C O R R E C T E D V E R S I O N

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

LEGISLATION COMMITTEE

Inquiry into the performance of the Australian Health Practitioner Regulation Agency

Melbourne — 29 May 2013

Members

Ms G. Crozier	Mr D. O'Brien
Mr N. Elasmar	Mrs I. Peulich
Ms C. Hartland	Mrs D. Petrovich
Ms J. Mikakos	Mr M. Viney

Chair: Ms G. Crozier
Deputy Chair: Mr M. Viney

Staff

Secretary: Mr R. Willis

Witnesses

Ms L. Fitzpatrick, State Secretary, and

Ms P. Carew, Assistant Secretary, Victorian branch, Australian Nursing Federation.

The CHAIR — On behalf of the committee I declare open the Legal and Social Issues Legislation Committee public hearing. Tonight's hearing is in relation to the inquiry into the performance of the Australian Health Practitioner Regulation Agency. I welcome from the ANF Victorian branch state secretary Ms Lisa Fitzpatrick and also Ms Pip Carew, the assistant secretary. Thank you both for being before us this evening.

All evidence taken at this hearing is protected by parliamentary privilege, as provided by the Constitution Act 1975 and further subject to the provisions of the Legislative Council standing orders. All evidence is being recorded. You will be provided with proof versions of the transcript within the next week. Transcripts will ultimately be made public and posted on the committee's website. Thank you again for being before us. I now invite you to proceed with a brief opening statement if you wish, which will be followed by members' questions to you.

Ms FITZPATRICK — Thank you for the opportunity to appear. You have, I think, before you the submission that the Federation submitted in February 2013.

The CHAIR — We do. Thank you for that submission.

Ms FITZPATRICK — The Federation is of course a national organisation, but each of the state and territory branches has been supportive of and waiting for national registration and the benefits that go with that for a long period of time. When we did achieve national registration we were very pleased with that.

Going to the terms of reference of the parliamentary inquiry, we believe the Victorian branch of AHPRA, albeit it is part of the national AHPRA, has achieved efficiencies and that there is greater protection of the public. This is evidenced by a number of matters that we have raised in our submissions. On the regulatory side, the benefits of national registration — particularly with registration itself — for nurses and midwives, and for those nurses and midwives who are first entering the professions, have been quite extraordinary compared to what we had in the past with the previous Nurses Board of Victoria.

If I can start with the benefits for graduates, which does touch on workforce issues as well. Previously in Victoria our graduates and nurses and midwives all had to be registered by 31 December. We had thousands of new students seeking registration for the first time and tens of thousands of nurses and midwives seeking renewal of their registration. This workload at that particular time without question always fell foul. I think this was evidenced before national registration when we had a busload of students who had graduated from the University of Ballarat, and because their registration had not gone through the registration process with the Nurses Board of Victoria they were unable to start their graduate program.

One of the things AHPRA has set up since it has come into being is that in December we have a regular meeting. That meeting is attended by representatives from the ANF, given that we are the people who get the phone calls from distressed graduates and their parents, along with representatives from the deans of nursing, graduate program coordinators and also AHPRA staff. The whole process in relation to registering graduates for the first time is streamlined. This year we would have seen approximately five graduates who were not registered in time for their graduate year commencement but through no fault of the registering body. In fact a number of the universities had not completed the information and alerted AHPRA that the students had passed. The situation for graduates has greatly improved. We see a very streamlined process, and as I said, minimal disruption to both public and private acute and private aged-care facilities that are employing graduates for the first time.

For this process of registration itself, in 2009, prior to national registration and AHPRA, we had 57 per cent re-registering or renewing their registration online. We now have in the vicinity of 92 per cent of nurses and midwives renewing their registration online. Attached to that registration is also an important workforce survey, and whilst I do not have the figures before me, I understand that given completion of that survey is now not required by hard copy, there is also a benefiting result: the numbers and participation rates have increased significantly.

We would say that when the system commenced there were initially teething problems in that there were problems with people making inquiries around registration having their questions answered correctly. There were different, inexperienced staff at the call centre. We believe there were inadequate numbers of staff to answer those queries, but we did appreciate that there would be teething problems. I cannot quite recall the

amount of legislation that was being condensed into one piece, but I do know that some 90 boards were reduced to 14 boards. We did have an opportunity to address our concerns, and we certainly have not seen those issues arise again. We know that the number of call centre staff has increased. We understand there are permanent staff so we do not get a variation in responses. We have an opportunity where, irrespective of daylight saving and which states participate, we know phone calls can be answered and directed to different states. The registration and communication has been very important, and we have seen great improvements, particularly over the last two years.

