Leanne Burton
 Helen Cooke
 Bronwyn Cosh
 Phillip Darbyshire
 Cheryl Davidson
 Patricia Davidson
 Sue Driscoll
 Doug Elliott
 Wendy Fenton
 Vivienne Freeman
 Glenn Gardner
 Alison Goodfellow
 Desley Hegney
 Amal Helou
 Linda Johnston
 Marc Kelly
 Vickie Knight
 Natalie Ko
 Susan Koch
 Sue McDonald
 Anne Moehead
 Mary Lou Morrirt
 Glenda Mullen
 Margaret Murphy
 Beverly O'Connell
 Cath Rogers-Clark
 Cate Salter
 Lorna Scott
 Kaye Spence
 Peter Strange
 Karina So
 Mary Wagner
 Robert Weatherby
 Dianne Wikstrom
 Kate White
 Vicki Wilmott

(i) Australian Nursing and Midwifery Council Advisory Committee

The Nurses and Midwives Board is a member of the Australian Nursing and Midwifery Council (ANMC) and the Board nominates a director and a representative who attend meetings of the Council. As there is often insufficient time to consult with all members of the Board in regard to issues to be discussed at ANMC meetings, this committee was established to assist in identifying issues or views that might be presented at ANMC meetings on behalf of the Nurses and Midwives Board. The members are Jill White (President of the Board and Board representative to ANMC), Charles Linsell (Deputy President), Mary Chiarella (Board member and ANMC Director) and Michael Cleary (Executive Director). The committee was convened on four occasions, prior to each quarterly meeting of ANMC.

CODE OF CONDUCT FOR MEMBERS OF THE BOARD AND COMMITTEES OF THE BOARD

This code was developed by the Nurses and Midwives Board and outlines principles of conduct to guide members of the Board and its committees.

The principles addressed in the code relate to:

- Responsibility
- Impartiality and Respect for People
- Honesty, Integrity and Public Interest
- Economy and Efficiency
- Confidentiality
- Conflicts of Interest
- Corrupt Conduct

The full text of the code is available on the Board's website or from the Board's office. Members of the Board and members of Board committees are requested to confirm in writing that they will adhere to the code.

1

standards and competence

Objective

The promotion and maintenance of professional standards and competence to practise.

Key Strategies

Promotion of professional standards through:

- 1.1 establishment of a code of professional conduct.
- 1.2 promotion of quality and safety in practice.
- 1.3 promotion / facilitation of self-assessment of competence.

Maintenance of professional standards through:

- 1.4 maintenance of processes to ascertain / address capacity to practise, and the imposition of conditions on practice where necessary.
- 1.5 use of rigorous and fair professional disciplinary processes.
- 1.6 maintenance of education standards of nurses and midwives granted registration and enrolment, both those qualified in Australia and those with international qualifications.
- 1.7 working with education institutions to maintain standards.

Actions from 2007 to Completion

- 1.1 to continue to work collaboratively with the Australian Nursing and Midwifery Council to establish new code(s) of professional conduct / practice.
- 1.2 to undertake a project to identify current public health and safety issues related to nursing and midwifery practice and to commission and fund research related to these areas.
- 1.3 to develop and disseminate a statement of commitment to nurses and midwives undertaking self-assessment of competence for practice.
 - 1.4.1 to implement performance assessment processes for nurses and midwives and to implement an evaluation process aside this.
 - 1.4.2 to review and refine the inquiry processes of the Board (schedule 1B inquiries, s21 and s28C hearings).
- 1.5 to continue to work effectively with the Health Care Complaints Commission (HCCC) and other institutions where appropriate.
- 1.6 to monitor the competence of new registrants.
- 1.7 to liaise with education institutions regarding courses and eligibility of graduates for registration, enrolment or authorisation, as applicable.

2

education and research

Objective

The promotion of education and research related to contemporary practice and the educational programs leading to registration, enrolment and authorisation.

Key Strategies

- 2.1 promotion and support of professional education for the maintenance and enhancement of competence to practise.
- 2.2 commissioning and funding of targeted research related to the Board's strategic agenda.
- 2.3 development and / or refinement of course accreditation processes.
- 2.4 maintenance of the current standards for the education of nurses and midwives.

Actions from 2007 to Completion

- 2.1 to revise criteria for research and development education support scholarships including the simplification of the application forms.
 - 2.2.1 to revise criteria for research scholarships to encourage submissions relating to the Board's safety and quality priorities and to publish these priorities on the Board's website.
 - 2.2.2 to revise criteria for non-research scholarships to emphasise priority for submissions demonstrating relevance to applicant's practice environment.
 - 2.2.3 to review work completed in relation to possible licensing of unlicensed care workers undertaking nursing tasks and provide suggestions for the new national registration body.
- 2.3.1 to facilitate development of annual workplans by the Nurses Practice Committee and the Midwives Practice Committee, in relation to such functions as the Board may determine in accord with s12A(2) and submit such workplans to the Board for advice and approval.
- 2.3.2 to work collaboratively with the Australian Nursing and Midwifery Council and regulatory authorities towards development of a national accreditation framework for education programs and to utilise this framework in the refinement of the criteria for course accreditation in NSW.
- 2.4 to communicate concerns about TAFE level bachelor degrees to:
 - (i) Australian Vice Chancellors Committee (NSW)
 - (ii) The Minister for Health.

3

communication

Objective

Interact with key stakeholders on registration / enrolment / authorisation, standards for practice and other matters arising from the Act and the contemporary health care environment such that they will be well informed about the Board and its processes.

Key Strategies

- 3.1 provision to the public of information about the Board's responsibilities and its actions in safeguarding the public and enhancing the standards of nursing and midwifery practice.
- 3.2 consultation with health care and education institutions on the activities and policies of the Board.
- 3.3 interaction with other regulatory authorities on issues of national importance, primarily through the Australian Nursing and Midwifery Council.
- 3.4 communication with the Minister for Health in relation to the Board's role and responsibilities in matters of public safety.
- 3.5 provision of information on the processes and requirements for registration / enrolment and the full range of work of the Board to nurses, midwives and prospective applicants.

Actions from 2007 to Completion

- 3.1.1 to utilise the full functionality of the newly developed website.
- 3.1.2 to revise website information for the public.
- 3.1.3 to develop a poster (A3 format) differentiating registered nurses, nurse practitioners, registered midwives, midwife practitioners, enrolled nurses and enrolled nurses (mothercraft).
 - 3.2.1 to maximise opportunities to consult widely on policies and priorities of the Board.
 - 3.2.2 to work with education institutions to enhance student's understanding of the work of the Board.
- 3.3 to work collaboratively with governments, other regulatory authorities and the Australian Nursing and Midwifery Council to develop a consistent national approach to issues relating to regulation of nursing and midwifery whilst maintaining New South Wales' high level of protection of the public.

In the interest of protection of the health and safety of the public:

- providing mechanisms to ensure that nurses and midwives are fit to practise, and
- providing mechanisms to enable the public and employers to readily identify nurses and midwives who are registered or enrolled.

Key focus areas: • Standards and Competence • Education and Research • Communication • Registers and Roll • The Board's Work

4

registers and roll

5

the board's work

- 3.4 to meet yearly with the Minister for Health to discuss issues of relevance.
- 3.5.1 to develop and disseminate a "Nursing and Midwifery Practice in NSW: An Introduction for New Registrants" booklet.
- 3.5.2 to complete a review of proforma letters sent from the Board's office.
- 3.5.3 to set and meet high standards of customer service.
- 3.5.4 to enhance interpersonal communications between officers and those with whom they come in contact personally, by telephone or through correspondence.
- 3.5.5 to review processes for acknowledgement of receipt of applications and provision of feedback to applicants for registration, authorisation, enrolment and restoration.
- 3.5.6 to communicate use of nurse practitioner standards, particularly to potential applicants for re-authorisation.

Objective

Development and maintenance of systems to ensure accurate and accessible Registers and Roll.

Key Strategies

- 4.1 initiation of a process engineering review of systems for receiving and responding to applications for registration, authorisation, enrolment and restoration.
- 4.2 maintenance of standards in relation to applicants with international qualifications.
- 4.3 implementation of online renewals including annual returns and workforce surveys.
- 4.4 ensuring that the Registers and Roll have mechanisms to identify those currently registered or enrolled, removed from the Registers or Roll or had conditions imposed on practice.
- 4.5 development of advice to the Minister for Health regarding relevant changes to legislation.

Actions from 2007 to Completion

- 4.1 to engage a consultant to advise on processes for receiving, assessing and responding to all applications and correspondence relating to registrants or applicants.
- 4.2.1 to review numbers of applications assessed or pending including hearings, inquiries, etc.
- 4.2.2 to maintain standards in relation to applicants with international qualifications.
- 4.3 to implement online renewals including annual returns and workforce surveys, using an external provider if required.
- 4.4.1 to access registrants' previous declarations when considering further declarations relating to offences, health, etc., whether in annual returns or otherwise notified.
- 4.4.2 to ensure registration, enrolment, removal from the Registers or Roll and the imposition of conditions are recorded quickly and accurately.
- 4.5 to identify issues to be communicated to the Minister for Health.

Objective

Development and maintenance of systems and processes to enhance the work of the Board.

Key Strategies

- 5.1 effective liaison with the Health Professionals Registration Boards towards achieving the Board's objectives.
- 5.2 provision of professional development, as appropriate, for Board members.
- 5.3 liaison with the Health Professionals Registration Boards to maintain development of its officers.
- 5.4 proactive contributions to national registration and accreditation.

Actions from 2007 to Completion

- 5.1.1 to hold three-monthly meetings between the President and Deputy President of the Board, Director and Deputy Director of the Health Professionals Registration Boards, and the Executive Director and Associate Executive Director.
- 5.1.2 to negotiate with the Health Professionals Registration Boards for provision of a budget to the Board for its work, and a manual of delegations for that budget.
- 5.1.3 to negotiate with the Health Professionals Registrations Boards for appropriate business processing and support for better utilisation of technology to improve efficiency.
- 5.1.4 to seek urgent support from the Health Professionals Registration Boards for engagement of a consultant to advise on processes for receiving, assessing and responding to all applications and correspondence relating to registrants or applicants.
- 5.1.5 to review the principal processes of the Board to ensure compliance with current legislative frameworks.
- 5.2 to offer professional development to members of the Board.
- 5.3 to develop, with the Health Professionals Registration Boards, a staff development plan in order to achieve the Board's strategic directions.
- 5.4 to identify the areas of legislation requiring amendment, in the context of an impending national registration system, and to seek such amendments through the Minister for Health.

1

standards and competence

OPERATIONS

Operations relating to the Key Focus Areas in the Board's Strategic Plan for the period from 2007 to Completion of the Board's work, with the transfer to a national system of registration in 2010.

Objective

The promotion and maintenance of professional standards and competence to practise.

Strategies

Promotion of professional standards through establishment of a code of professional conduct.

The Board has worked collaboratively with the Australian Nursing and Midwifery Council to establish new codes of professional conduct for nurses and midwives. Section 43 of the *Nurses and Midwives Act 1991* outlines requirements for Ministerial approval to be obtained.

Promotion of professional standards through promotion of quality and safety in practice.

The promotion of quality and safety in practice is an ongoing strategy for the Board.

Promotion of professional standards through promotion / facilitation of self-assessment of competence.

Development and dissemination of a statement, encouraging the development of portfolios of professional practice as a mechanism of self-assessment of competence, is an ongoing strategy.

Maintenance of professional standards through maintenance of processes to ascertain / address capacity to practise, and the imposition of conditions on practice where necessary.

Review and refinement of processes, for Schedule 1B inquiries are an ongoing strategy.

If a nurse or midwife does not pay the annual practising fee, the person's registration or enrolment is cancelled as provided by section 33(3) of the *Nurses and Midwives Act 1991*. On application for restoration, the Board may refuse the application and instead treat the application as an application for registration or enrolment. In assessing such applications, the Board may refuse registration under section 29A or grant registration / enrolment with conditions. The imposition of conditions, where necessary, enables nurses and midwives to re-enter practice while protecting the public.

In the reporting year, there were 319 nurses and midwives whose applications for restoration were refused and whose applications were treated by the Board as applications for registration or enrolment so that conditions could be imposed as provided by section 29A of the *Nurses and Midwives Act 1991*. Typical conditions have permitted nurses or midwives to practise only in settings where a person

at the level of nurse manager undertakes to provide, to the Board, a report on the particular nurse's or midwife's competence within three (3) months of the nurse or midwife commencing practice.

A further 64 applicants were advised that their applications would be referred for determination by Schedule 1B Inquiry; not all of those applicants elected to proceed to Inquiry. Apparently encouraged by the possibility of employment, some former nurses and midwives, who were educated a long time ago and who have not practised for many years, are applying to be registered again. Consideration of these applications requires resources as inquiries are convened in accord with legislation and some applicants, when refused, lodge appeals with the Nurses and Midwives Tribunal.

At 30 June 2008, a total of 814 nurses and midwives were registered or enrolled with conditions of this nature on their registration or enrolment. As noted above, the imposition of conditions, where necessary, enables nurses and midwives to re-enter practice while protecting the public.

During the reporting period, 7557 nurses and midwives were permitted to restore to the Register(s) or Roll without conditions being imposed.

Maintenance of professional standards through use of rigorous and fair professional disciplinary processes.

The Board continues to work effectively with the Health Care Complaints Commission and the Nurses and Midwives Tribunal.

In the year from 1 July 2007 to 30 June 2008, complaints / notifications received about nurses and midwives were:

Complaint / Offence

Competence issues	25
Professional boundary issues	6
Alcohol and other drug issues	6
Character / honesty issues	3
Convictions not relating to practice	10
Non-completion of annual returns as required by section 42A	1964
Other	29

Notifications

Advice from other nurse and midwife registering authorities regarding cancellations and conditions imposed in other jurisdictions	137
Impairment (Physical)	1
Impairment (Mental)	7
Impairment (Drug and Alcohol)	3
Court convictions	1

Maintenance of professional standards through maintenance of education standards of nurses and midwives granted registration and enrolment, both those qualified in Australia and those with international qualifications.

