Australian Nursing & Midwifery Federation

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Review of the role of national and international regulators in relation to referral, treatment and rehabilitation programs for health professional with a health impairment- Discussion Guide

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 240,000 nurses, midwives and assistants in nursing, our members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANMF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

General Comments

In the interests of retaining nurses and midwives in the workforce, it is essential that we assist them to address health challenges if and when they arise. The ANMF strongly supports the establishment of a national nursing and midwifery health program, run by nurses and midwives. This national program should work closely with the Australian Health Practitioner Regulation Agency (AHPRA) and the Nursing and Midwifery Board of Australia (NMBA) to support impaired nurses and midwives seeking to restore their health and assist them to return to safe and competent practice. This nationally coordinated program should be responsive to the needs of nurses and midwives needs in all jurisdictions.

Management/support models for health professionals with a health impairment

- **What do you consider to be good practice examples of the referral, assessment, treatment and rehabilitation of impaired health professionals?**

  An excellent example of good practice of referral, assessment, treatment and rehabilitation of impaired health professionals is the Nursing and Midwifery Health Program in Victoria. This program is an evidenced-based model that provides an initial point of contact, referral and case management support for nurses and midwives with alcohol and other drug problems and/or mental health concerns, in order to promote individual health and wellbeing.

  The Nursing and Midwifery Health Program has well established processes and proven outcomes that have a cost benefit to the health setting. The 2012 Siggins Miller report titled *Impaired nurses and midwives health programs*[1] identifies that the Nursing and Midwifery Health Program has the shared confidence of both AHPRA and the Department of Health in Victoria. This program sets the standard, in providing support for nurses and midwives who have a health impairment.

[1] Siggins Miller (2012) *Evalution of health programs for managing impaired nurses and midwives. Report to the Nursing and Midwifery Board of Australia*: Siggins Miller.

- **Are you aware of models of support/management for health professionals with impairment both nationally and internationally that you view as good examples? If so, please provide details on these models and any context regarding their applicability.**

  As identified in the above response, the ANMF considers the Nursing and Midwifery Health Program is an excellent example of support/management for nurses and midwives with a health impairment. This program is overseen by nurses and works well with the regulator and, when required, the employer.

  This service model provides a valuable resource to all industry stakeholders, including employers, professional organisations, AHPRA, education providers and the general community, as an initial contact point for advice on how to approach health practitioners and students who may have a health impairment.

  A service of this nature may effective intervene before the health issue impinges on a nurse's or midwife's practice. Early contact and appropriate action can provide the individual with the assistance required to enable them to continue practicing safely and feel supported in their work environment. This early intervention and treatment may then circumvent the need for a notification.

  In addition, health practitioners with a health impairment involved with a notification process through AHPRA, can also be assisted in how they approach their employer and any current issue or the subject of undertakings /conditions. This is particularly valuable as they often feel embarrassed and/or guilty. Some nurses and midwives may choose to not practice, rather than attempt to go through this process without support.

- **What do you consider are the key components in designing a support/management model for health professionals with a health impairment?**

  The key components in designing a support/management model for health professionals with a health impairment are:
  - overall the model needs to be supportive not punitive and be based on principles of confidentiality, trust, respect and professional accountability;
  - the organisation undertaking the support/management needs to be an accredited, independent organisation, and
  - the model needs to:
    - be confidential and independent
    - be promoted, accessible and free of charge
    - enable and encourage self-referral
    - provide assessment, case management and treatment by nurses and midwives to enable profession specific understanding
    - refer as required to other health professionals and support services
    - include development of an individualised management plan
    - provide monitoring and ongoing support
    - focus on rehabilitation
    - support re-entry to employment
    - offer support and advice on the management of the notification processes

- be an accessible resource for nurses and midwives, employers and the profession, and
- use advanced IT infrastructure to enable engagement with nurses and midwives in all areas of the country.

- **In your experience are the arrangements currently in place in your jurisdiction providing adequate access to treatment and rehabilitation programs for impaired health practitioners? If not, what are the limitations of the current treatment and rehabilitation programs?**

  The arrangements currently in place in Victoria, with the Nursing and Midwifery Health Program, provide access to quality treatment and rehabilitation programs for nurses and midwives with a health impairment. Of the programs and processes available within the country, the ANMF identifies the Nursing and Midwifery Health Program as having the best outcomes for nurses and midwives with a health impairment. This is a service operated by nurses for nurses and midwives and students of nursing and midwifery programs. This offers an inherent understanding of not only health impairment but the specific context of practice.

  The Nursing and Midwifery Health Program enables nurses and midwives to access support that is not punitive for alcohol and other drug problems and/or mental health concerns. It not only provides support directly to nurses and midwives it also works closely with AHPRA, employers, industrial and professional associations and a range of industry stakeholders.

  The program effectively engages with nurses and midwives across the whole of Victoria. The location of nurses and midwives within the country and how they access services needs to be considered. Larger geographical states or territories in Australia generally have fewer registrants and therefore fewer skilled and appropriate service providers in health impairment. These registrants are often widely dispersed, remotely located and, therefore, isolated. Their isolation is two-fold by being not only isolated by their health impairment but also through their geographical location. The Nursing and Midwifery Health Program model manages this effectively and breaks the isolation, either through face to face support or by the use of technology (for example, telephone, Skype). Whilst face to face is not always possible for remotely located nurses and midwives, good IT supported infrastructure facilitates effective engagement.