We have the start of improvements in relation to two of the matters that we raised in our submission, which of course was written in January and February this year. One of those issues that we point to in our submission, on page 2, is around suggested improvements. I take the committee to point 3, which is around the notification investigation process. This goes to fairness for the nurse or midwife who is being reported, but it is also an important issue in relation to how AHPRA protects the Victorian public. When the Nurses Board of Victoria fulfilled this function, resolutions to nurses being reported was taking up to two and a half years to get an outcome, and we were always very concerned about the timeliness of that. Allegations and material supporting allegations had to be sought through freedom of information applications, which in itself was an extraordinarily timely and costly process.

We have experienced delays with AHPRA, and we see that in the past a number of our members have had to wait up to 18 months, but since the writing of our submission we have met with AHPRA and its legal and investigative team, and we have raised our issues of concern. AHPRA has acknowledged that those issues do exist. We understand that the investigative average time is 9.7 months, and that it would like to see that reduced. Of course we no longer have to make freedom of information applications, which is important. We see improvements happening in that way. In addition we know that the new legislation provides for immediate action. In the past we did not have this under the old scheme, but we do now. So if there is a report of a nurse or midwife that is of very significant concern, the legislation enables AHPRA to make a recommendation to the Victorian committee that immediate action be taken, and within a very short period of time nurses or midwives can be suspended from practice so that that additional protection of the public is there as well.

I think it is critical to also point out when we are talking about conduct matters, reports and notifications of Victorian nurses and midwives that there are over 90 000 nurses and midwives who are registered in the state of Victoria, and there are around 300 reports of nurses and midwives, which is less than 0.3 per cent. We know that is less than the average of any health practitioner across the state, with average reportings, as I understand, around 1.0 to 1.2 per cent. Whilst we are pleased that those numbers are low, importantly we want to make sure that those numbers decrease. But we also think that there is some important work that AHPRA are doing in relation to mandatory reporting.

We are aware of a number of nurses who have been reported under mandatory reporting because they have been seen at a party with too much alcohol on board. AHPRA are now taking the approach that if a nurse is out on Saturday night and not at work, and it is not work related, whether or not they have had too much to drink is really not a matter for AHPRA. AHPRA is concerning itself with matters around conduct at work. Some of those distinctions with mandatory reporting are being worked on, and we see that as a significant improvement.

I think what national registration has led to for Victorian nurses is that we now have accurate numbers around the workforce and accurate numbers in relation to who is registered and working, and who has non-working registration. That accuracy we have not seen collated before. It is giving us a national and consistent picture across the states and territories, which is important. Also we know that at the time of national registration, we had some 10 000 nurses who were registered not just in Victoria but in other states and territories as well, so they were required to have multiple registrations. National registration means that those nurses have only one single registration, and it has been a significant benefit as well, not having to register and renew registration in other states to complete work commitments. That has been particularly positive in relation to the issues around national registration.

Of course with national registration we also see that we have national standards and national guidelines. Those are also important so that we are all practising under the one umbrella, and I think that gives greater clarity to nurses and midwives, particularly those who work in other states and territories. I am happy to stop there and take questions, if anyone has them.

The CHAIR — Thank you very much, Ms Fitzpatrick. Ms Carew, would you like to add anything before we go to questions?

Ms CAREW — No, I do not think I have anything to add, thank you.

The CHAIR — That was a very good overview for committee members, thank you. I note that you did say there were some teething problems with AHPRA. We are very aware of that and understand that a Senate inquiry has looked into those issues in great detail. As you said, a lot of them were fairly significant at the time but are resolving or have been resolved.

Ms FITZPATRICK — Very much so.

The CHAIR — I would like to take you to one of the issues that has been highlighted to the committee in relation to the nurses support program for nurses and midwives. I understand that initially doctors were also not going to have funding continue. However, the AMA has stepped in — I beg your pardon. Doctors have resolved that they would have their fees increased and their doctors program continued. But that is not the case with nurses and midwives program, I believe. Is that your understanding, or could you enlighten the committee a little bit more?

Ms FITZPATRICK — Could I get some clarification from the committee? I am very happy to answer questions about the nursing and midwifery health program in Victoria, but that is in the purview of the Nursing and Midwifery Board of Australia, not AHPRA. I am very happy to answer questions around that and would welcome the opportunity, but if I can perhaps answer it in the first instance by saying that it is the doctors board itself that has made the decision to continue the doctors health program.