Although the number of registered nurses increased again to another record in this State, the Commonwealth offers migration priority to persons with nursing qualifications. Consequently, the Board receives a significant number of applications from persons with qualifications that are below the standards in this State. The Board's application processes appear to have become a de facto immigration pathway. While the Board refuses applications if applicants' education is not adequate for safe practice in this State, the processes of administrative fairness in refusing applications create a significant burden. Appeals to the Nurses and Midwives Tribunal create further and expensive burdens on the Board in undertaking its functions relating to granting of registration.

Although there are courses that have been submitted to the Board by universities in this State, and granted recognition to facilitate the processing of applications for registration, a large number of graduates from universities in this State are making application for registration without having completed all the requirements of the approved curricula. Prior to amendments to legislation in 2004, it was not possible for persons who completed courses in this State to be registered unless they had completed courses that were recognised by the Board. However, within the four years since changes to the legislation, there have been a significant proportion of applicants, educated in New South Wales, in courses whose adequacy for registration is not assessed until the graduates make individual application for registration. As with international applicants, the Board is required by legislation to assess the adequacy of the qualifications for registration. After consideration of abbreviated courses, and any other qualifications applicants

have completed, some applicants have been registered. Some have withdrawn their applications with a view to undertaking further study prior to making further application. Some applications have been refused and others remain under consideration.

Decisions of the Board are subject to appeal and, while the Nurses and Midwives Tribunal has never granted registration to a person whose application had been refused by the Board, a past decision of the Tribunal has imposed a significant administrative burden in refusing applications. The processing of applications is taking a significantly longer time and consuming greater resources than some years ago when the appeals were required to be made to the District Court.

In a decision handed down in September 2005, the Nurses and Midwives Tribunal found that the Board made an error when, "on a paucity of evidence", it reached a conclusion that an applicant's qualifications gained in another country were not equivalent to the qualifications of registered nurses in Australia. The Tribunal itself was unable to make a finding on the same limited evidence that the applicant had submitted to the Board. Nevertheless the Tribunal expected an explanation from the Board of its reasoning and method in refusing the application. The Tribunal expressed the view that while an applicant bears the onus of satisfying the Board in regard to academic qualifications and fitness to practise, the Board ought to provide the applicant with such assistance in regard to her application as is possible rather than simply adopting a reserved or negative approach. In the particular case, the Tribunal directed that the Board's officers assist the applicant to enable proper completion of her application. The Tribunal also stated that, if the Board refused the application after further consideration, the Board should assist the applicant by specifying what areas of study the Board required and at which type of institution she should undertake that study.

The Tribunal issued that particular decision without seeking or considering any views from the Nurses and Midwives Board in regard to the processing of applications. Legislation does not provide the Board with any avenue of appeal against decisions of the Tribunal so that it was not possible to seek a review of the Tribunal's views on this matter. Compliance with the requirements specified by the Tribunal have made the refusal of applications resource intensive so that applications now take significantly more time

to consider and, where necessary, refuse, when compared with the years prior to appeals being heard by the Tribunal.

While working with limited resources and seeking to provide administrative fairness in dealing with large numbers of applications for registration, the health and safety of the public remain foremost in the consideration of applications. Applications are refused (or applicants are registered with conditions) where applicants do not satisfy the Board of the adequacy of their education qualifications, English language, good character or competence to practise. The Nurses and Midwives Board remains committed to fulfilling its legislated functions and remains committed to protecting the health and safety of the community.

Maintenance of professional standards through working with education institutions to maintain standards.

Representatives of the Board have met with representatives of universities to encourage them to offer courses that have been granted recognition by the Board, and to require students to complete all subjects according to recognised curricula in order to enable prompt registration or enrolment.

After consultation with representatives of education institutions, the Board issued a policy document *Credit for Prior Study in Courses Leading to Registration* to assist ongoing decision-making in instances where universities wish to grant credit to students in courses leading to registration.

OTHER ACTIVITIES RELATING TO STANDARDS AND COMPETENCE

Midwifery Forum

The Nurses and Midwives Board convened a Midwifery Forum at Darling Harbour on 12 October 2007. Over 50 participants attended the day with representation from the NSW Department of Health, university faculties, professional midwifery organisations, authorised midwife practitioners and members of the Board and the Midwives Practice Committee.

The objectives of the forum were to inform and seek comment from the stakeholders about the draft *Guidelines for Curricula Leading to Registration as a Midwife in NSW*, to clarify the scope of practice of midwife practitioners and the objectives in the education of midwife practitioners, and assisted in identifying criteria and standards for midwife practitioner authorisation.

2

education and research

19

Professional Standards Forum

The Nursing and Midwifery Professional Standards Forum is an annual initiative that has been held for a number of years and it is hosted by a different regulatory authority each year. It is organised to provide the nursing and midwifery regulatory authorities in the Australian States and Territories and New Zealand with the opportunity to meet and discuss current issues and share ideas and strategies relating to professional standards, investigations of reports and complaints, and managing professional conduct processes.

The Nurses and Midwives Board hosted the Nursing and Midwifery Professional Standards Forum this year from 12 to 14 March 2008 at Darling Harbour in Sydney. The objectives of the Forum for 2008 were different to past Forums and this one provided an extraordinary opportunity for the experts of the regulation of professional standards in the nursing and midwifery professions to potentially shape the national regulatory framework for health professionals in Australia.

The objectives were to:

- Review the elements of the current regulatory models in each State and Territory of Australia, and New Zealand designed to maintain and manage breaches of professional standards
- Identify the positive elements of the current regulatory models and what it is that contributes to the strengths of these
- Identify the weaknesses of each model and where possible the causes of the weaknesses
- Identify the key building blocks of a model regulatory framework and the key principles that underpin these.

There were over 50 attendees, with representation from all but one of the nursing and midwifery regulatory authorities within Australia, and from the Australian Nursing and Midwifery Council, the Nursing Council of New Zealand and the Midwifery Council of New Zealand.

Education Sessions on Professional Standards and Related Matters

The Board's Professional Officers provide education or information sharing sessions, on request, to nurses, midwives and students to support maintenance of professional standards and to enhance understanding of the work of the Board. During the year, education or information sharing sessions were undertaken in various locations across the State.

Objective

The promotion of education and research related to contemporary practice and the educational programs leading to registration, enrolment and authorisation.

Strategies

Promotion and support of professional education for the maintenance and enhancement of competence to practise.

Revision of criteria for research and development education support scholarships, including the simplification of the application forms, is ongoing.

The following categories of scholarships were offered for the period 1 July 2007 to 30 June 2008.

Category 1 and 2 scholarships are awarded to support nurses and midwives complete the final year of study leading to an academic award or for a recognised education program, or the final year of a program, which does not lead to an academic award. Nineteen (19) scholarships were awarded in these categories.

Category 3 scholarships are awarded to support nurses and midwives undertake a study project in a specific nursing or midwifery field. No scholarships were awarded in this category in the reporting period.

Category 4 scholarships are awarded to support nurses and midwives' attendance at international, national or local conferences or seminars etc. Twenty-three (23) scholarships were awarded in this category.

Category 5 scholarships are awarded to support nurses and midwives to undertake research in the discipline of nursing or midwifery. Two (2) scholarships were awarded in this category.

Category 6 scholarships are awarded to support the completion of a thesis for doctoral studies relevant to nursing or midwifery. One (1) scholarship was awarded in this category in the reporting period.

Recipients of scholarships to support research, study projects or attendance at a conference are required to submit a written report to the Board. These reports are available, on application to the Registrar. Reports are occasionally published in the *nmb: update* newsletter.

Commissioning and funding of targeted research related to the Board's strategic agenda.

Revision of criteria for research and development committee research scholarships is ongoing.

The Board had called for expressions of interest to conduct a project regarding English language, but after considering the expressions received and available funds, decided not to proceed with the project. It was suggested to the Australian Nursing and Midwifery Council that it may have wished to consider such a project.

The Board has commissioned development of a second edition of *Professional Conduct: A Case Book of Disciplinary Decisions Relating to Professional Conduct Matters*, which will inform nurses and midwives about professional disciplinary matters. The text has been completed and the draft is now being edited and reviewed in anticipation of publication.

Development and / or refinement of course accreditation processes.

Ongoing support is provided to the Nurses Practice Committee and the Midwives Practice Committee, which provide advice on nursing and midwifery courses respectively.

Maintenance of the current standards for the education of nurses and midwives.

As noted above in relation to Key Focus Area 1, the Board has devoted significant resources to refusal of applications from persons whose education is not at the required standard, and to liaison with education institutions in New South Wales to maintain standards in the State.

OTHER INFORMATION ABOUT EDUCATION

Recognised Institutions

Under the provisions of section 10(1)(g) of the *Nurses and Midwives Act 1991*, the Board grants recognition to:

- the institutions (within Australia) which conduct courses
- the curricula of courses, and
- the qualifications which are awarded to persons who successfully complete those courses.

This is undertaken in order to facilitate registration, authorisation and enrolment. Students may undertake recognised courses at recognised institutions in the knowledge that the courses have been assessed by the Board and that the courses, if implemented as approved, will satisfy the education requirement for registration, authorisation or enrolment.

The Board may grant recognition to courses leading to:

- registration as a nurse
- registration as a midwife
- authorisation to practise as a nurse practitioner
- authorisation to practise as a midwife practitioner
- enrolment as a nurse
- medication endorsement for enrolled nurses
- enrolment as an enrolled nurse (mothercraft).

(a) Institutions Recognised to Conduct Courses Leading to Registration as a Nurse

Australian Catholic University

New South Wales Division

PO Box 968, North Sydney NSW 2059

- Bachelor of Nursing course approved until December 2011
- Bridging program for enrolled nurses to receive credit in Bachelor of Nursing, approved for the duration of the current Bachelor of Nursing curriculum, i.e. until December 2011
- HSC Board of Studies endorsed Nursing Course for credit in Bachelor of Nursing, approved for the duration of the current Bachelor of Nursing curriculum, i.e. until December 2011

Avondale College, Wahroonga

PO Box 19, Cooranbong NSW 2265

- Bachelor of Nursing course approved until December 2010

Charles Sturt University

PO Box 789, Albury NSW 2640

Private Bag 29, Bathurst NSW 2795

Myall Street, Dubbo NSW 2830

PO Box 883, Orange NSW 2800

PO Box 588, Wagga Wagga NSW 2678

- Bachelor of Nursing course approved until December 2009
- Bachelor of Nursing by distance education for specified applicants approved until December 2009
- Bachelor of Early Childhood Teaching (Birth to 5 Years) / Bachelor of Nursing approved until December 2009
- Bachelor of Nursing / Bachelor of Clinical Practice (Paramedic) approved until December 2009
- Bachelor of Nursing / Bachelor of Midwifery approved for students who commenced between 2003 and 2005

Southern Cross University

PO Box 157, Lismore NSW 2480
also offered at Coffs Harbour and Port Macquarie campuses

- Bachelor of Nursing course approved until December 2010

University of New England

Armidale NSW 2351

- Bachelor of Nursing course approved until December 2012
- Bachelor of Nursing Studies course (distance learning for enrolled nurses) approved until December 2011

University of Newcastle

Callaghan NSW 2308
also offered at Ourimbah and Port Macquarie campuses

- Bachelor of Nursing course approved until December 2009

University of Notre Dame Australia Sydney Campus

PO Box 944, Broadway NSW 2007

- Bachelor of Nursing course approved until December 2009

University of Sydney

Sydney NSW 2006

- Bachelor of Nursing course (no further enrolments)
- Bachelor of Nursing (Honours) course (no further enrolments)
- Bachelor of Nursing (Indigenous Australian Health) course (no further enrolments)
- Bachelor of Nursing / Bachelor of Arts course (no further enrolments)
- Bachelor of Nursing / Bachelor of Science course (no further enrolments)
- Master of Nursing (Graduate Entry) course approved until December 2010
- Bachelor of Applied Science (Exercise and Sports Science) / Master of Nursing course approved until December 2010
- Bachelor of Arts / Master of Nursing course approved until December 2010
- Bachelor of Health Science / Master of Nursing course approved until December 2010
- Bachelor of Science / Master of Nursing course approved until December 2010

University of Technology, Sydney

PO Box 123, Broadway NSW 2007

- Bachelor of Nursing course approved until November 2009
- Bachelor of Nursing stream for enrolled nurses approved until November 2009
- Bachelor of Nursing / Bachelor of Arts (International Studies) course approved until November 2009

University of Western Sydney

Locked Bag 1797, Penrith South NSW 1797

- Bachelor of Nursing approved until December 2012
- HSC Board of Studies endorsed Nursing Course for credit in Bachelor of Nursing, approved for the duration of the current Bachelor of Nursing curriculum, i.e. until December 2012
- Bachelor of Nursing (Graduate Entry) approved until December 2013

University of Wollongong

Wollongong NSW 2522
also offered at Bega campus

- Bachelor of Nursing course approved until December 2013
- Bridging program for enrolled nurses to receive credit in Bachelor of Nursing curriculum, i.e. until December 2007

Not all nursing courses conducted by education institutions lead to registration as a nurse. Curricula for the above courses have been submitted to the Nurses and Midwives Board, and have been granted recognition to facilitate registration as a nurse. The subjects that constitute the recognised curricula are listed on the Board's website.

