



Nursing & Midwifery Council
New South Wales

Protecting the public
Regulating nurses and midwives

Strategic Plan

2015-2018

OUR PURPOSE

The Nursing and Midwifery Council of New South Wales is a statutory body that was established in July 2010 under the *Health Practitioner Regulation National Law (NSW)*. The Council is part of the national registration and accreditation scheme for health professionals. The Council manages complaints about the conduct, professional performance and health of any registered nurse or midwife or nursing / midwifery student with a principal place of practice in NSW.

VISION

The Council effectively and efficiently minimises risks to public safety through its management of complaints, and promoting a culture of safety by improving nurses' and midwives' understanding of and commitment to professional standards.

MISSION

To protect public safety and maintain professional standards through the effective regulation of nurses and midwives and the development of collaborative relationships.

STRATEGIC CONTEXT

The Council's strategic directions for the next three years will need to be cognisant of a number of current and emerging factors in its operating environment.

REGULATORY MODEL

As the Council works under a co-regulatory model, it works in conjunction with Australian Health Practitioner Regulation Agency (AHPRA) and the Nursing and Midwifery Board of Australia (as part of the National Scheme) and with the NSW Health Care Complaints Commission (HCCC). The National Registration and Accreditation Scheme is currently subject to a three-year review.

RESOURCING AND ORGANISATIONAL ARRANGEMENTS

AHPRA collects national registration fees from nurses and midwives, and the NSW regulatory fee component is distributed to the Council to enable the Health Professional Councils Authority (HPCA) to employ staff to perform the Council's role, provide shared services to the Council and other health practitioner councils in NSW and meet other expenses.

In recent years, the Council has focused on strengthening its staffing, structure and procedures to improve the efficiency and effectiveness of its operations.

CASELOAD

The volume of complaints managed by the Council has increased in recent years, as has their complexity. In the future new models of care and changes in nursing and midwifery roles (including roles substitution) will impact on practitioner performance and the complexity of complaints managed by the Council. The increasing generalist focus of university preparation will present challenges for workplaces to support and develop new graduates, which may also impact

practitioner performance. An increased awareness amongst health professionals of their legal obligations to make a notification, actively supported by the Council, should maintain and increase the rate of notifications.

The volume and complexity of complaints is predicted to increase, while income for regulatory services is predicted to decrease due a reduction in the size of the workforce. This will present significant challenges for the Council in managing its future workload.

SYSTEM AND WORKPLACE FACTORS

Practitioner health, performance and conduct are also influenced by both the broader system and by individual workplace practices, such as supervision and development. The Council is well-positioned to share information with the system and workplaces on patterns and trends that are occurring and provide advice on issues which need to be addressed, thus strengthening the Council's focus on prevention and early intervention.

ROLE AND FOCUS OF THE COUNCIL

The Council's role is complex and the volume of complaints places significant demands on the Council's resources. The Council will also focus on further developing its procedures and documentation in order to improve the quality of its operations; include within this preventative focus other activities to address system factors, such as educating practitioners and employers and building its research and evidence base. In addition, the increasing complexity and volume of complaints in the context of predicted future reduced revenue will require the Council to better manage its processes and develop innovative and cost-effective solutions for the future. This will include closer engagement with key stakeholders and development of partnerships to support the delivery of its functions.

KEY GOALS FOR 2015-2018

The Council’s primary responsibility is to efficiently and effectively manage complaints, in order to ensure public protection and safety, and the organisation will need to continue its focus on improving the quality and timeliness of its processes and on developing its capability to support this role. However, broader system issues also impact on the performance of the workforce, and the NMC has a role to play in working with employers and with the health system to address these issues, particularly by strengthening its approach to prevention and early intervention.

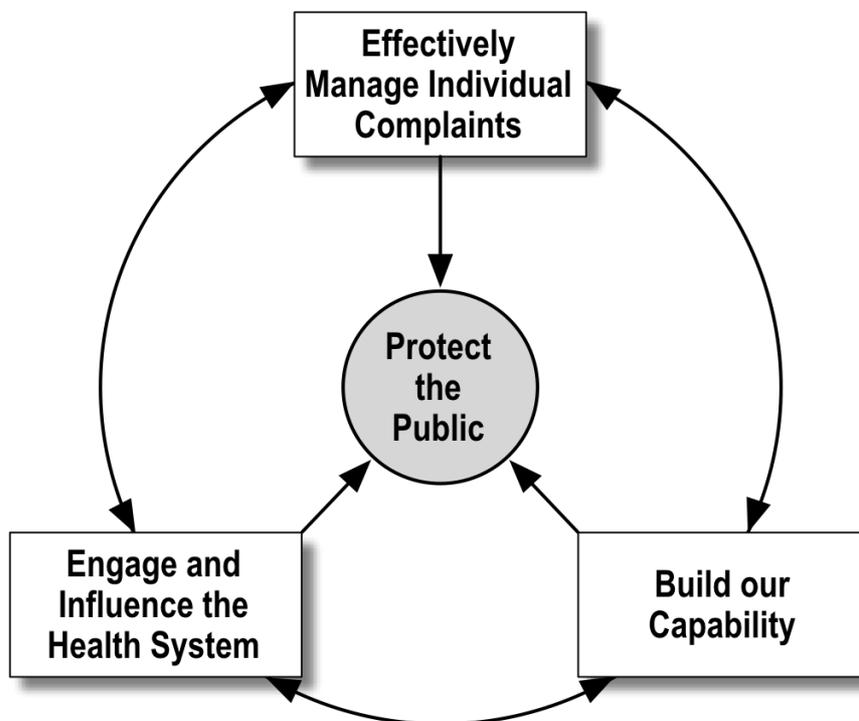
In addition, the NMC is in a position to leverage its experience and expertise by using data and information about patterns and trends in complaints to provide feedback that can inform strategies at both the system level and in individual workplaces.