The CHAIR — Thank you for that clarification. You are right; it is not the AMA.

Ms FITZPATRICK — The second issue is that perhaps I could give some background to the nursing and midwifery health program in Victoria. It was a joint initiative of the then Nurses Board of Victoria and the Australian Nursing Federation. We became co-directors of the constitution for the nursing and midwifery health program. That took around 18 months to finalise the legalities and get staff on board, and we opened our doors in 2006. That program was paid for to the tune of around half a million dollars each year by nursing and midwifery registration fees. We believe that there was somewhere in the vicinity of $5 to $5.50 directed directly from nursing and midwives registration fees to fund the program. That was based on how the doctors program was funded as well. At that stage we saw it as important that the program be independent of both the ANF and government and have its fees paid for out of the registration fees.

The previous government secured some $3 million for the program to continue from 2010 until 2013. We have been working with a number of stakeholders — employers and the state government itself, which is supportive of the continuation of the program. We welcome the minister's ongoing commitments, and he has made those commitments very public to securing the program and for it to continue. A report was conducted by the Nursing and Midwifery Board of Australia. It is called the Siggins Miller report. While the Siggins Miller report was positive in relation to the program in Victoria, it raised issues around that particular model of program being conducted nationally, in part I think because of the geography of some other states.

The program in Victoria has offices in Melbourne, but it is also run out of Geelong, Traralgon, Ballarat, Bendigo and Shepparton, and it has grown to make sure that it is not metro centric and that it offers an important service particularly to regional Victoria, where anonymity around mental health issues and drug and alcohol issues is very difficult to achieve in small regional facilities. But the program did that for nurses. There have been independent reports by Melbourne University, and we now know that the program has international recognition. We very much want the program to continue. We have had a number of campaigns targeted at the Nursing and Midwifery Board of Australia itself for it to make a decision that is favourable about continuing to fund the program. But sadly the board announced in November last year that it would only fund the program for a further 12 months. We see that there is little opportunity to get the board to overturn its decision.

We are heartened by a recent meeting I had with the chief nurse and midwifery officer of Victoria, Alison McMillan. We understand there were a number of options that were being considered by the department and the minister, one of which was to gain support from other state and territory health ministers, which is dictated in the IGA that was signed in 2008, in order that the national legislation in Victoria — the 2009 act — could be

amended so that it removed the discretion, which is what the act provides for the health practitioner boards at this stage, and that it could be made to fund the program. We are still hopeful that the minister and the Victorian government will take that approach, but it is critical for us to maintain the nursing and midwifery health program.

I think it is important to say in relation to the results for retention that there are some 600 nurses who have accessed that program in the five years. We know that at least 63 per cent of those nurses have either returned to work or have been able to maintain and practise safely while seeking support through the program and having the program case manage them as they are attending other health practitioners for support to overcome their issues.

The CHAIR — Thank you for that, and again it is a very detailed answer.

Ms FITZPATRICK — Yes, it is an issue for the NMBA rather than AHPRA, because AHPRA at this stage are a signatory to the constitution and have been very supportive in their support for the program. Indeed they have — —

The CHAIR — They were concerned about the cessation or potential cessation of that funding and felt that those were significant programs. The medical board, as you highlighted, have supported that element, so I was interested in your position as representatives of nurses and midwives. You mentioned the Siggins report.

Ms FITZPATRICK — The Siggins report is one that was commissioned by the Nursing and Midwifery Board of Australia.

The CHAIR — Could you explain a little bit more to the committee in relation to the Siggins report? That is a national report looking at — —

Ms FITZPATRICK — A national report, yes. I cannot remember Mr Siggins's first name, but yes, there were interviews with key stakeholders in other states and territories as well.

The CHAIR — That report has been delivered?

Ms FITZPATRICK — Yes. We were interviewed in February 2012. There were submissions into that report. The board handed down its decision around November, because the chair of the Nursing and Midwifery Board of Australia met with me on 3 December last year to advise me personally at our offices that the program would receive an additional 12 months funding through to 30 June 2014 but after that the board would not be releasing Victorian registration nursing midwifery fees to fund the program.

The CHAIR — Do you think nurses and midwives would be prepared to have an increase in their fees, if all else failed, to support such a program?