(b) Institutions Recognised to Conduct Courses Leading to Registration as a Midwife

Charles Sturt University

PO Box 588, Wagga Wagga NSW 2678

- Postgraduate Diploma of Midwifery course approved until December 2010
- Bachelor of Nursing / Bachelor of Midwifery approved for students who commenced between 2003 and 2005

University of Newcastle

Callaghan NSW 2308
also offered at Ourimbah and Port Macquarie campuses

- Graduate Diploma in Midwifery course approved until December 2009

University of Sydney

Sydney NSW 2006

- Graduate Diploma in Midwifery course approved until December 2009

University of Technology, Sydney

PO Box 123, Broadway NSW 2007

- Bachelor of Midwifery, approved until December 2009
- Graduate Diploma in Midwifery course approved until October 2011

University of Western Sydney

Locked Bag 1797, Penrith South NSW 1797

- Graduate Diploma in Midwifery course approved until December 2009

University of Wollongong

Wollongong NSW 2522

- Master of Science (Midwifery) course approved until December 2009

(c) Institutions Recognised to Conduct Courses Providing the Education Component for Authorisation to Practise as a Nurse Practitioner

Applicants for nurse practitioner authorisation who have completed an approved course are also required to satisfy an experience requirement. The following courses have been approved by the Board for the purpose of authorisation of nurse practitioners:

University of Newcastle

Callaghan NSW 2308

- Master of Nursing (Nurse Practitioner) (approved for maternal and child health nursing, high dependency nursing, mental health nursing, rehabilitation and habilitation nursing, medical / surgical nursing, community health nursing areas of practice)

University of Technology, Sydney

PO Box 123, Broadway NSW 2007

- Master of Nursing (Nurse Practitioner) (approved for high dependency nursing, medical / surgical nursing, mental health nursing, community / family health / primary health care nursing and paediatric nursing areas of practice)

University of Western Sydney

Locked Bag 1797, Penrith South NSW 1797

- Master of Nursing (Mental Health – Nurse Practitioner) (approved for mental health nursing)

(d) Institutions Recognised to Conduct Courses Providing the Education Component for Authorisation to Practise as a Midwife Practitioner

Nil

(e) Institutions Recognised to Conduct Courses Leading to Enrolment as a Nurse

TAFE

- Certificate IV in Nursing (Enrolled Nurse) course No 314 approval expired April 2008
- Certificate IV in Nursing (Enrolled / Division 2 Nursing) course No 3262 approved until August 2012
- Certificate IV in Nursing (Enrolled Nurse) course No 3228 approval expired April 2008
- Diploma in Nursing (Enrolled / Division 2 Nursing) course No 4393 approved until August 2012

available at:

Hunter Institute, Newcastle College
 Illawarra Institute, Shellharbour College
 New England Institute, Gunnedah College
 North Coast Institute, Coffs Harbour College
 Northern Sydney Institute, Meadowbank College
 Northern Sydney Institute, North Sydney College
 Riverina Institute, Cootamundra College
 South Western Sydney Institute, Wetherill Park College
 Sydney Institute, St George College
 Sydney Institute, Ultimo College
 Western Institute, Dubbo College
 Western Sydney Institute, Nepean College

University of New England

Armidale NSW 2351

- Advanced Diploma in Nursing (pre-enrolment) approved until December 2012

**(f) Institutions Recognised to Conduct Courses
Leading to Medication Endorsement for
Enrolled Nurses**

TAFE

- Statement of Attainment in Medication Administration for Enrolled Nurses course No 3271 approval expired December 2007
- Certificate IV in Enrolled Nurse Conversion (Medication Administration) course number 716 approval expired December 2007

provided at:

Hunter Institute, Newcastle College
Illawarra Institute, Shellharbour College
New England Institute, Gunnedah College
North Coast Institute, Ballina College
North Coast Institute, Coffs Harbour College
North Coast Institute, Port Macquarie College
North Coast Institute, Taree College
Northern Sydney Institute, Meadowbank College
Northern Sydney Institute, North Sydney College
Riverina Institute, Cootamundra College
Riverina Institute, Corowa College
South Western Sydney Institute, Wetherill Park College
Sydney Institute, St George College
Sydney Institute, Ultimo College
Western Institute, Dubbo College
Western Sydney Institute, Nepean College

The College of Nursing

- Enrolled Nurse: Medication Management course approval expired February 2008

(Available to enrolled nurses who already hold a Certificate IV or equivalent qualification in nursing).

3

communication

Objective

Interact with key stakeholders on registration / enrolment / authorisation, standards for practice and other matters arising from the Act and the contemporary health care environment such that they will be well informed about the Board and its processes.

Strategies

Provision to the public of information about the Board's responsibilities and its actions in safeguarding the public and enhancing the standards of nursing and midwifery practice.

The Board's website continues to be developed to provide access and functionality to users.

Development of a revised public information leaflet is ongoing.

Development and implementation of a distribution strategy for information to the public remains an ongoing strategy.

Information on the Board's website has been extended to clearly differentiate the responsibilities of the Board from other organisations such as industrial, professional and public sector employment.

Published Booklets

- Information for applicants for registration or enrolment
- Being a Nurse Practitioner in New South Wales – Information for Registered Nurses who wish to apply for authorisation to practise as Nurse Practitioners in New South Wales, Australia
- Reference Manual for Performance Assessment and Performance Review

Newsletters

- *nmb: update*

Reports

- Annual Report for year ending 30 June 2007

Electronic Policy Documents Available on the Website

- Guidelines for the Development of Courses leading to Registration as a Nurse
- Guidelines for the Development of Courses leading to Registration as a Midwife
- Education of Enrolled Nurses – Information for Education Providers

- Guidelines for Educational Institutions wishing to submit courses for approval with regard to the Authorisation of Nurse Practitioners and Midwife Practitioners
- Guideline for the Development of Post-enrolment Medication Courses
- Guidelines for Institutions Wishing to Develop Competence Assessment Programs Leading to Eligibility for Registration as a Nurse and Enrolment as a Nurse
- Guidelines for Institutions Wishing to Develop Competence Assessment Programs Leading to Eligibility for Registration as a Midwife
- Delegation and Supervision, by Registered Nurses, of Medication Administration within Aged Care Facilities
- Complementary Therapies in Nursing and Midwifery Practice
- Guidelines for Registered Nurses, Registered Midwives and Enrolled Nurses regarding the Boundaries of Professional Practice
- Registered Nurses, Registered Midwives and Enrolled Nurses Employed in Non-Nursing and Allied Nursing and Midwifery Roles
- Guidelines on Delegation and Supervision for Nurses and Midwives
- Course Requirements for Enrolled Nurse Education
- Guidelines and information on the operation of mutual recognition in New South Wales
- Restoration to a register or roll and restoration / enrolment with conditions
- Research and Development Scholarships - Guidelines for Applicants
- Strategic Plan – 2007 to Completion
- Code of Conduct for members of the Board and committees of the Board

Consultation with health care and education institutions on the activities and policies of the Board.

During the year consultation was primarily with education institutions, as described above in relation to Key Focus Area 1. An area of ongoing consultation relates to the granting of credit for prior study and consequent shortening of courses.

Interaction with other regulatory authorities on issues of national importance, primarily through the Australian Nursing and Midwifery Council.

The Board continues to participate as a member of the Australian Nursing and Midwifery Council and works towards development of consistent national approaches to issues relating to the regulation of nursing and midwifery.

Communication with the Minister for Health in relation to the Board's role and responsibilities in matters of public safety.

The Board informs the Minister of significant matters and seeks meetings, as appropriate, in relation to the Board's functions. The President of the Board, together with chairpersons of other NSW health professionals registration boards, met with the Minister for discussion about the proposed national registration and accreditation scheme.

Provision of information on the processes and requirements for registration / enrolment and the full range of work of the Board for nurses, midwives and prospective applicants.

Development and dissemination of a "Nursing and Midwifery Practice in NSW: An Introduction for New Registrants" booklet remains an ongoing strategy.

Review of proforma letters sent from the Board's office is ongoing.

Setting and achieving high standards of customer service is a continuing strategy.

The web address remains www.nmb.nsw.gov.au

OTHER COMMUNICATION ACTIVITIES

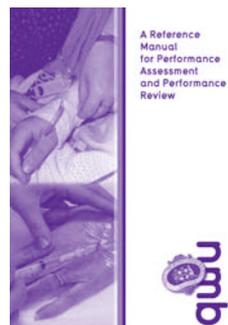
Reference Manual for Performance Assessment and Performance Review

The *Nurses and Midwives Amendment (Performance Assessment) Act 2004* commenced on 2 April 2007. This amendment gives the Nurses and Midwives Board the power to require nurses and midwives to undertake assessments of their professional performance, using the model previously adopted for medical practitioners. The Board is strongly committed to a rehabilitative focus in the implementation of performance assessment.

Performance assessment processes are not intended to deal with serious matters, the processes will enable identified concerns about knowledge, skill and care to be addressed so that the public is protected. The process is intended to assist by intervening before a serious matter may occur. It is envisaged that the process will enable

the nurse or midwife to remain in practice while protected by safeguards, where necessary.

The Nurses and Midwives Board has published a Reference Manual for Performance Assessment and Performance Review that outlines these processes.



The manual may be downloaded from the Board's website under 'Complaints and Notifications' and then 'Performance Assessment'. A printed copy may also be provided on request to the Board's office.

The newsletter *nmb: update* continues to be published three times each year. The newsletters are mailed to all registered nurses, registered midwives and enrolled nurses and copies are also provided upon request to other interested persons. Each issue is also archived on the Board's website.



4

registers and roll

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Objective

Development and maintenance of systems to ensure accurate and accessible Registers and Roll.

Strategies

Initiation of a process engineering review of systems for receiving and responding to applications for registration, authorisation, enrolment and restoration.

The Board requested that the Health Professionals Registration Boards, which manages resources and staff in accord with legislation, initiate a process engineering review of systems relating to handling of applications for registration, enrolment and authorisation. A review has been initiated and developments undertaken in information processing in relation to applications.

Maintenance of standards in relation to applicants with international qualifications.

As noted above in relation to Key Focus Area 1, significant resources are consumed in dealing with applications from persons with qualifications obtained in other countries and, where necessary, refusal of the applications in order to maintain the standards required for contemporary practice in the State's health system. The requirements of administrative fairness and provisions for appeals add substantially to costs and incur delays in the processing of applications. However, protection of the health and safety of the public of New South Wales through the maintenance of standards, remains paramount.

Implementation of online renewals including annual returns and workforce surveys.

Work towards implementation of online renewals, including annual returns and workforce surveys, remains ongoing. The Health Professionals Registration Boards is developing systems towards this goal.

Ensuring that the Registers and Roll have mechanisms to identify those currently registered or enrolled, removed from the Registers or Roll or had conditions imposed on practice.

Where a nurse or midwife has conditions on practice, this is clearly displayed in the online search facility on the Board's website. The specific conditions are not published. Employers, prospective employers or other interested persons may contact the Registrar for further information regarding conditions imposed. Section 69A of the *Nurses and*

Midwives Act 1991 requires that the Board make publicly available the name of each person who is subject to an order of the Nurses and Midwives Tribunal or the Supreme Court that the person's name be removed from a Register or the Roll. This list of names may be found on the Board's website from links under "Complaints and Notifications" and "Names Removed from a Register or the Roll". Legislation does not authorise publication of names of those nurses or midwives who have had their name removed from the Registers or Roll prior to 1992 when the Nurses and Midwives Tribunal was established; under the provisions of the *Mutual Recognition Act 1992* (Commonwealth)(section 33) or the *Trans Tasman Mutual Recognition Act 1997* (Commonwealth)(section 32) on the basis that their registration or enrolment had been cancelled by a nursing and midwifery regulatory authority in another Australian State or Territory, or New Zealand; or for reasons of mental incapacity as provided by section 34 of the *Nurses and Midwives Act 1991*.

Development of advice to the Minister for Health regarding relevant changes to legislation.

During the year, the Board was invited to provide comment in relation to the review of the *Nurses and Midwives Regulation 2003*.

Assessment of applications for registration or enrolment

The Nurses and Midwives Board receives applications for and makes decisions concerning eligibility for registration and enrolment in accord with the provisions of the *Nurses and Midwives Act 1991*. Education institutions within Australia may submit courses for approval prior to students being enrolled. Where an applicant has completed a course that has been granted recognition by the Board at an institution recognised by the Board, registration or enrolment may be facilitated. The education, of applicants who have completed unrecognised courses, is assessed against the same criteria that are used in assessing courses for recognition.

Applicants are required to submit specified documents regarding education, registration and professional experience. Application may be made by mail or documents may be lodged at the Board's office.

An applicant may be required to undertake an assessment program to demonstrate safe practice and the relevant competency standards in order to

be granted registration or enrolment. Assessment programs, approved by the Nurses and Midwives Board, are conducted by the College of Nursing in Sydney. Access to these programs is subject also to the entry requirements determined by the College.

Assessment of Applications for Authorisation

The Board has maintained two processes for the authorisation of nurse practitioners and midwife practitioners.

Nurse practitioners may apply for authorisation under one of two pathways. Pathway 1 involves completion of a Masters degree approved by the Board for the preparation of nurse practitioners, and submission of a detailed curriculum vitae. An application made under pathway 1 is assessed by a special committee of the Board that considers the evidence of advanced practice submitted by the applicant. While there are currently three (3) approved Masters courses for nurse practitioners, at this time the Board has not received any applications for approval of a Masters course for the preparation of midwife practitioners.

Pathway 2 involves submission of a 'package of evidence' including a detailed curriculum vitae and case study that demonstrates the applicant's ability to meet the Board's criteria for authorisation. Applicants are required to attend a 'peer review interview' with a panel of experts consisting of an academic with a clinical focus in the area of practice nominated by the applicant, two senior nurse or midwife clinicians (who may be nurse practitioners or midwife practitioners) and an expert in pharmacology who may be a pharmacist, medical practitioner or lecturer in pharmacology.

Both pathways require the applicant to provide evidence of 5000 hours of experience as a registered nurse or registered midwife at an advanced practice level that is supported by employers, senior peers and colleagues.

Applicants for authorisation to practise as midwife practitioners may apply through pathway 2 only as there have been no courses submitted for approval for this purpose.

During the reporting year 1 July 2007 to 30 June 2008, ten (10) nurse practitioners were authorised by the Board, of whom eight (8) had completed an approved Masters course for the preparation of nurse practitioners. In addition, three (3) applicants were authorised under mutual recognition (*Mutual Recognition Act 1992*), having already been authorised in another Australian State or Territory.

The Board may authorise nurse or midwife practitioners for a maximum of five (5) years. Nurse and midwife practitioners may apply for reauthorisation, and during the reporting year 1 July 2007 to 30 June 2008, 13 nurse practitioners were reauthorised.

