



19 November 2008

Bronwyn Nardi  
Chair  
Practitioner Regulation Subcommittee  
Health Workforce Principal Committee

Dear Ms Nardi

**Re: *Submission to Consultation Paper “Proposed Arrangements for handling complaints and dealing with performance, health and conduct matters” issued 7 October 2008***

The Australian Nursing and Midwifery Council is a peak body established in 1992 to facilitate a national approach to nursing and midwifery regulation. The ANMC works with state and territory Nursing and Midwifery Regulatory Authorities (NMRA) in evolving standards for statutory nursing and midwifery regulation. These standards are flexible, effective and responsive to the health care requirements of the Australian population.

The ANMC is also an authorised assessing authority for the Department of Immigration and Citizenship (DIAC) and undertakes skills assessments of internationally qualified nurses and midwives seeking permanent migration in Australia.

The ANMC is comprised of the:

- Australian Capital Territory Nursing and Midwifery Board;
- Nurses and Midwives Board of NSW;
- Nursing and Midwifery Board of the Northern Territory;
- Nurses and Midwives Board of Western Australia;
- Nurses Board of South Australia;
- Queensland Nursing Council;
- Nursing Board of Tasmania and;
- Nurses Board of Victoria.

We refer to your paper of 7 October inviting comments on the “*Proposed Arrangements for handling complaints and dealing with performance, health and conduct matters*” to be submitted to the Practitioner Regulation Subcommittee by Monday 17 November October 2008. We appreciate the flexibility of the NRAS project team in allowing us an extension for submission until COB 21 November 2008.

The commitment of the ANMC to national regulation is based on ensuring the protection of the public and on maintaining the highest standards of nursing and midwifery care to the Australian community through designing a system which supports nurses and midwives to practise safely. This includes a commitment to taking the time necessary to ensure that the

scheme developed is best practice in terms of protection of the public and is implemented carefully, thoughtfully and transparently.

The ANMC has discussed the paper in detail and is providing the following comments. ANMC supports the approach taken by the project team in attempting to consolidate and take the best approaches of the current state based systems into the national system. ANMC has successfully utilised this approach in the national workshops we have conducted this year to develop our views on elements of the scheme. By taking this approach and completing this work the ANMC has been able make a number of consensus submissions to government on various aspects of the national scheme.

Unfortunately, the management of complaints, performance, conduct and health matters does not so readily lend itself to this approach. There are a number of reasons for this.

Firstly there are greater differences between the professions in their philosophical approaches as some prefer an educative, rehabilitative approach and others a more disciplinary approach. These philosophical differences become an issue when the system seeks to support each of the professions to not only to regulate their own professional behaviours but also that of their colleagues in other professions.

Greater than the difference between the professions are the even greater differences between the states and territories in terms of the systems they have developed to manage these matters. Indeed the ANMC would venture to suggest that these differences are so substantial as to be incompatible with a single national scheme for complaints, performance, health and conduct matters.

The main issue, however, is that the management of complaints, performance, conduct and health matters is not the sole province of the regulators. The system is so very complex involving as it does so many other state and territory bodies (such as Health Complaints Commissioners and Tribunals) multiple pieces of state and territory legislation (for example Drugs and Poisons Acts) that to develop a single national approach would take considerably more time, resources and preparation than the current implementation schedule for the national scheme allows, if it is possible to achieve at all. This is truly a situation where the “devil is in the detail” and NOT the commonalities.

We reiterate our commitment to the implementation of national regulation but once again urge the project team to take the time required to ensure the scheme is best practice in terms of protection of the public and is implemented carefully, thoughtfully and transparently.

Yours sincerely



Karen Cook  
Chief Executive Officer

Yours sincerely



Mary Chiarella  
Chair