Ms FITZPATRICK — We canvassed a number of ideas at that meeting with the chairperson of the Nursing and Midwifery Board of Australia because we were concerned at the decision that was made by the board and what it was based on, given that the Siggins report had not said that our program should not continue in Victoria. But we have given up trying to agitate for a national program here in Victoria. We are focused on our Victorian nurses and midwives, the people that we look after.

We did canvas our members via a survey in January and February of this year in relation to a fee increase and asked them if they would support additional funds. The registration fees have increased significantly for Victorian nurses and midwives, and they now pay $160. What we proposed as an option was: would the Nursing and Midwifery Board of Australia consider contributing $3, for example, from the existing registration fees and Victorian nurses putting in an additional $3, so that our registration fee in essence would be $163 with $6 devoted to the nursing and midwifery health program? We believe that would for some time give them at least CPI, if not more than a CPI increase, and should enable the program to be ongoing.

The chair of the nursing and midwifery board indicated that she would be pleased to hear from us in relation to that but certainly gave no commitments around that. But the overwhelming result from our members was that around 73 per cent of them voted in favour of contributing an additional $3 if it was going to be met by the board so that the program could be maintained in Victoria.

So there are a number of options. One option may be government amending the legislation so that the board has to do it within the registration fees. Another option may be increasing the registration fees by a small amount and having a small contribution out of the existing increased fees of $160 — moving it to $163. They are the two most favourable options at the moment.

The CHAIR — I will move to other committee members. Thank you very much.

Ms FITZPATRICK — Thank you.

Ms MIKAKOS — Thank you, Ms Fitzpatrick, for your presentation. I apologise — I have a terrible cold.

I wanted to ask you if you could speak to that part of the submission that relates to our recognition of international nurses and midwives qualifications. As parliamentarians we occasionally get contacted by constituents who are having difficulties navigating the field in having their international qualifications recognised. I noted that you have made some suggestions for improving the system. Could you just explain to us where the difficulties lie at the moment by way of illustration? That might help to further our understanding of where the current problems are.

Ms FITZPATRICK — In the ANF's view the issue arises with the standard that the Nursing and Midwifery Board of Australia have in relation to international students being able to register. The main issue of that standard is that nurses and midwives must achieve a score of 7 in the one sitting whilst undertaking the academic IELTS examination — not the general IELTS examination but the academic. There are a number of issues that we have. No. 1, you have to get 7 in the one sitting. We have had a number of nurses who have got 6½, 7, 7, 7, and therefore they have failed. Then they go back and do it again. It can be somewhere between $800 and $1500 to sit the examination, and the examination is not freely available. It is not something that you can turn up and do in any week. Then they will get 7 where they got 6½, but where they got 7 they will get 6½. Therefore they have failed again.

There is another option, and that is the OET, the occupational examination, but that is less frequently conducted. It is also complicated by universities charging international students between $12 000 and $16 000 to complete bridging courses that would enable them to meet the bachelor qualification to register as a nurse or midwife. We have students from overseas who are paying extraordinary amounts of money. I have had emails from mothers in villages where the villagers were praying for us because the whole village had put together the money to provide the overseas nurse from their village with an opportunity to come to Australia and become registered. So the expense is enormous.

The universities take them on board with no requirement that they have a pass in IELTS or the OET before they study. Therefore they pay the money, they do the course, they complete the course successfully, they go to register — the requirement for students is that they must have the 7 in the one sitting — they go off to get it and they cannot get it. So they have spent all of this money but they cannot pass all the English language requirements, particularly in the one sitting. It is quite spread, the standard — which I would prefer to have in front of me before I talk more about it — but there is a very large number of what were, for example, previously commonwealth countries, such as India, where students have studied their secondary schooling in English but still have to pass the international language test. It is an international requirement; if I, as an Australian nurse, want to go and work in London and register in the United Kingdom, I myself must pass the IELTS examination in order to practice, because in essence around registration of health practitioners the commonwealth means nothing now — it is all about the EU.

So those are the issues. In the past the Nurses Board of Victoria would give nurses two years to successfully complete their bridging course and requirements and to submit; at this stage there is only a 12-month period, that I understand the NMBA grant, so we have many nurses who cannot necessarily get into the course to complete it and sometimes cannot get into the bridging course quickly enough either. So the 12-month issue — completing the studies and the requirement to register in 12 months — we think needs improving, and we also believe that the issues around, in particular, academic IELTS rather than the general IELTS, and also 7 in the one sitting rather than an average of 7, are the real problems, and that is where we would like to see changes. But we do understand that there will be an opportunity, we believe, after July when the reviews are taking place in relation to the standards. We are looking forward to an opportunity to put our case again.