Total Numbers of Registrants

The Board has maintained the Register of Nurses, Register of Midwives and the Roll of Nurses as required under the provisions of sections 16 and 26 of the *Nurses and Midwives Act 1991*.

	at 30 June 2008	at 30 June 2007
number of registered nurses	84507	83425
number of registered midwives	17757	18058
number of registered midwives who are not registered nurses (note: most midwives are also registered as nurses)	197	169
number of nurse practitioners	112	99
number of midwife practitioners	2	2
number of enrolled nurses	17110	17084
number of these enrolled nurses with medication endorsement	8030	6401

The Roll is subdivided into:

List A	16842
List B (mothercraft)	314

46 enrolled nurses were listed in both List A and List B. This number is subtracted from the sum of List A and List B to obtain the total number of enrolled nurses.

The figures above show that approximately 47% of enrolled nurses had been granted endorsement to administer medications.

**Number of applications granted between
1 July 2007 and 30 June 2008**

The *Nurses and Midwives Act 1991* provides that applications for registration, enrolment or authorisation are determined after consideration of the applicant's character, education qualifications, knowledge of English language. An applicant's competence (including physical and mental capacity to practise nursing) may also be taken into account.

When application is made under mutual recognition legislation, the Board is not permitted to assess applicants' attributes such as character and qualifications etc.

Persons who are entitled to practise an occupation in one Australian State / Territory or New Zealand are entitled to be registered / enrolled to practise the equivalent occupation in another Australian State / Territory or New Zealand providing certain conditions, as outlined in the mutual recognition legislation are met.

The following numbers relate to persons granted registration, enrolment and authorisation, for the first time in New South Wales, from 1 July 2007 to 30 June 2008. The data does not include persons who had previously been registered in New South Wales and who were restored to the Registers or Roll or re-registered / re-enrolled during the year after a period of absence.

**The number of persons granted registration
as nurses**

under the <i>Nurses and Midwives Act 1991</i>	
registered on completion of a recognised course in NSW	1972
registered on completion of an unrecognised course in NSW	334
educated in other states or countries	924
total	3230

under the <i>Mutual Recognition Act 1992</i> (Commonwealth)	1397
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under the <i>Trans Tasman Mutual Recognition Act 1997</i> (Commonwealth)	248
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**The number of persons granted registration
as midwives**

under <i>Nurses and Midwives Act 1991</i>	
registered on completion of a recognised course in NSW	199
registered and educated in other states or countries	42
total	241

under <i>Mutual Recognition Act 1992</i> (Commonwealth)	98
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under <i>Trans Tasman Mutual Recognition Act 1997</i> (Commonwealth)	12
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**The number of persons granted
authorisation as nurse practitioners**

under <i>Nurses and Midwives Act 1991</i>	3
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**The number of persons granted
authorisation as midwife practitioners**

under <i>Nurses and Midwives Act 1991</i>	0
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The number of persons granted enrolment as nurses

under <i>Nurses and Midwives Act 1991</i>	
enrolled on completion of a recognised course in NSW	1018
enrolled and educated in other states or countries	18
total	1036
under <i>Mutual Recognition Act 1992</i> (Commonwealth)	
	174
under <i>Trans Tasman Mutual Recognition Act 1997</i> (Commonwealth)	
	9

Even though an applicant satisfies the character and education requirements, other factors that may preclude approval of an application are the existence of a conviction that may render the person unsuitable for the practice of nursing or midwifery, lack of adequate English language skills, or lack of physical or mental capacity to practise nursing and midwifery. The following matters were declared by applicants for registration or enrolment and were considered prior to determining whether an application would be granted.

Assault charges / miscellaneous	6
Alcohol and other drug issues	5
Physical / mental impairment	8
Traffic offences / speeding / driving under the influence of alcohol /prescribed concentration of alcohol offence	24
Larceny	2
Education related matters	25
Other	22

Section 32 Appeals

Section 32 of the *Nurses and Midwives Act 1991* provides that a person who is aggrieved by any decision of the Board concerning the person's application for registration, authorisation or enrolment, may appeal to the Nurses and Midwives Tribunal against the decision. During the reporting period, the Nurses and Midwives Tribunal determined two appeals by persons where applications had been refused by the Board.

In one instance, an applicant had been previously registered and there were concerns relating to competence that had not been addressed at that time. This person's registration was cancelled for

non-payment of the annual practising fee and, when re-registration was sought, the application was referred for consideration by an inquiry convened in accord with Schedule 1B to the Act. The applicant did not attend the inquiry and the application was refused. The applicant then lodged an appeal to the Tribunal.

The second applicant, who had been educated as a nurse in India, was refused registration as the Board was not satisfied that her education was adequate for registration in New South Wales. She lodged an appeal to the Tribunal.

Both appeals were dismissed by the Tribunal.

Applications granted under the Mutual Recognition Act and Trans Tasman Mutual Recognition Act

Under the *Mutual Recognition Act 1993* (Commonwealth) and *Trans Tasman Mutual Recognition Act 1997* (Commonwealth) a person who is licensed or registered to practise an occupation in one State or Territory of Australia or in New Zealand is entitled to be granted equivalent licensure or registration to practise the same occupation in another participating jurisdiction. This right is subject to submission of a written notice containing certain specified information and payment of the registration fee.

When nurses or midwives apply for registration, authorisation, enrolment or endorsement under one of the mutual recognition acts, the Board is not permitted to inquire about the applicants' character, education, criminal convictions, English language skills or physical or mental capacity to practise. The certificate of initial registration, authorisation, enrolment or endorsement will state whether this status was granted under mutual recognition legislation, but this information does not appear on the practising certificate.

Inspections Under the Nurses and Midwives Act 1991

Section 77A of the *Nurses and Midwives Act 1991* permits the Board to appoint inspectors to carry out certain functions relating to compliance of the legislation.

Routine inspections are undertaken in various health and aged care facilities and medical centres by the appointed inspectors to the Board, to ensure that the nurses and midwives working in these facilities hold current authorities to practise.

All nurses, midwives and employers are encouraged to monitor their own compliance with the requirements of legislation so that a visit by an inspector will not cause any undue concern.

Section 77A provides for inspectors to enter premises where nursing or midwifery is practised. Among other things, an inspector may:

- require any person on those premises to produce any records relating to the carrying on of the practice of nursing or midwifery
- inspect, take copies of, or extracts or notes from, any such records and, if the inspector considers it necessary, seize any such records
- examine and inspect any apparatus or equipment used or apparently used in the course of the carrying on of the practice of nursing or midwifery
- take photographs, films and audio, video and other recordings
- require any person on those premises to answer questions or otherwise furnish information in relation to the carrying on of the practice of nursing or midwifery
- require the owner or occupier of those premises to provide the inspector with assistance and facilities to enable the inspector to exercise her / his functions.

From 1 July 2007 to 30 June 2008 there were 30 health facilities visited across New South Wales. From these inspections the registration and enrolment of 6,264 nurses and midwives was checked. These figures included:

Registered as nurses only	4,176
Registered as midwives only	14
Registered as nurses and midwives	1,370
Enrolled nurses	704

It is pleasing to report that the registrations and enrolments of the 6,264 nurses and midwives checked, all held current authorities to practise.

In addition to undertaking inspections, the Board may receive notification from various sources in regard to persons possibly holding out as being registered or enrolled when not registered or enrolled by the Board.

Where it is identified that a person is practising as a nurse or midwife, while not registered or enrolled, the matter is referred for consideration by the Board's Conduct Committee, which assesses

whether it may be appropriate to prosecute the person or take other action. During the reporting period there were 13 investigations, 10 were to investigate persons suspected of holding out as a nurse or midwife.

Badges

Section 37 of the *Nurses and Midwives Act 1991* provides that a nurse or midwife is entitled to wear a badge, which is of a design prescribed by the regulations and issued by the Board.

In the reporting period the number of badges sold was:

Registered Nurse	1194
Enrolled Nurse	365
Registered Midwife	39
Nurse Practitioner	1
Midwife Practitioner	0

Eligible nurses and midwives may purchase badges to which they are entitled for \$15.00 each.

Only a person who is registered as a nurse may wear a registered nurse badge. Similarly, other badges may be worn only by persons who are eligible to use the title described on the badge. A person whose registration, enrolment or authorisation is cancelled, even if only for non-payment of the annual practising fee, is not permitted to wear a badge. In such cases the person retains ownership of the badge but is not permitted to wear it.

There are penalties that may be imposed on persons who wear nurses' or midwives' badges when not entitled, as the wearing of a badge may reasonably lead other people to infer that the wearer is registered or enrolled or authorised.

Under section 5 of the *Nurses and Midwives Act 1991*, a person (other than a nurse or midwife or a person authorised by the Board) must not wear a badge which is of a design prescribed by the regulations and which is issued to nurses and midwives by the Board, or a similar badge.

5

the board's work

Objective

Development and maintenance of systems and processes to enhance the work of the Board.

Key Strategies

Effective liaison with the Health Professionals Registration Boards towards achieving the Board's objectives.

Three-monthly meetings are held between the President and Deputy President of the Board, Director and Deputy Director of Health Professionals Registration Boards, and the Executive Director and Associate Executive Director.

Negotiation with the Health Professionals Registration Boards (HPRB), for provision of a budget to the Board for its work and a manual of delegations for that budget, remains ongoing.

Discussions are ongoing towards developing business processing and support for better utilisation of technology to improve efficiency.

Review of the principal processes of the Board, to ensure compliance with current legislative frameworks, is an ongoing strategy.

Provision of professional development, as appropriate, for Board members.

Implementation of a professional development program for Board members remains an ongoing strategy.

Liaison with the Health Professionals Registration Boards to maintain development of its officers.

Development, with the Health Professionals Registration Boards, of a staff development plan in order to achieve the Board's strategic directions remains an ongoing strategy.

Proactive contributions to national registration and accreditation.

Through provision of advice through State consultation processes and through participation in the Australian Nursing and Midwifery Council, the Nurses and Midwives Board is contributing comment to assist in the development of the proposed national registration and accreditation process.

It has been estimated that there are approximately half a million registered health professionals in Australia, registered with more than 70 different registration boards and councils. With more than 100,000 registrants, the Nurses and Midwives Board is the registration authority with the largest number of registrants in Australia, accounting for approximately 20% of Australian health professionals. The Board considers that its extensive experience enables it to offer suggestions that will assist in the success of the proposed system.

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OTHER INFORMATION

NURSES AND MIDWIVES BOARD EDUCATION AND RESEARCH ACCOUNT

This account is established pursuant to section 76 of the *Nurses and Midwives Act 1991*. In accordance with the terms of that section, the account may be used by the Board for education, including postgraduate education, and research in nursing or any public purpose connected with the profession of nursing.

Expenditure from the account is reflected in the financial statements.

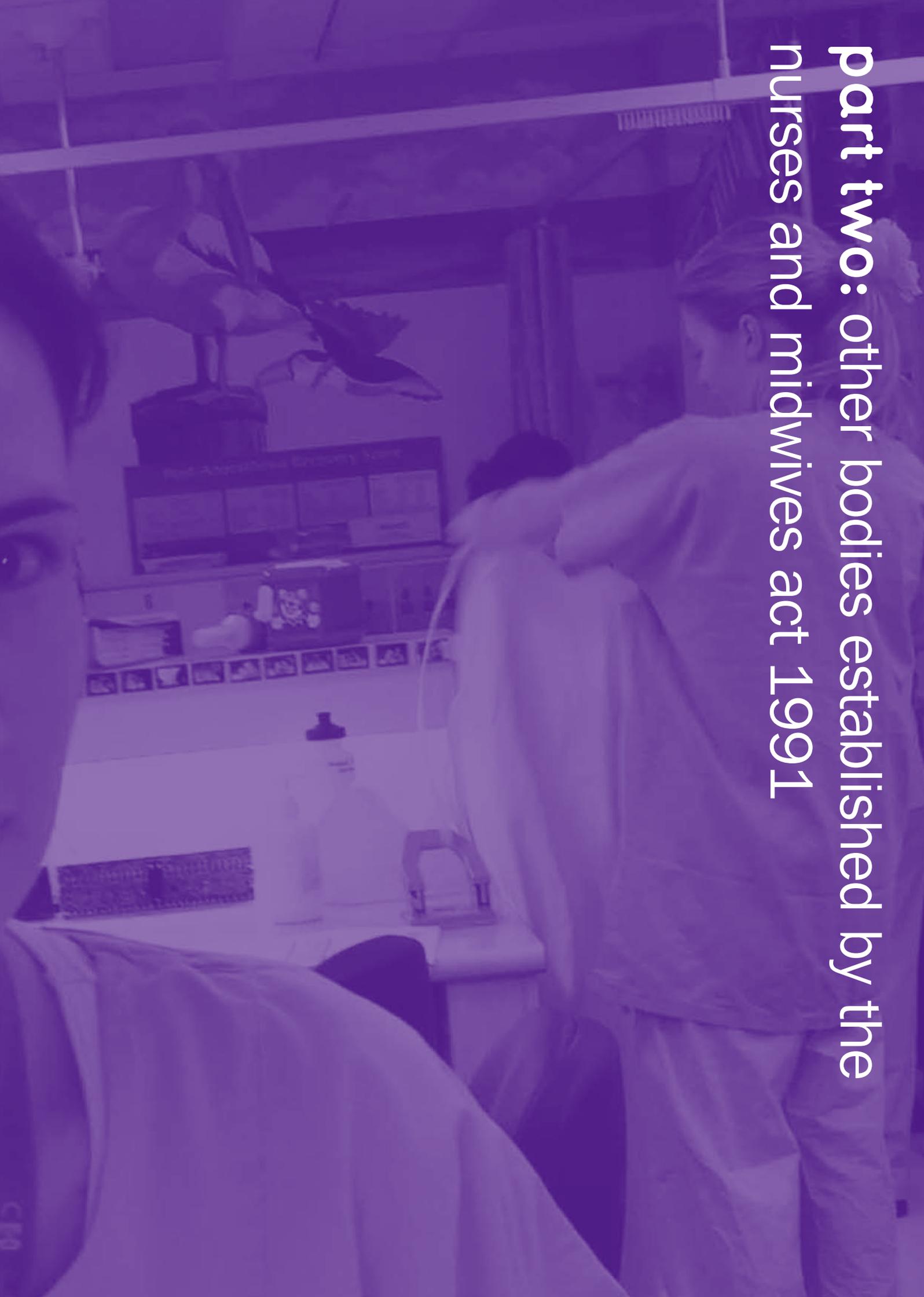
Information about scholarships is noted above. In addition to the scholarships, funds were used to cover expenditure for the *nmb: update* newsletter, and to hold the Midwifery Consultation Forum and the Professional Standards Forum (both noted elsewhere in this report).

