



30 January 2013

Submission to Legal and Social Issues Committee

My name is Glenn Taylor and I write this submission as the Chief Executive Officer of the Nursing & Midwifery Health Program, Victoria (NMHP). The NMHP seeks to ensure a healthier and safer nursing and midwifery workforce, through the support and interventions it provides to nurses, midwives and students with drug and alcohol problems or mental health issues, and to employers, managers and organisations dealing with these issues among their workforce. The program is funded entirely from nurse and midwife registration fees and governed by an independent Board, with a Chair and four Directors. Established in 2006 as a company limited by guarantee, funding for the program was secured through the (then) Nurses Board of Victoria, and supported by the Australian Nurses' Federation Victorian Branch.

In common with all citizens, nurses and midwives experience disruptions to health and wellbeing that can negatively impact on work life. Among a range of health problems, substance use problems and mental health problems are in particular known to impede job performance. These health problems are reported to occur in approximately 10-20% of the general community (Pidd *et al* 2006). The organisation of work and demands upon nurses and midwives are known to contribute to levels of occupational stress, suggesting that such health problems will occur at an average or greater rate among nurses and midwives.

Health problems among nurses and midwives have detrimental impacts at three levels:

- Loss of productivity in the workplace. This can include: absenteeism, presenteeism (i.e. a person is at work but underperforming) and loss of expertise, if those affected leave the workforce (Pidd *et al* 2006)
- Reduced quality or safety of patient care. If a nurse's work performance is impaired, this can have detrimental impact on patient care, ranging from patients receiving less than optimal care, to patients experiencing harm from unsafe practice or serious errors
- Reduced wellbeing among nurses and midwives. Affected people cannot achieve their potential as professionals or sustain their contribution to society (Arthur 2005)

These impacts place a financial burden on the healthcare sector and the wider community.

Since the introduction of the NMHP, we have supported nurses, midwives and students presenting with numerous issues ranging from those having a mild impact on quality of life to those threatening careers and lives. NMHP deals with each individual case on its merits and offers a range of interventions. NMHP develops individual management plans and co-ordinates treatment, including arranging appropriate referrals to external treatment providers. Advice is also provided to anyone who is concerned about a nurse, midwife or student. This includes family, friends and colleagues. In addition, we provide health promotion based programs to the broader nursing and midwifery workforce across Victoria.

The NMHP has been proved to positively impact the health and wellbeing of the nursing and midwifery industry and the individuals in the industry across Victoria in the areas of;

- Public Safety: by serving as an AHPRA-recommended 'conditional support' to assist impaired nurses to regain optimum health;
- Workplace Productivity: by supporting nurses to remain in the workforce or assisting their return to the workforce, thereby helping to retain the vast knowledge and experience held by these individuals within the industry. This occurs with the individual directly and often in collaboration with their employer;
- Individual Nurse and Midwife Health & Wellbeing: by supporting individual professionals to achieve their optimum health and to reach their potential as a member of the profession and an individual in society;

Despite nurturing a working relationship with AHPRA since the commencement of the National Scheme, we are concerned that moving from a single profession, single state regulator (the NBV) to a national, multidisciplinary agency (AHPRA) will ultimately see the demise of the NMHP.

As of July 2014, Victorian nurses and midwives will lose access to the NMHP as the Nursing & Midwifery Board of Australia (NMBA) has failed to understand the enormous benefits the NMHP provides the industry and will not continue to support the Program beyond this time.

The demise of the NMHP means Victorian nurses and midwives will no longer have access to individual support. Other stakeholders including; employers, colleagues, family and friends will no longer have access to specialist advice and support.

AHPRA will no longer have access to the 'conditional support' we offer impaired nursing and midwifery registrants. This case management support is a role that is both essential and integral to the return to work for many nurses and midwives after a period of impairment. It also ensures that while they are working, their recovery is maintained. This is a role that compliments the regulatory role of the NMBA.

The majority of the nurses and midwives under the care of the NMHP have experienced or are experiencing health challenges that, when appropriately treated, managed and monitored, can be prevented from reaching a level where action by the regulatory authority is required.

Numerous Victorian nurses and midwives have expressed anger, frustration and dismay with the move to a National Scheme as their registration fees have increased from \$90 in 2010 (under the Nurses Board of Victoria) to \$160 (under AHPRA). Not only are they paying significantly more to be registered, they perceive to be receiving fewer services and none of these fees will be directed toward the NMHP after 30 June 2014. (The NMHP is currently funded through the proceeds of the sale of the former NBV until 30 June 2013. The NMBA has agreed to provide 12 months funding from 1 July 2013 to 30 June 2014).

We believe a continuation of the NMHP is critical to the health and wellbeing of individual Victorian nurses and midwives, to the industry in Victoria and the Victorian public. Healthy nurses and midwives achieve better outcomes for the recipients of their care. To educate a nurse or midwife is costly and time consuming. We cannot afford to lose skilled individuals; therefore, we must continue to invest in their health.

We would welcome support from the standing committee to this end.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Glenn Taylor', with a stylized, cursive script.

Glenn Taylor  
Chief Executive Officer