The CHAIR — Ms Hartland, do you have a question relating to that?

Ms HARTLAND — Yes. This is second-hand information, but I am aware of international students who have to do their graduate placements being sent to Cairns or Darwin or quite remote areas, having to then pay their accommodation costs and all their ongoing costs while being placed in interstate facilities. Are you aware of this?

The CHAIR — Are they Victorian-based nurses?

Ms HARTLAND — Yes.

Ms FITZPATRICK — No, I am not aware of them being sent interstate. I would think that would be very difficult, and I would be concerned about it because, for example, in Queensland this year only 10 per cent of Queensland graduates got employment in the state, in the public sector in Queensland, so I am not sure of the job opportunities in Queensland to do their graduate program, and I would be a little bit worried about the circumstances under which they might be being employed to do that graduate program.

Ms HARTLAND — It did seem a bit dodgy.

Ms FITZPATRICK — But certainly we do have a large number of international students — 'large' might be over the top, but there is a significant number of international students — who are working in the Sunraysia district, for example, and in regional facilities, and of course also in the metropolitan area, both in acute, where there is very limited capacity, and certainly in aged care.

Mrs PETROVICH — Thank you for your very comprehensive account tonight; it has been informative. Do you have any comment on concerns raised in submissions over potential overlap between the processes of AHPRA and the Office of the Health Services Commissioner, which appears to be causing some concern for consumers and for practitioners?

Ms FITZPATRICK — No, we do not. Our experience with the health services commission of Victoria — admittedly under the leadership of Beth Wilson, who has now resigned from that position — has been a very positive experience. I have had great confidence in the way it dealt with complaints. It was very much a non-blame process. The health services commission has a very important place. It delivered some very important reports. I am thinking of the 2001 report, for example, into the Royal Melbourne Hospital when we had issues at the Royal Melbourne Hospital.

Mrs PETROVICH — Can you explain why there may have been some consumer concerns?

Ms FITZPATRICK — No, I am not aware of consumer concerns. I do not see that there is an issue in having both. Obviously consumers can report to AHPRA and also to the health services commissioner.

Mrs PEULICH — Just one question, which you may be able to clarify. The number of non-working registered nurses, are they women, say, who have opted out and are having families or working in other fields? Are they people who have actually ever worked as nurses following graduation? Are you able to illuminate a little bit?

Ms FITZPATRICK — I do not know exactly the numbers in relation to non-working nurses, but for example, if we have a non-working membership category, then certainly 89 per cent of those are women who are going through childbirth and family years.

Mrs PEULICH — So their cost of registration is the same as those who are working? Are they also taking advantage of — —

Ms FITZPATRICK — No, there is a different rate for non-working registration.

Mrs PEULICH — So what do they pay?

Ms FITZPATRICK — I could not tell you off the top of my head, I am sorry; I just know I have just paid my $160. But that is important, and there are important guidelines around those nurses and midwives. They

have reduced continuing professional development requirements; there is a certain amount of work that has to be done in a period of time that you can have that non-working registration.

Mrs PEULICH — That is working effectively?

Ms FITZPATRICK — We see that it is, yes.

Mr O'BRIEN — Thank you for coming in, Ms Fitzpatrick, and for your evidence and submissions as well. One matter that I wanted you to elaborate on further is suggested improvement 3 about the investigations and the improvements; it may further my understanding. The mandatory reporting you referred to, that is under the health practitioner national law — in your submission it says mandatory reporting.

Ms FITZPATRICK — That is correct.

Mr O'BRIEN — I have just googled up your guidelines; the ANF have put out guidelines on mandatory reporting for all members.

Ms FITZPATRICK — Yes, and we did that document in conjunction with AHPRA. We obviously did not want to be saying something inconsistent, so we drafted up a document, we sent that off to AHPRA and we are very happy with that document.

Mr O'BRIEN — Could you just elaborate then on your concerns about the investigation or the way that they go about notification? And I have got one other question. I will put the other matter too so it is all wrapped up. There are other mandatory reporting obligations in relation to child abuse particularly under the Children, Youth and Families Act, and I note that you have got a mandatory reporting obligation for engaging in what is defined as 'sexual misconduct in connection with the practice of the practitioner's profession', and so that would send you to AHPRA.