INTERNATIONAL TRAVEL

There was no international travel by members or officers of the Board in their official capacities during the reporting year.

**Practice Committees...
provide advice to the
Board in regard to
the education of nurses
and midwives respectively**





**part two: other bodies established by the
nurses and midwives act 1991**

NURSES PRACTICE COMMITTEE

The Nurses Practice Committee is established under section 12A(1)(a) of the *Nurses and Midwives Act 1991*. The functions of the committee, under section 12A(2), are stated to be the provision of advice to the Board in relation to the accreditation of courses of education and training, and matters of education generally, in connection with the registration and enrolment of nurses; and such other functions in connection with the practice of nursing as the Board may from time-to-time determine. Schedule 1A to the Act provides the procedure for meetings of Practice Committees.

Members are appointed under section 12A(3)(4) and deputies appointed under schedule 1A(4) of the *Nurses and Midwives Act 1991*:

Members	Deputies
John Daly (Chairperson)	Jane O'Connell
Charles Linsell	Margo Gill (until May 2008)
	Kathryn Adams (from June 2008)
Patrick Crookes	Violeta Lopez
Chris Manwarring	Penny Paliadelis
Rebekkah Middleton (until June 2008)	Elizabeth Clarke
Kirsty Musgrave (from June 2008)	
Katja Jackman	Kathleen Clark
Vicki Bradford	Deborah Monaghan
Margo Gill (from June 2008)	
Dale Sutton	Kirsty Musgrave (until May 2008)
Lynette Stockhausen	Violeta Lopez
Maria Fitzgerald	Jon Chesterson
Janet Glaser	Sally Robertson (from May 2008)
Annie Butler	Susan Taylor
Paul Kaye	Janine Learmont
Julie Williams	Marianne Goodwin
Margaret Webb	

There were ten (10) meetings and four (4) sub-committee meetings during the period July 2007 to June 2008. If members are unable to attend, the deputy is invited to attend. Where appropriate, members exclude themselves from meetings where there may be a real or perceived conflict of interest.

The chairperson is appointed by the Board. In the absence of the chairperson, another member of the Practice Committee is elected by the members present, to preside at a meeting of the Practice Committee.

MIDWIVES PRACTICE COMMITTEE

The Midwives Practice Committee is established under section 12A(1)(b) of the *Nurses and Midwives Act 1991*. The functions of the committee, under section 12A(2), are stated to be the provision of advice to the Board in relation to the accreditation of courses of education and training, and matters of education generally, in connection with the registration of midwives; and such other functions in connection with the practice of midwifery as the Board may at time-to-time determine. Schedule 1A to the Act provides the procedure for meetings of Practice Committees.

Members are appointed under section 12A(3)(5) and deputies appointed under schedule 1A(4) of the *Nurses and Midwives Act 1991*.

Members

Susan Hendy (Chair)
Margo Gill
Kathleen Fahy
Hannah Dahlen
Michelle Skinner
Jane Griffith
Nicky Leap
Patricia Brodie
Moirá Williamson
Avon Strahle
Margaret Martin

Deputies

Jill White
Margaret Winn
Elaine Dietsch
Alison Goodfellow
Jennifer Beale
Rosalee Shaw
Donna Hartz
Catherine Adams
Ann Grieve
Deborah Cameron

There were seven (7) meetings during the period July 2007 to June 2008 and a number of sub-committees were also held. During this period, the work of the committee primarily involved providing advice to the Board about the development of new guidelines for authorisation of midwife practitioners and guidelines for courses leading to registration of midwives. Discussion often included both members and deputies to the committee. Only members of the committee have the right to vote, however, a member's deputy may take the member's place in the member's absence.

The chairperson is appointed by the Board. In the absence of the chairperson, another member of the Practice Committee is elected to preside at the meeting by the members present.

NURSES AND MIDWIVES TRIBUNAL

The Nurses and Midwives Tribunal is established by section 59 of the *Nurses and Midwives Act 1991*. Section 60 provides that the Governor may appoint a Judge of the District Court or a legal practitioner of at least seven (7) years' standing as Chairperson of the Tribunal and one or more similarly qualified persons as Deputy Chairpersons. The Nurses and Midwives Board appoints the other three (3) members for each inquiry; they are two (2) nurses or midwives selected by the Board and one (1) layperson (not a nurse or midwife) from a panel of laypersons nominated by the Minister for Health.

While the Board may appoint persons to the Tribunal, be consulted about complaints referred to the Tribunal for Inquiry, and has the Tribunal's expenses paid from the Board's account, the Board does not direct the Tribunal or influence its decisions in any way and the Board is bound by the Tribunal's decisions. Unless determined otherwise by the Tribunal, proceedings are open to the public.

Appointed by the Governor:

Chairperson

Nick O'Neill

Deputy Chairpersons

Joanne Muller

Kim Ross

Cedric Vass

Tom Kelly

The following persons were appointed to the Nurses and Midwives Tribunal by the Nurses and Midwives Board and conducted inquiries during the year 1 July 2007 to 30 June 2008:

Nurses and Midwives

Eileen Anderson RN

Prof Paul Armitage RN

Dr Susan Armitage RN

Jill Boehm RN, RM, OAM

Patricia Brisley RN

Brett Clarke RN, RM

Tracy Desborough RN

Kathleen Dixon RN

Karen Draddy RN, RM

Jennifer Haines RN

Helena Harrison RN

Toni-Lynne Hawkins RN

Mark Keating RN

Prof Jocalyn Lawler RN

Dr Judith Mair RN, RM

Christopher McQueeney RN

Nicholas Miles RN, NP

Nicole Morrissey RN

Pamela Mulholland RN, RM

Donna Muscardin RN, RM, NP

Rosie O'Donnell RN, RM

Kerrie O'Leary RN

Pamela Rawling RN, RM

Maureen Ryan RN, RM

Dr Shirley Schulz-Robinson RN

Karen Sherwood RN

Neal Tolley RN

Alexis Upton RN, RM

Joan Walsh RN, RM

Roy Weatherhead RN

Julianne Williams RN

Ronald Wilson RN, NP

Lay persons

Dr Derek Anderson

Dr Catherine Berglund

Malcolm Connellan

John Davies

Sandra Everett

Noel Greenaway

Rosemary Kusuma

Dr Siew Liew

Jan May

Jacqueline Milne

James Prior

Samuel Reuben

David Rosen

Judith Stinson

Frances Taylor

Maree Turner

Section 61 of the *Nurses and Midwives Act 1991* provides for the Nurses and Midwives Tribunal to conduct an inquiry into any complaint, matter or application and to hear any appeal referred to it. The Tribunal may hold inquiries into complaints referred to it by the Board or by the Health Care Complaints Commission.

Complaints, which led to inquiries that have been finalised, may be categorised:

Competence issues	5
Professional boundary issues	3
Alcohol and other drug issues	3
Character / honesty issues	4
Convictions not relating to practice	5
Impairment	6
Other	0

Under section 68 of the *Nurses and Midwives Act 1991*, the Tribunal may review a previous suspension or cancellation of registration or enrolment by the Tribunal. There were two (2) reviews under section 68 of suspensions or cancellations.

Since amendments to the legislation commencing on 1 August 2004, the Nurse and Midwives Tribunal hears appeals, under section 32 of the Act, against decisions of the Board regarding applications for registration, authorisation and enrolment. There were two (2) appeals under section 32 determined in the reporting year.

The Nurses and Midwives Tribunal hears appeals, under section 49 of the *Nurses and Midwives Act 1991*, against suspension or the imposition of conditions by the Nurses and Midwives Board under section 48 of the Act for the purpose of protecting the life or physical or mental health of any person. There were no appeals under section 49 heard in the reporting year.

The Nurses and Midwives Tribunal hears matters that have been referred from Professional Standards Committees to a Nurses and Midwives Tribunal, under section 54 of the Act. There were two (2) matters referred under section 54 heard in the reporting year.

The Nurses and Midwives Tribunal conducted 29 inquiries in the year 1 July 2007 to 30 June 2008. Of these matters, 29 were finalised.

PROFESSIONAL STANDARDS COMMITTEES

Section 50 of the *Nurses and Midwives Act 1991* provides for Professional Standards Committees to be appointed by the Nurses and Midwives Board whenever the Board decides to refer a complaint for inquiry by a Committee. Section 51 of the Act provides that the Board appoints three (3) members for each hearing; they are two (2) nurses or midwives and one (1) layperson (not a nurse or midwife) from a panel of laypersons nominated by the Minister for Health.

While the Board decides to refer a matter to a Professional Standards Committee, appoints persons to sit as a Committee including one of them as chairperson, and has the Committee's expenses paid from the Board's account, the Board does not direct the Committee or influence its decisions in any way. Professional Standards Committees may conduct inquiries into matters that do not appear to provide grounds for the suspension or cancellation of the nurse's or midwife's registration or enrolment. Professional Standards Committees may place conditions on a nurse's or midwife's registration or enrolment if a complaint is proved. If it becomes apparent the matter may warrant cancellation of the nurse's or midwife's registration or enrolment, then the inquiry is discontinued and the matter referred to the Nurses and Midwives Tribunal. If the matter relating to alleged lack of sufficient physical or mental capacity to practise nursing or midwifery, and provided there are no other complaints under consideration, the inquiry may be conducted by a Professional Standards Committee and the nurse or midwife may have conditions imposed on registration or enrolment, even though in other circumstances the matter may have warranted cancellation of registration or enrolment. Unless determined otherwise by the Committee, inquiries are conducted in the absence of the public. Unlike inquiries before the Nurses and Midwives Tribunal, a nurse or midwife may not be represented (unless leave is granted) by a legal representative during an inquiry by a Professional Standards Committee.

The following persons were appointed to the Professional Standards Committee by the Nurses and Midwives Board and conducted inquiries during the year 1 July 2007 to 30 June 2008:

Nurses and Midwives

Jill Boehm RN, RM, OAM
 Patricia Brisley RN
 Brett Clarke RN, RM
 Dr Janette Curtis RN
 Catherine Glinka RN

Helena Harrison RN
 Toni-Lynne Hawkins RN
 Prof Jocalyn Lawler RN
 Dr Judith Mair RN, RM
 Rosie O'Donnell RN, RM
 Maureen Ryan RN, RM
 Dr Shirley Schulz-Robinson RN
 John Sheehy EN
 Helen Stirling RN
 Neal Tolley RN
 Bradley Warner RN

Lay person

Sandra Everett
 Phillip French
 Dr Siew Liew
 Susan Lovrovich
 Leonard Mahemoff
 Wayne Morrison
 Babette Smith
 Maree Turner

For each committee, the Board appoints one (1) of the members as the chairperson. Seven (7) matters were finalised by Professional Standards Committees, and two (2) inquiries were terminated and those matters were referred to the Nurses and Midwives Tribunal. The finalised matters may be categorised:

Competence issues	4
Professional boundary issues	4
Alcohol and other drug issues	0
Character / honesty issues	1
Convictions not relating to practice	0
Impairment	0
Other	0

IMPAIRMENT PANELS

Section 70M of the *Nurses and Midwives Act 1991* provides for Impairment Panels to be appointed by the Nurses and Midwives Board whenever the Board decides to refer a matter for consideration by a Panel. Section 70N of the Act provides that the Board appoints three (3) members to each Panel, of whom one (1) must be a nurse or midwife and one (1) must be a medical practitioner.

An Impairment Panel meets with the nurse or midwife and reviews available information including medical reports. The Panel may counsel the nurse or midwife or may recommend that the nurse or midwife agree to a voluntary suspension or conditions being imposed on registration or enrolment. The Board may impose conditions or suspend the registration or enrolment of a nurse or midwife only if a Panel has recommended that the Board do so, and if the Board is satisfied that the nurse or midwife has voluntarily agreed to the conditions. If a nurse or midwife's impairment cannot be satisfactorily dealt with by a Panel, the Panel may recommend to the Board that the impairment be dealt with as a complaint. While matters discussed with a Panel and the Panel's report are confidential, section 70K(1A) permits disclosure to the Health Care Complaints Commission if a complaint is subsequently made.

While the Board decides to refer a matter to an Impairment Panel, appoints persons to sit on a Panel, and has the Panel's expenses paid from the Board's account, the Board does not direct the Panel or influence its decisions in any way.

The following persons were appointed to Impairment Panels by the Nurses and Midwives Board and conducted inquiries during the year 1 July 2007 to 30 June 2008:

Nurses and Midwives

Eileen Anderson RN
Kit Barry RN, RM
Deborah Beaumont RN, RM
Michelle Bradley RN
Pauline Bryon RN
Michelle Cleary RN
Dr Janette Curtis RN
Helen Eccles RN
Jennifer Haines RN
Claire Lloyd RN
Dr Judith Mair RN, RM
Nicholas Miles RN
Rosie O'Donnell RN, RM
Lynnette Ramsay RN
Teresa Stone RN
Gerda Tolhurst RN
Neal Tolley RN

Medical Practitioners

Dr Peter Arnold
Dr Ian Chaussivert (on leave)
Dr Gavin Frost
Dr Sue Morey
Dr John Woodforde

There were 73 panels convened in the reporting period.

SCHEDULE 1B

Schedule 1B to the *Nurses and Midwives Act 1991* outlines the process when the Board holds inquiries into the eligibility of persons making application to the Board to be registered or enrolled. The Act gives the Board the authority to hold an inquiry into an application for registration or enrolment in such cases as it considers appropriate.