To continue to strengthen its primary role and respond to emerging needs, the Council has identified a strategic framework for 2015-2018 based on three key goals:

1. Effectively manage individual complaints
2. Engage and influence the health system
3. Build our capability

The strategic framework is illustrated in the figure below.

NMC Strategic Framework 2015-2018



STRATEGIES FOR 2015-2018

NMC will address the key goals for 2015-2018 through the priority strategies outlined below.

Goal	Strategy	Outcomes
1 Effectively manage individual complaints	1.1 Develop and implement an early intervention/preventative process for complaints handling, recognising factors such as public interest, system issues and cost effectiveness. Elements of the process include: <ul style="list-style-type: none"> - a risk identification methodology and tools - a process for 'triaging' complaints using clear pathways for managing cases (including not proceeding with a complaint) - mechanisms for liaison and information sharing with workplaces - benchmarking state, national and international data. 	Early intervention procedures and tools are documented and utilised Individual cases are more efficiently and appropriately managed, with responses and treatments targeted to the nature and severity of the case
	1.2 Improve workflow resourcing to efficiently and effectively manage complaints handling across the organisation. Address roles and responsibilities, task allocation, scheduling and system support for complaints management.	The use of councillors, panels and staff is clarified and resources allocated efficiently
	1.3 Continue to improve the quality of complaints management through standards (timeframes), documentation and templates, staff training and awareness and ongoing monitoring and review.	Identified elements of the Council's policies and procedures are reviewed, developed and documented Management and resolution of complaints meet established standards for timeliness and accuracy
2 Engage and influence the health system	2.1 Develop and implement a stakeholder relationship strategy that identifies: <ul style="list-style-type: none"> - key stakeholders and their interests - issues and messages that the Council wishes to communicate (differentiated by stakeholders) - engagement activities including targeted relationship building, presentations, focus groups, website, communication resources. - providing opportunities for key stakeholders to provide input into 	The Council actively engages with stakeholders in a planned and systematic manner Stakeholders have an increased awareness and understanding of the Council's role and standards The Council is recognised as having an integral role in the health sector

	Council processes.	
	2.2 Develop and communicate the Council's model of prevention, in consultation with stakeholders. The model will: <ul style="list-style-type: none"> - be informed by analysis of trends in notifications - include mechanisms for ongoing liaison and information sharing with workplaces. 	The Council establishes an early intervention/preventative model Stakeholders understand and accept the contribution that prevention makes to reducing practitioner health, performance and conduct issues
3 Build our capability	3.1 Support a culture of innovation across the organisation by creating and encouraging 'spaces' or opportunities to review and explore new approaches, through meetings and forums (including online), projects and other mechanisms.	Council and staff engage in processes to review and develop the Council's approach, policies and procedures
	3.2 Develop and implement the NMC Research Plan with priorities for research that address current and emerging NMC issues and problems and takes account of HPCA and AHPRA research priorities.	The Council undertakes and commissions a program of priority research Research, evidence and national and international best practice provide directions for improving the Council's approach, policies and procedures
	3.3 Identify capability development (training) needs and available opportunities, including online learning.	Councillors and staff access development opportunities to build the knowledge and skills required for their role

RESOURCING THE PLAN

The Strategic Plan identifies the high level goals and strategies for the next three years and these strategies will inform the development of annual work plans. Implementation of the plan will be largely through the NMC staff, under the responsibility of the Executive Officer. In addition, the Plan will need to be supported by external resources, particularly in relation to:

- research undertaken by or with research partners in other organisations or individual researchers
- stakeholder relationship management strategy, developed with specialist expert input
- training offerings provided by specialist providers.

MONITORING AND REVIEW

The Strategic Plan covers the three-year period 2015-2018, and will be subject to at least annual review to enable the strategies to be revised in response to changing priorities that reflect changes in the strategic environment, capability and other factors. In addition to annual review, the Council will monitor the implementation and progress of the Plan in the course of its meeting schedule.