As I understand it, and I may be wrong, under the Children, Youth and Families Act mandatory reporting is to the police, who have a police-type investigatory role, or the secretary of that department, who would be AHPRA.

You may not have the answer — and I am not sure if I do — but are there any borderline issues there? In terms of investigation, obviously in that act it is clear that police do the investigation and AHPRA seems to be quite clear in terms of how they go about things.

Ms FITZPATRICK — Yes, that is right, and that happens also in aged care with mandatory reporting, so a police investigation before AHPRA.

Mr O'BRIEN — Yes. So where you have got questions about who should be notified about allegations and how they should be clarified, in the AHPRA-type investigation that is occurring, do you have any direction that it should head in? Should it be more a police-type investigation, only to get details right so that allegations can be put fairly?

Ms FITZPATRICK — No. This is what I mentioned before. We have had a number of meetings with AHPRA in relation to the investigation process; the concerns we had around the investigation process was really around the time that the investigation process was taking.

Our submission speaks about amending allegations, but in actual fact having sat down with AHPRA we think that is a positive thing, because when you do get allegations and then when you investigate one side and then the other you can see that there might be a change in the actual allegations that are made, so that is not a concern for us now.

Our concern around the investigation was really around the time that it took to complete the investigation and then the nurse or midwife knowing the outcome of that investigation.

Mr O'BRIEN — On that other issue there can be a couple of ways to go. Some people say you need to be very fair and tell the person about whom the investigation is made as quickly as possible so that they can respond; and then there is perhaps a more covert or police-type approach where they say, 'No, you need to let us handle all that. We might need to be monitoring them for a period of time'. I suppose with the sorts of issues

that you are talking about, under the health practitioners act, it is better to get it clearly and more efficiently resolved quickly with a direct statement of events and the allegation put to the person who is being investigated.

Ms FITZPATRICK — I think really, in hindsight, I would say that the thoroughness of the investigation is more critical and making sure that the investigation covers off all of the allegations and is investigated thoroughly, rather than how long that particularly takes. Some of the investigations are quite complicated, with requirements for interviews of a number of people who may be witnesses or whatever. In hindsight I would say the thoroughness of the investigation is what is critical for us as opposed to the timing.

One of the things that we have said at our recent meetings with AHPRA, and I know that they are looking at it themselves, is that it is really the expectation of the process that nurses have as well which we are concerned about.

As I said, we have a low number of nurses or midwives who are reported, and we do not have repeat offenders, so we do not have a lot of nurses who know the process and sit back, get the letter and think, 'I can relax and wait because this is going to take time'. When they get that letter about those allegations, which is more often than not very stressful, members contact us.

We are in the process of sitting down with AHPRA so that we can offer guidelines and details to nurses about the process and about preparing them for how long the process might take and what the process will involve with them — statements and legal representation. Those things I think will help in relation to nurses' understanding of the investigations and indeed our own staff's understanding as well.

Mr O'BRIEN — In a sense the laws still have to evolve the best processes.

Ms FITZPATRICK — No, I do not think we need the national law changed in relation to the investigation. I think we just need clarity, and we need to make sure that the process is documented so that the people who are handling it, including the lawyers who are representing our members, our staff and our members themselves, understand what is involved in the process.

I think some people mistakenly think that they get an allegation and then they just go and interview the nurse unit manager and that is it. Those sorts of investigations, I suspect, are few and far between. They are quite complicated.

Mr O'BRIEN — The nurse could be both a reporter or a reportee?

Ms FITZPATRICK — That is correct.

Mr O'BRIEN — Thank you.

The CHAIR — On the back of Mr O'Brien's questioning, are the number of reports trending in any direction?

Ms FITZPATRICK — We understand that it is quite stable. It was around the 300 mark last year in Victoria and it is 300 again. Unlike other states, where trends are going up, we seem to be consistent, which we are very pleased about, and I think it is of course a wonderful attribute of Victorian nurses and midwives.

Mr O'BRIEN — They do a great job.

The CHAIR — Indeed.

Ms FITZPATRICK — Thank you.

Mr O'BRIEN — I should have said that louder.

Ms FITZPATRICK — Perhaps earlier.

Mr O'BRIEN — I was being cheeky because I was making another comment — but well done.

The CHAIR — I do not believe there are any further questions from committee members, so on behalf the committee I thank you both very much for your time and your appearance this evening. We do appreciate it, and your evidence has been most helpful.

Witnesses withdrew.