Schedule 1B inquiries may be held where the Board has particular concerns about an applicant's:

- good character
- qualification requirements
- competence to practise nursing and / or midwifery; and / or
- convictions for offences by applicants.

Inquiries under Schedule 1B have significant powers. The Act provides such an inquiry the same functions as the Nurses and Midwives Tribunal. The difference is that the Tribunal is dealing with persons who are currently registered or enrolled and it decides if they may remain so, while a Schedule 1B inquiry makes equivalent decisions in regard to persons who are making application but are not yet registered or enrolled.

Three (3) persons are appointed by the Board to conduct the inquiry. Although Board members often conduct these inquiries, inquiry members need not be members of the Board.

In all cases the applicant must be informed and given appropriate notice of the inquiry. Although Schedule 1B inquiries are not open to the public, the applicant is able to attend with a support person. The support person may be a lawyer, but Schedule 1B indicates that the applicant may not have legal representation. If an applicant declines to attend, an inquiry may be held in the absence of the applicant.

The Director-General of Health and the Health Care Complaints Commission must, under Schedule 1B, be notified of each inquiry and may elect to appear and be heard, or be represented, at an inquiry.

Seventy (70) inquiries were convened during the reporting period with the following decisions being made:

In relation to the applications for registration as a nurse (n=45):

- twenty (20) were refused registration
- twenty-one (21) were registered subject to conditions
- one (1) was registered unencumbered; and
- three (3) had various other decisions made such as to complete further education at university or attend a competence assessment program.

In relation to the applications for enrolment as a nurse (n=17):

- nine (9) were refused
- six (6) applicants were enrolled subject to conditions
- one (1) applicant was enrolled unencumbered; and
- one (1) applicant is to be enrolled subject to successful completion of a competence assessment program.

In relation to the applicants for registration as a nurse and as a midwife (n=7):

- three (3) were refused both registration as a nurse and as a midwife
- three (3) applicants were refused registration as a midwife and were registered as a nurse subject to conditions; and
- one (1) applicant was registered as a nurse and a midwife with conditions placed on both registrations.

The one (1) applicant for registration as a midwife was registered subject to conditions.

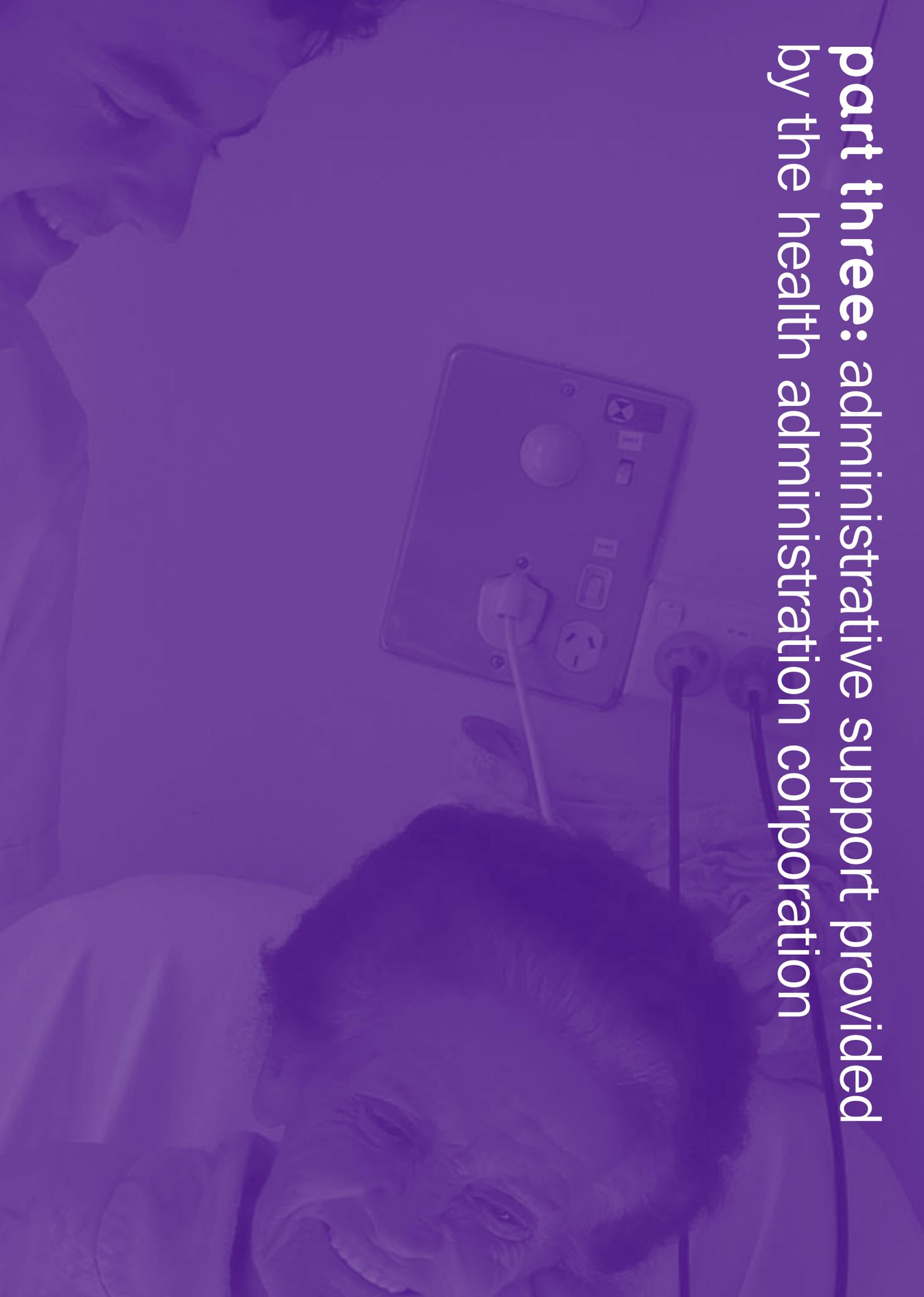
Monitoring of the conditions placed on registration / enrolment by Schedule 1B inquiries has been delegated by the Board to the Competence to Practise Committee.

PERFORMANCE REVIEW PANELS

Provisions in the *Nurses and Midwives Act 1991* relating to performance assessment and performance review commenced in April 2007. While performance assessment processes have been developed and implemented, no Performance Review Panels were convened in the reporting period.

The Health Administration Corporation manages the Board's accounts

Staff are employed in a non-public service division of the Government Service



**part three: administrative support provided
by the health administration corporation**

Overview

In accord with section 13A of the *Health Administration Act 1982*, an account is maintained for the Nurses and Midwives Board by the Health Administration Corporation in the Special Deposits Account in the Treasury. Money paid to the Board is paid into this account. From this account, the Health Administration Corporation pays the costs incurred in the administration or execution of the *Nurses and Midwives Act 1991* and *Nurses and Midwives Regulation 2003*. This includes the costs incurred in the employment of staff.

The Government Service is established under section 4A of the *Public Sector Employment and Management Act 2002*. Schedule 1 to the *Public Sector Employment and Management Act 2002* provides that the Health Professionals Registration Boards Division is a Non-Public Service Division of the Government Service assigned to a statutory corporation with the Director-General of the NSW Department of Health assigned as Division Head. Section 13A(3A) of the *Health Administration Act 1982* provides that, for the purposes of section 4E(2) of the *Public Sector Employment and Management Act 2002*, the Health Administration Corporation is taken to be the statutory corporation in respect of which staff are employed under Chapter 1A of that Act to enable a health professional board to exercise its functions. Accordingly, the Health Administration Corporation is authorised to pay out of an account under this section any employment-related costs that the Corporation is directed to pay under section 4E (2) of that Act.

Health Professionals Registration Boards

The Health Administration Corporation provides administrative support to the Health Professionals Registration Boards (HPRB) created by the following legislation:

Chiropractors Act 2001
Dental Technicians Registration Act 1975
Nurses and Midwives Act 1991
Optical Dispensers Act 1963
Optometrists Act 2002
Osteopaths Act 2001
Physiotherapists Act 2001
Podiatrists Act 2003
Psychologists Act 2001

Under the provisions of their respective Acts, the Boards are established as the statutory bodies to deal with protection of the safety of the public and professional practice issues in New South Wales. The principal functions of the Boards include the determination of professional standards, qualifications and experience required for registration and the maintenance of professional and ethical standards through the administration of disciplinary and impairment provisions.

The Boards are self-funding with salaries and associated on-costs paid by the Health Administration Corporation.

In accordance with legislation, the Health Administration Corporation paid the Boards' accounts from fees received and transmitted to the Corporation. Future expenditure for disciplinary costs, litigation and, where required, the election of Board members, has been taken into account within the Boards' accumulated funds.

The total administrative expenditure for all of the Boards in 2007 / 2008 was \$10,089,043. In the previous year 2006 / 2007 the total cost was \$8,263,911.

During the reporting period, staff of the Health Professionals Registration Boards, employed under Chapter 1A of the *Public Sector Employment and Management Act 2002*, filled the equivalent of 63 full-time positions (including one Executive Officer position at level 2). For the previous 2 years, staff establishment levels were equivalent to 61 and 57 full-time positions respectively.

Staff of the HPRB operate within, and benefit from, the personnel policies of the Department of Health, including the Department's Code of Conduct and its occupational health practices. The Health Professionals Registration Boards are managed by Mr J Tzannes, Director and Mr R Dwyer, Deputy Director.

Code of Conduct (HPRB Staff)

Employees of the Boards comply with the NSW Department of Health Code of Conduct, which provides direction in relation to standards of conduct and prevention of corruption, maladministration and waste. The Code, which was reviewed and re-issued in October 2005, is accessible to all HPRB employees via the NSW Department of Health website (www.health.nsw.gov.au).

Staff Training

Staff of the Health Professionals Registration Boards are employed under Chapter 1A of the *Public Sector Employment and Management Act 2002*.

The Board has approximately 60 staff members (the number fluctuates with casual staff being employed over busy periods) and they were able to complete a number of training courses during the period 1 July 2007 and 30 June 2008.

In keeping with the principles relating to professional standards that are set out in the Code of Conduct, the HPRB provided staff with the opportunity to enhance their skills, knowledge and competence through training courses. During the year, a total of 12 employees attended training at 23 different courses. In summary, approximately 20% of HPRB staff received additional training at a cost of approximately \$323.75c per staff member at a course cost of \$168.91 per course (note: some courses are provided free of cost, e.g. Fire Warden Training provided by the Building Management – Knight Frank).

Division Head of the Health Professionals Registration Boards Division

Schedule 1 to the *Public Sector Employment and Management Act 2002* appoints the Director-General of the New South Wales Department of Health as Division Head of the Health Professionals Registration Boards Division, which is a Non-Public Service Division of the Public Service.

Division Head

Professor Debora Picone AM

Director, Health Professionals Registration Boards

Jim Tzannes

Staff employed by the Health Professionals Registration Boards Division in the Government Service to enable the Nurses and Midwives Board to exercise its functions:

Deputy Director, Health Professionals Registration Boards and Registrar, Nurses and Midwives Board

Ronald Keith Dwyer

Executive Director, Nurses and Midwives Board

Michael Cleary, RN, DNE, BA, MHP

Associate Executive Director, Nurses and Midwives Board

Position vacant

Higher duties as Associate Executive Director

Maureen Giddins Blues, RN, RM, PaedCert, BA MSc(Hons)

Alan Brown, RN, BH, A&ECert, MEd, JP

Anne Fry, RN, PsychCert, BA, MLitt, PhD

Professional Officers

Alan Brown, RN, BH, A&ECert, MEd

Anne Fry, RN, PsychCert, BA, MLitt, PhD

Anna Kettle, RN, RM, BEcon, DipEd, MA(Ed), MMngmt

Maureen Giddins Blues, RN, RM, PaedCert, BA, MSc(Hons)

Margaret Cooke, RN, RM, CertEd, BA(PsychHons), PhD

Kim Bryant, RN, OperatingThCert, BN, GradCertAdEd, MEd

Robyn Weller, RN, RM, BA(UNE), DipEd(Syd), MHPEd(UNSW)

Margaret Dalkin, RN, RM, BA(Macq), MPH(Syd)

Heng Ang, RN, DNE, MRIPHH (temporary part-time)

Maureen Dean, RN, DNE, MHEd, MN (temporary part-time)

Communications Development Officer

Robyn Kennerson, RN, RM, PsychCert, BA(Psych)(Macq)

Deputy Registrar

Ron Lazucki, BA, DipEd, JP

Assistant to Registrar and Deputy Registrar

Karen Carratt JP

Manager Registrations

Elaine Harrop JP

Administration Assistants

Margaret Jarosz, BEd, MEd, JP

Merissa Baltokiewicz (until October 2007)

Christine Doyle (temporary)

Sarah Williams (temporary)

Scott Dowdell (temporary)

Registrations, Enrolments, Restorations and Telephone Enquiries

Jan Lardner-Smith

Veronika Morgan

Lauraine McKenzie JP

Tracey Cook

Frances Timpano JP

Erin English (temporary part-time)

Registrations Clerk

Vivienne Sheekey

Mutual Recognition Clerk

Anna Fenech JP

Impairments Clerk

Virginia Kristiansen JP

Coordinator (Admin) Tribunal / Professional Standards Committees

David McMahon

Tribunal / Professional Standards Committees Staff

Maria De Angelis

Mary Benjamin (temporary part-time)

Enquiry Counter Cashiering Staff

Suzan Dardass JP

Bahar Gursen

Beverley Campbell

Joanne Morrison (commenced July 2007)

Plus 15 full-time support staff serving the Health Professionals Registration Boards in the areas of:

Finance

Computer Operations

Office Administration

Mailing

Word processing / stenography

ACCESS

The Nurses and Midwives Board's office is located at:

Level 6

North Wing

477 Pitt Street

Sydney NSW 2000

Hours of Business

8:30am to 4:30pm Monday to Friday

Postal Address

PO Box K599

Haymarket NSW 1238

Telephone: 02 9219 0222

Rural Access: 1800 241 220

Facsimile: 02 9281 2030

Email: mail@nmb.nsw.gov.au

Online: www.nmb.nsw.gov.au

FEES

Under the *Nurses and Midwives Act 1991*, nurses and midwives are required to pay an annual practising fee to the Board to remain on the Register(s) or Roll. The fee for registration or enrolment is \$80 (which includes the fee for the first year of practice) and the annual practising fee, paid in each subsequent year, is \$70. Annual renewals are the major source of income. Other fees payable to the Board are charged as prescribed under schedule 2 of the *Nurses and Midwives Regulation 2003* which also assist in meeting the administrative costs of the Board.

