

Response to: Australia's Health Workforce –
Productivity Commission Position Paper
November 2005

The Queensland Nursing Council (Council) is an independent statutory body established under the *Nursing Act 1992* that is responsible for the regulation of nursing and midwifery in Queensland and accountable directly to Parliament through the Minister for Health.

Council's role is to ensure, as far as practicable, that nurses and midwives in Queensland are safe and competent to practise. In partnership with consumers, the nursing and midwifery professions and other groups, Council develops, implements and monitors standards for the registration, education, practice and conduct of nurses and midwives. These standards are essential for the protection of consumers of nursing and midwifery services.

Council works in collaboration with the ANMC and other state and territory nursing and midwifery regulatory authorities (NMRAs) in the development of national standards for statutory nurse and midwifery regulation. The goal is to establish standards that are flexible, effective and responsive to the health care requirements of the Australian population.

It is of concern to Council that the draft proposals appear to be fragmenting professional regulatory functions. Regulation is more than just registration and separating aspects of regulation such as the accreditation of courses is inappropriate. This is because regulation, and therefore ultimately registration, is based on interdependent standards of education, practice and conduct.

As the ANMC response has indicated, there are already nationally recognised standards for nursing and midwifery. Many of the proposals, while arising from problems identified with medical education and regulation, have been extended to apply to other health professions which are not experiencing similar difficulties. In fact, contrary to the Position Paper, the proposals have the potential to reinforce the traditional professional roles and boundaries as the Paper still reflects a medical focus and a medical hierarchy. Moreover, the achievements and current work of the NMRAs and ANMC have not been properly considered in the drafting of the proposals.

Some of the proposals have merit, in particular, proposals to improve the transparency of funding for clinical education and to extend the coverage of MBS rebates to a wider range of practitioners. It should be noted, however, that the concept of delegation by medical staff to other health professionals such as nurses is not appropriate. Rather than delegation, the process should be one that uses a principle-based decision-making framework to determine the best health professional to undertake specific activities.

Addressing workforce shortages by implementing changes in regulatory processes is a high risk strategy. The aim of regulation (which is not simply registration) is the protection of the public. Opening the boundaries between health professionals without careful planning has the potential to lower standards and to reduce the capacity of the public to identify the accountable professional.

The proposals also do not address the problems arising from an ageing workforce and fewer entrants into the health professions. Nor do the proposals address the variations imposed on practice by other forms of regulation such as health drugs and poisons regulations in each jurisdiction.

Council supports the response of the ANMC to the draft proposals. Council reinforces the need for any outcomes from this process to take account of the achievements of ANMC and NMRAs in the collaborative development and implementation of nationally endorsed:

- Competency Standards for RNs, ENs, midwives and NPs
- Codes of Ethics and Conduct
- Policies for the accreditation of nursing and midwifery courses
- Policies for the management of professional misconduct
- Policies for the registration of nurses and midwives.