  Jurisdiction examples

  Some jurisdictions do have access to employment assistance programs which can assist in supporting nurses and midwives with a health impairment. However, these programs are usually limited and may not include staff who are nurses or midwives. There is also concern regarding confidentiality when the program is provided by employers.

  There are other concerns with arrangements in varying jurisdictions. For example, in Queensland, there is no rehabilitative health service specifically targeted for nurses and midwives with a health impairment. Impaired nurses and midwives in Queensland must seek treatment and rehabilitation from a public or private treating practitioner. The cost of services for a nurse or midwife who requires Urine Drug Screening (UDS) in Queensland is

also unmanageable with some nurses and midwives considering surrendering their registration due to the financial burden. This financial burden is also of serious concern in NSW. The financial impact in this jurisdiction differs depending on the location and circumstance of the nurse and midwife. Access to Medicare rebates in NSW are also limited for UDS.

Self-referring to treatment and rehabilitation programs is another identified issue in all jurisdictions except for Victoria. Nurses and midwives need to be able to access programs of support that are not punitive and are free of charge. In many jurisdictions, to self-refer, nurses and midwives are directed to make a notification to AHPRA. This is a deterrent due to the fear of a registration impact and ongoing employment and will discourage nurses and midwives accessing help and support.

Notification

With the exception of WA, all National Law mandatory notification provisions require that the treating practitioner make a notification to AHPRA if the nurse or midwife has an impairment that will, or is likely to, place the public at risk of substantial harm. Impaired health practitioners are well aware of this and this creates a significant deterrent for them to seek medical consultation and treatment for a health impairment. There is also high potential that, where an impaired practitioner has been notified to AHPRA by the treating practitioner, this will significantly damage the therapeutic relationship between the impaired nurse or midwife and the treating practitioner, further delaying the impaired practitioner's recovery.

Regardless of any legal argument that an impaired practitioner (who is being treated for an impairment and on leave from work) is not practising the profession and therefore not putting the public at any risk of harm, it is evident that most nurses and midwives who seek treatment for an impairment are compliant with that treatment and work within the limitations put in place by the treating practitioner. Such compliance with treatment while taking leave from work, does not place the public at any risk of harm. A notification to AHPRA in such circumstances will not only damage the therapeutic relationship, it also creates an unnecessary burden on the limited resources of AHPRA and the NMBA, given that the impaired practitioner's ability to practise the profession is already being appropriately modified and monitored by the treating practitioner. Notifications to AHPRA by treating practitioners should only occur where the impaired practitioner is non-compliant with any treatment or work restrictions and such non-compliance places the public at risk of substantial harm.

There needs to be consistent provisions in the National Law, similar to WA's legislation, where treating practitioners are not required to make a mandatory notification to AHPRA.

The notification process is also an area that requires improvement. Nurses and midwives who have a health impairment and are managing the notification process require support and advice. Nurses and midwives within many jurisdictions find it difficult to access assistance in managing notification processes which are lengthy, complicated and in some cases costly.

- **Can you identify reports, journal articles and other material that might shed light on the issues involved in the management of impaired health professionals?**

  The ANMF refers you to the substantial body of work published by the Nursing and Midwifery Health Program offered in Victoria since 2006. The ANMF are not aware of any other grey literature regarding the management of impaired nurses and midwives or other health professionals.

Role of health profession agencies/bodies

- **What do you consider are the most appropriate roles for health profession bodies in providing models that manage/support health professional with a health impairment, particularly in relation to:**
  - **Referral**
  - **Assessment**
  - **Treatment**
  - **Rehabilitation services**

  As identified earlier, the ANMF contends it is essential the model is supportive and not punitive. The program needs to be conducted by nurses and midwives to enable profession specific understanding and respect.

  The model needs to promote self-referral, be free, confidential, independent and provide education resources. It needs to have an established relationship with the regulator and employers in receiving referrals.

  Assessment, treatment and rehabilitation needs to be individualised, strength-based case management, focused on enabling the capability and aspiration of each nurse or midwife. Care needs to be delivered by appropriately qualified nurses and midwives with expertise in health impairment.

  Rehabilitation needs to include monitoring, ongoing support and a program to assist nurses and midwives to safely re-enter the workplace.

- **What should be the relationship between responsible health agencies and the regulator?**

  The responsible health agency should be funded by NMBA though AHPRA, while maintaining its independence. The relationship should be transparent and have clear expectations.

  It would seem reasonable that the responsible health agency is linked to the AHPRA notifications process as necessary, while assisting in streamlining consistent processes for nurses and midwives in the event of a health impairment notification.

- **Is the relationship between responsible health agencies and the regulator working in your experience? And, are there specific state or territory issues that impact on this relationship?**

  The relationship between the Nursing and Midwifery Health Program and the NMBA/AHPRA works well, with an established relationship that allows clear communication and referral.

Conclusion

The ANMF has long advocated for the expansion of the Nursing and Midwifery Health Program in Victoria to offer a national service for nurses and midwives. We are pleased this review is being undertaken and welcome the opportunity to participate in the consultation.

With over 320,000 nurses and midwives registered within this country, we have an obligation to provide a national nursing and midwifery service for health impairment. We need to support these nurses and midwives so they are retained within the profession. The ANMF support the NMBA providing ongoing sustainable funding for an independent service overseen and conducted by nurses and midwives.

A program such as the Nursing and Midwifery Health Program in Victoria has been proven to have a significant cost benefit and saving to the nursing and midwifery profession with significant outcomes for the whole profession.