Badges (section 37 of the Act) are sold for \$15 each.

In addition, certain documents such as official letters verifying details of registration or copies of documents held on file may be forwarded to other organisations, such as other registering authorities or education institutions, on the written request of a registrant or applicant. Fees, not exceeding \$15 per occasion, are charged to cover administrative, copying and postage costs.

Fees are paid into an administration account created for administration purposes. An amount as determined by the Minister from time-to-time is transferred to the Education and Research Account from which the Board may determine expenditure.

ETHNIC AFFAIRS PRIORITY STATEMENT

The primary responsibility of the nine boards administered by the Health Professionals Registration Boards is the protection of the safety of the NSW public by granting registration to appropriately experienced and qualified persons of good standing. In order to integrate the principles of multiculturalism into the activities of the boards, two key strategies and a number of initiatives have been established.

The key ethnic affairs strategies are:

- To promote the recognition and registration of overseas trained health professionals as provided for in the legislation; and
- To assist overseas trained applicants with the Board's registration and documentation requirements through the provision of information, interpreters and translation services, as appropriate.

Under the key result areas of social justice and economic and cultural opportunities, the following initiatives are in place to assist people from both culturally and linguistically diverse backgrounds, who make contact with the Board:

1. Promoting recognition and registration of overseas trained health professionals
2. Assisting with the Board's registration and documentation requirements for overseas trained applicants
3. Maintaining a range of bilingual health professionals and / or staff employed by the HPRB
4. Ensuring the use of ethnic media options for community information circulated by the Board
5. Ensuring that the Board receives advice on matters within its jurisdiction relating to people of culturally diverse backgrounds

6. Promoting a culturally diverse workforce; and
7. Ensuring that the Board is aware of the Government's ongoing commitment to implementing the principles of multiculturalism.

All of the boards jointly maintain these initiatives, which have continued throughout the reporting period to assist individuals to gain access to the full range of services provided by the Board, throughout the reporting period. In keeping with the Board's ongoing commitment to the principles of multiculturalism, the strategies and initiatives will continue to apply in the coming year.

Interpreter and Translation Services

During the year Board clients, who made contact either by telephone, mail, electronic media or in person, were able to access professional interpreters and translation services as required. In addition, HPRB staff members were available to provide assistance in the following languages:

Arabic	Italian
Bangladeshi	Romanian
Filipino (Tagalog)	Russian
French	Spanish
German	Turkish
Greek	Ukrainian

NSW GOVERNMENT ACTION PLAN FOR WOMEN

The NSW Government has sought to promote the position and involvement of women in all aspects of society through its Action Plan for Women and the inclusion of the principles of equality of access and rights of participation as part of the core business of all government agencies.

The key objectives of the Action Plan are to eliminate violence against women, to improve the health and quality of life of women and to provide a responsive environment that enables women to participate fully in the economic, social and educational life of society.

Among the initiatives introduced by the Government is the progressive increase in the number of women members on statutory boards and bodies to achieve a level of 50% of board representation. With regard to the nine boards administered by HPRB, nominations for board members are made by the Minister, designated nominating bodies or other mechanisms specified by the relevant legislation. Thus, where vacancies occur or when membership nominations are requested for a new board, the HPRB informs the nominating bodies of the Government policy regarding female representation

and advises of the requirement to provide equal representation. As at 30 June 2008, the Nurses and Midwives Board currently has 16 members with 11 female members.

In relation to access to the profession for women, the Board and HPRB can not influence the participation levels of women. However, the Board's registration records provide an indication of the number of female registrants at the end of the financial year. At the time of reporting, the Registers and Roll record a total of 108,608 female registrants, being 91% of the total registrants, as compared to 90,013 female registrants representing 89.4% for the previous year. It should be noted that these figures vary during the course of the year as the status of registrants alters within the renewal periods.

NATIONAL REGISTRATION SYSTEM FOR HEALTH PROFESSIONALS

The Council of Australian Governments (COAG) announced a national registration system for the registration of health professionals and the accreditation of their training and education programs. Implementation is now scheduled for July 2010.

WASTE REDUCTION AND PURCHASING POLICY

The NSW Government's Waste Reduction and Purchasing Policy (WRAPP) requires all government agencies to implement plans to reduce waste and increase the purchase of recycled content materials. Agencies are also required to report on the progress and achievements in regard to WRAPP plans in their Annual Reports.

Throughout the reporting period, the Health Professionals Registration Boards (HPRB) continued to work towards improvements in reducing waste, recycling of paper products, consumables and office equipment and the extent of purchases of consumables containing recycled content. The strategies that were put in place in previous years were maintained and environmentally sound solutions were applied to changing circumstances.

With regard to office equipment, HPRB ensured that, where possible, its equipment was retained and re-used with appropriate modifications. An example of the effective re-use of out-dated equipment has been the reallocation of several computers to other functional uses that require lesser standards of functionality, such as use as 'dumb terminals' for specific single applications. In other circumstances where equipment was not suited to the use of copy paper with a higher proportions of recycled content, the HPRB has been able to maintain usage of white copy paper with a 50% recycled content.

During the reporting period of 2007 - 2008, HPRB:

- purchased all A4 copy paper with 50% recycled content
- recycled more than 90-95% of total paper waste
- recycled 100% of paper / cardboard packaging. Separated and directed packaging material to the building's centralised disposal systems for recycling
- sent 95% of toner cartridges for recycling
- provided an increased number of recycled paper "wheelie" bins throughout the office.

The following waste avoidance strategies remained in place throughout the year:

- Scrap recycled paper is diverted for use as message pads and for note taking
- Use of email to communicate within HPRB and with Board members and other personnel
- Allocation of paper recycling containers at all workstations to divert paper from waste bins and landfill
- Referral of clients to Board websites as the preferable alternative to supplying hard copy information packages
- Use of double-sided printing where possible
- Where office equipment must be replaced. During the year, HPRB reused components and parts in-house to maintain or extend the life span of current equipment so that no computers (CPUs) or monitors were sent for recycling.

Over the past year, the HPRB has maintained its focus on the critical assessment of waste management issues associated with the Boards' operational responsibilities and monitoring of its facilities, product and usage patterns, to enable strategic updates to the Boards' WRAPP plan.

CONSULTANCIES

There were no consultancies undertaken in the reporting year.

FREEDOM OF INFORMATION

There were no applications under the *Freedom of Information Act 1989* for information held by the Board.



part four: financial statements



finance and budget

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1. FORMAT

The accounts of the Board's administrative operations, as well as education and research activities, together with the independent auditor's report are set out in the annual report.

2. PERFORMANCE

The accounts in respect of the Board's administrative operating expenditure for the year show expenditure of \$6,294,393. This compares to the budgeted operating expenditure of \$6,306,832 (after adjusting for the Education and Research allocation) as contained in last year's annual report.

3. BUDGET

The Budget in respect of the administration operation for the period 1 July 2008 to 30 June 2009 is as follows:

	\$
INCOME	
Fees	7,055,386
Interest	331,165
Total	7,386,551
EXPENDITURE	
Salaries and Associated Staff Costs	4,690,384
Building Expenses	544,465
Subsistence and Transport	198,167
Members Fees	492,151
Fees for Service	1,136,361
Post and Communications	300,266
Printing and Stationery	246,660
Plant and Equipment	3,553
Education and Research	350,000
Miscellaneous	105,711
Depreciation	191,669
Total	8,259,387
Operations Deficit	(872,837)

4. EXPENSES

The 2008/2009 year's budget includes salary oncost charges which reflect deferred liability provisions for Superannuation as well as anticipated expenditure in relation to the Australian Nursing and Midwifery Council, and disciplinary hearings. The deficit will be met from accumulated funds.

5. PAYMENTS PERFORMANCE

The payments in respect of the Boards' administration expenditure is included in the accounts of the Health Administration Corporation. A selected sample for each quarter of the year provided the following information:

Quarter	Accounts paid on time		Less Than	Between 30	More than
	Target %	Actual % (%)	30 days overdue (%)	to 60 days overdue (%)	90 days overdue (%)
September	100.00	91.40	8.60	0.00	-
December	100.00	96.68	3.32	0.00	-
March	100.00	96.22	3.78	0.00	-
June	100.00	86.61	12.45	0.94	-

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No interest was paid on late payments.

In regard to the payments made out of the Education and Research Account administered by the Board, the total expenditure performance is as follows based on selected samples:

Accounts paid on time within each quarter

Quarter	Total accounts paid on time	
	Target %	Actual %
September	100.00	100.00
December	100.00	96.85
March	100.00	99.65
June	100.00	100.00

No interest was paid on late payments.

6. INVESTMENT PERFORMANCE

The Board through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 6.31%p.a. on its daily bank balances. In addition an average rate of interest of 6.98%p.a. was earned on investments held in Negotiable Certificates of Deposit.

7. INSURANCE AND RISK MANAGEMENT

Insurance activities were undertaken by the Department of Health Insurance cover as follows:

- Industrial Special Risks Policy to cover all buildings, plant and contents;
- Comprehensive Motor Vehicle Insurance Policy;
- Public/Liability Insurance Policy;
- Personal Accident Policy.

Risk Management were as follows:

- Regular preventive maintenance programs on all plant and equipment;
- Security alarm system for premises occupied by the Board;
- Security entry system for access to the Board's building during office hours;
- Disaster Recovery Plan for the computer system;
- Off site back-up of computer data.

8. ANNUAL REPORT COSTS

This year the Board has planned to publish 250 copies of the Annual Report at an approximate cost of \$30.90 per copy (includes GST).



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Nurses and Midwives Board

To Members of the New South Wales Parliament

I have audited the accompanying financial report of Nurses and Midwives Board (the Board), which comprises the balance sheet as at 30 June 2008, the income statement, statement of recognised income and expense and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Board as at 30 June 2008, and its financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005.

My opinion should be read in conjunction with the rest of this report.

The Board's Responsibility for the Financial Report

The members of the Board are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Board's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the members of the Board, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does *not* provide assurance:

- about the future viability of the Board,
- that it has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their role by the possibility of losing clients or income.



Heather Watson
Director, Financial Audit Services

24 October 2008
SYDNEY

NURSES AND MIDWIVES BOARD

YEAR ENDED 30 JUNE 2008

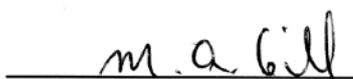
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STATEMENT BY MEMBERS OF THE BOARD

Pursuant to section 41C(1B) Public Finance and Audit Act 1983, and in accordance with the resolution of the members of the Nurses & Midwives Board, we declare on behalf of the Board that in our opinion:

1. The accompanying financial report exhibits a true and fair view of the financial position of the Nurses and Midwives Board as at 30 June 2008 and financial performance for the year then ended.
2. The financial report has been prepared in accordance with the provisions of Australian Accounting Standards, Accounting Interpretations, the Public Finance and Audit Act, 1983, the Public Finance and Audit Regulation, 2005, and the Treasurer's Directions.

Further, we are not aware of any circumstances which would render any particulars included in the financial report to be misleading or inaccurate.





income statement

for the year ended 30 June 2008

	Notes	2008 \$	2007 \$
Revenue			
Registration Fees		7,055,386	5,493,898
Interest	3	358,646	231,637
Total Revenue		7,414,032	5,725,535
Expenses			
Personnel Services Expenses	7(b)	3,529,551	2,929,711
Operating Expenses	12	2,764,842	2,445,519
Education and Research Expenses	13	704,874	696,734
Total Expenses		6,999,267	6,071,964
Surplus/(deficit) for the year		414,765	(346,429)

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The income statement should be read in conjunction with the accompanying notes.

balance sheet

as at 30 June 2008

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	Notes	2008 \$	2007 \$
Current Assets			
Cash and Cash Equivalents	4	4,977,089	3,984,028
Receivables	5	117,972	83,048
Total Current Assets		5,095,061	4,067,076
Non Current Assets			
Motor Vehicles	6	46,270	-
Furniture and Fittings	6	400,750	562,498
Plant and Equipment	6	17,402	34,013
Total Non Current Assets		464,422	596,511
Total Assets		5,559,483	4,663,587
Current Liabilities			
Payables	8	594,701	420,646
Fees in Advance		3,445,851	3,162,256
Provision for Personnel Services	7(a)	386,583	363,102
Total Current Liabilities		4,427,135	3,946,004
Total Liabilities		4,427,135	3,946,004
Net Assets		1,132,348	717,583
Equity			
Accumulated Funds	9(a) and 9(b)	1,132,348	717,583

The balance sheet should be read in conjunction with the accompanying notes.

statement of recognised income and expense

for the year ended 30 June 2008

	Notes	2008 \$	2007 \$
Total Income and Expense Recognised Directly in Equity		-	-
Surplus/(deficit) for the year		414,765	(346,429)
Total Income and Expense Recognised for the Year	9(a) and 9(b)	414,765	(346,429)

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The statement of recognised income and expense should be read in conjunction with the accompanying notes.

cash flow statement

for the year ended 30 June 2008

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	Notes	2008 \$	2007 \$
Cash flows from operating activities			
Receipts			
Fees		7,319,934	6,418,058
Interest received		344,138	228,409
Payments			
Operating Expenses		<u>(6,623,662)</u>	<u>(5,894,436)</u>
Net cash flows from operating activities	10	1,040,410	752,031
Cash flows from investing activities			
Payments for plant and equipment		(47,349)	(17,455)
Proceeds from sales of plant and equipment		<u>-</u>	<u>-</u>
Net Cash (used in) investing activities		(47,349)	(17,455)
Net increase/(decrease) in cash held		993,061	734,576
Cash and cash equivalents at the beginning of the financial year		<u>3,984,028</u>	<u>3,249,452</u>
Cash and cash equivalents at the end of the financial year	4	<u><u>4,977,089</u></u>	<u><u>3,984,028</u></u>

The cash flow statement should be read in conjunction with the accompanying notes.

notes to and forming part of the financial statements for the year ended 30 June 2008

1. ACCOUNTING POLICIES

a. Reporting Entity

The Nurses and Midwives Board as a reporting entity, performs the duties and functions contained in the *Nurses and Midwives Act 1991*. The Board's financial affairs are administered by the Health Administration Corporation. These financial statements have been authorised for issue by the Board on 21 October 2008.

b. Basis of Preparation

The financial report is a general-purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards and Interpretations (which include Australian equivalents to International Financial Reporting Standards (AIFRS)), and the requirements of the Public Finance and Audit Act and Regulation and Treasurer's Directions. The financial report has been prepared on the basis of historical cost.

Judgements, key assumptions and estimations management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest dollar and are expressed in Australian currency.

c. Capitalisation Thresholds

Non-current assets purchased by the Health Professionals Registration Boards costing over \$5000 are capitalised.

d. Revenue Recognition

Revenue is measured at the fair value of the consideration or contribution received or receivable.

Registration Fees are progressively recognised as revenue by the Board as the annual registration period elapses.

Interest revenue is recognised as it is accrued, taking into account the effective yield on the financial asset.

e. Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where that amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables.

Cash flows are included in the cash flow statement on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

f. Insurance

The Board's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government agencies. The expense (premium) is determined by the Fund Manager based on past experience.

g. Acquisitions of Assets

All acquisitions of assets controlled by the Board are initially recorded at cost. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

notes to and forming part of the financial statements for the year ended 30 June 2008

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Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition.

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction.

Where payment for an item is deferred beyond normal credit terms, its costs is the cash price equivalent, ie. the deferred payment amount is effectively discounted at an asset-specific rate.

h. Impairment of Property, Plant and Equipment

As a not for profit entity with no cash generating units, the Board is effectively exempted from AASB 136 Impairment of Assets and impairment testing. This is because AASB 136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are material. Selling costs are regarded as immaterial.

i. Maintenance

The costs of day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

j. Receivables

Loans and receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the Board will not be able to collect all amounts due. The amount of the allowance is the difference between the assets carrying amount and the present value of the estimated future cash flows, discounted at the effective interest rate. Bad debts are written off as incurred.

k. Payables

These amounts represent liabilities for goods and services provided to the Board and other amounts, including interest. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rates are measured at the original invoice amount where the effect of discounting is immaterial.

l. Depreciation

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amounts of each asset as it is consumed over its useful life to the Board.

Depreciation rates used are as follows:

Equipment 25%

Furniture and Fittings 16%

Motor Vehicles range between 26% and 29%

m. Provision for Personnel Services

Cost charged to the Board represents a portion of the total cost charged by the Health Administration Corporation.

notes to and forming part of the financial statements for the year ended 30 June 2008

n. Accounting standards issued but not yet operative

At the reporting date, a number of Accounting Standards adopted by the AASB had been issued but are not yet operative and have not been early adopted by the Board. The following is a list of these standards:

- AASB8 and AASB 2007-3 operating segments; (operates on or after 1 January 2009)
- AASB101 (Sept 2007) and AASB 2007-8 presentation of financial statements; (operates on or after 1 January 2009)
- AASB 123 (June 2007) and AASB 2007-6 borrowing costs; (operates on or after 1 January 2009)
- AASB 1004 (Dec 2007) contributions; (operates on or after 1 July 2008)
- AASB 1049 (Oct 2007) the whole of government and general government sector financial reporting; (operates on or after 1 July 2008)
- AASB 1050 (Dec 2007) administered items; (operates on or after 1 July 2008)
- AASB 1051 (Dec 2007) land under roads; (operates on or after 1 July 2008)
- AASB 2007–9 amendments arising from the review of AASs 27, 29 and 31; (operates on or after 1 July 2008)
- AASB 2008–1 share based payments; (operates on or after 1 January 2009)
- AASB 2008–2 puttable financial instruments; (operates on or after 15 January 2009)
- Interpretation 13 on customer loyalty programmes; (operates on or after 1 July 2008)
- Interpretation 1038 (Dec 2007) contribution by owners; (operates on or after 1 July 2008).

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The initial application of these standards will have no impact on the financial results of the Board.

2. FUNDS FOR EDUCATION AND RESEARCH PURPOSES

The Nurses and Midwives Board is responsible for the administration of the Education and Research Account.

The Minister for Health may determine that a set amount of funds out of the fees received from nurses be transferred to the Education and Research Account. In 2007/2008 an amount of \$550,000 was transferred (\$nil in 2006/2007) from the operating account.

3. INTEREST

	2008	2007
	\$	\$
Interest Revenue	358,646	231,637

The interest received from the Commonwealth Bank of Australia, was paid under a Special Interest Arrangement with the Bank which applied to all daily balances of bank accounts of all Health Professional Boards. In addition to daily balances receiving interest at a rate revised each week, the Bank also waived normal bank fees payable such as transaction fees, dishonoured cheques fees and charges applicable to overseas drafts. The average interest rate earned for the year was 6.31% p.a. (5.6% p.a. in 2006/2007).

notes to and forming part of the financial statements for the year ended 30 June 2008

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4. CASH AND CASH EQUIVALENTS

	2008 \$	2007 \$
Cash at Bank	2,475,089	1,482,028
Negotiable Certificates of Deposit	2,500,000	2,500,000
Cash on hand – Administration	2,000	2,000
Total	<u>4,977,089</u>	<u>3,984,028</u>

5. RECEIVABLES

	2008 \$	2007 \$
Interest receivable	32,709	18,203
GST receivable	80,386	63,722
Conference expenses (Education and Research Account)	4,877	-
Workers Compensation	-	1,123
Total	<u>117,972</u>	<u>83,048</u>

No receivables are considered impaired.

6. MOTOR VEHICLES, FURNITURE AND FITTINGS, PLANT AND EQUIPMENT

The Board has an interest in plant and equipment used by all Health Professionals Registration Boards. Plant and equipment is not owned individually by the Board. The amount recognised in the financial report has been calculated based on the benefits expected to be derived by the Board.

7. PERSONNEL SERVICES

a. Relates to annual leave provision.

b. Personnel services are acquired from the Health Administration Corporation and the cost comprises of:

	2008 \$	2007 \$
Salaries	2,621,926	2,292,856
Superannuation	510,711	280,651
Leave	188,671	169,096
Payroll tax	199,013	176,647
Workers Compensation Insurance	9,230	10,461
Total personnel services expense	<u>3,529,551</u>	<u>2,929,711</u>

notes to and forming part of the financial statements for the year ended 30 June 2008

8 PAYABLES

	2008 \$	2007 \$
Conference Expenses	4,876	-
Scholarships	64,299	52,489
Salaries and Oncosts	266,080	215,278
Trade Payables	259,446	149,968
Committee Sitting Fees	-	2,911
Total	<u>594,701</u>	<u>420,646</u>

9 (a) ACCUMULATED FUNDS (ADMINISTRATION)

	2008 \$	2007 \$
Total accumulated funds at the beginning of the year	485,110	178,296
Surplus for the year	542,158	306,814
Total accumulated funds at the end of the year	<u>1,027,268</u>	<u>485,110</u>

9 (b) ACCUMULATED FUNDS (EDUCATION AND RESEARCH)

	2008 \$	2007 \$
Total accumulated funds at the beginning of the year	232,473	885,716
(Deficit) for the year	(127,393)	(653,243)
Total accumulated funds at the end of the year	<u>105,080</u>	<u>232,473</u>

10. NOTES TO THE CASH FLOW STATEMENT

10.1 Reconciliation of surplus/(deficit) for the year to cash flows from operating activities.

	2008 \$	2007 \$
Surplus/(deficit) for the year	414,765	(346,429)
Depreciation	179,440	177,860
Profit/(loss) on disposal of assets	-	-
(Increase)/Decrease in receivables	(34,924)	12,186
(Decrease)/Increase in Provision for Personnel Services	23,480	47,976
(Decrease)/Increase in payables	174,055	(48,307)
Increase/(Decrease) in fees in advance	283,594	908,745
Net cash provided by/(used in) operating activities	<u>1,040,410</u>	<u>752,031</u>

10.2 For the purposes of the cash flow statement, cash and cash equivalents include cash in the Bank and investments in Negotiable Certificates of Deposit with the Commonwealth Bank.

notes to and forming part of the financial statements for the year ended 30 June 2008

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11. EXPENDITURE MANAGED THROUGH THE HEALTH ADMINISTRATION CORPORATION

The Board's accounts are managed by the Health Administration Corporation. The Health Administration Corporation has determined the allocation of costs to the Board and the basis of allocation. The costs may not include all costs associated with running the Board.

Salaries and associated oncosts are paid by the Health Administration Corporation. As from 17th March 2006 the staff were transferred to the Government Service and are listed in Chapter 1A of the Public Sector Employment and Management Act 2002. The Health Administration Corporation continues to pay for the staff and associated oncosts.

Details of transactions accounted for through the Health Administration Corporation are detailed below in Note 12.

12. EXPENDITURE ACCOUNTED FOR THROUGH THE HEALTH ADMINISTRATION CORPORATION

	Notes	2008 \$	2007 \$
Operating Expenses			
(a) Personnel Services			
Salaries and Associated Staff Costs	7(b)	3,529,551	2,929,711
(b) General Expenses			
Building Expenses		702,557	689,533
Subsistence and Transport		141,540	124,210
Members Fees		480,147	198,705
Fees for Service		947,332	917,442
Post and Communications		231,352	232,983
Printing and Stationery		207,882	135,641
Plant and Equipment		3,229	4,538
Miscellaneous		44,273	137,167
Audit Fees (allocation)		6,530	5,300
Total General Expenses		2,764,842	2,445,519
Total Operating Expenses		6,294,393	5,375,230

13. EDUCATION AND RESEARCH EXPENSES

	2008 \$	2007 \$
Expenses		
Scholarships	242,335	328,607
Publications	390,632	321,248
Miscellaneous	1,209	32,376
Conferences	70,698	14,503
Total	704,874	696,734

notes to and forming part of the financial statements for the year ended 30 June 2008

14. EDUCATION AND RESEARCH ACCOUNT

Activity on the Education and Research Account during 2007/2008 is detailed below:

	2008 \$	2007 \$
Opening Bank Balance	283,621	928,675
Revenue		
Transfer from Operating Account	550,000	-
Revenue	27,822	45,921
Total Revenue	577,822	45,921
Expenses	692,469	690,975
Closing Bank Balance	168,974	283,621

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15. FINANCIAL INSTRUMENTS

The Board's main risks arising from financial instruments are outlined below, together with the Board's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Board has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks.

(a) Financial instrument categories

Financial Assets	Note	Category	Carrying Amount 2008 \$	Carrying Amount 2007 \$
Class:				
Cash and Cash Equivalents	4	N/A	4,977,089	3,984,028
Receivables ¹	5	Loans and receivables (at amortised cost)	37,586	19,326
Financial Liabilities	Note	Category	Carrying Amount 2008 \$	Carrying Amount 2007 \$
Class:				
Payables ²	8	Financial liabilities measured at amortised cost	594,701	420,646

Notes:

1. Excludes statutory receivables and prepayments (ie. not within scope of AASB 7)
2. Excludes statutory payables and unearned revenue (ie. not within scope of AASB 7)

notes to and forming part of the financial statements for the year ended 30 June 2008

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(b) Credit Risk

Credit Risk arises when there is the possibility of the Board's debtors defaulting on their contractual obligations, resulting in a financial loss to the Board. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Board, including cash, receivables, and authority deposits. No collateral is held by the Board. The Board has not granted any financial guarantees.

Authority Deposits

The Board has placed funds on deposit with the Commonwealth Bank. These deposits are fixed term deposits, the interest rate payable by Commonwealth Bank is negotiated initially and is fixed for the term of the deposit. The deposits at balance date were earning an interest rate of 7.49%, while over the year the weighted average interest rate was 6.98%. None of these assets are past due or impaired.

(c) Liquidity risk

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in Treasurer's Direction 219.01. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. Treasurer's Direction 219.01 allows the Minister to award interest for late payment.

All payables are current and will not attract interest payments.

16. CONSULTANCY CHARGES

The Health Administration Corporation arranges for consultancy services on behalf of the boards it administers during the year. During 2007/2008 consultancy costs was \$nil (\$nil in 2006/2007).

17. SUBSEQUENT EVENTS

None to report

18. CONTINGENT LIABILITIES

None to report

19. COMMITMENTS

	2008 \$	2007 \$
Rental Charges		
Less than 1 year	619,860	549,960
Between 1 and 5 years	1,575,424	1,382,625
Later than 5 years	-	-
Total	<u>2,195,284</u>	<u>1,932,585</u>

The total commitments for 2007/2008 include GST input tax credits of \$199,571 (\$175,689 in 2006/2007).

notes to and forming part of the financial statements for the year ended 30 June 2008

20. BANK ACCOUNTS

The Board operates two bank accounts:

	2008 \$	2007 \$
Operating Account*	2,308,115	1,198,407
Education and Research Account	168,974	283,621
	<u>2,477,089</u>	<u>1,482,028</u>

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* Managed by the Health Administration Corporation on the Board's behalf

During the year \$550,000 (\$nil in 2006/2007) was transferred from the operating account to the Education and Research Account (Refer Note 14).

21. ANNOUNCEMENT REGARDING THE FUTURE OF THE BOARD

The Council of Australian Governments signed the Inter-governmental Agreement for a National Registration and Accreditation Scheme for nine Health Professions registered currently in all jurisdictions commencing in July 2010.

The accounts of the Nurses and Midwives Board as at 30 June 2008 have been prepared on a going concern basis. The new national scheme is not scheduled to commence before July 2010, and the Board will continue in its current role for more than 12 months beyond the date of signing the accounts.

End of Audited Financial Report

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