



## Special Commission of Inquiry into Healthcare Funding

**Submission Number:** 51  
**Name:** Nursing and Midwifery Council of NSW  
**Date Received:** 26/10/2023

## **Submission from the Nursing and Midwifery Council of NSW**

*A. The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future*

### **RESPONSE**

Funding and person-centred care is related, in part, to staffing levels including appropriate skills mix. Through our regulatory processes the Council often hear directly about practitioners' lived experiences around the impacts of funding/staffing on their capacity to provide high quality person-centred care.

The Council also often have evidence before them of the negative impact that high acuity / high patient numbers can have on the health of nurses and midwives. It appears there is a link between workplace stress and an individual's capacity to ensure self-care and perform at the standard expected.

*F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services...*

### **RESPONSE**

Through its regulatory processes the Council sees links between the notifications / complaints we manage and: inappropriate 'models of care'; staff shortages; inappropriate skills mix; reliance on agency staff/pool staff as well as ineffective continuity of care arrangements.

In summary where there is inappropriate 'demand' the outcomes can include a stressed and unwell workforce which negatively impacts on performance leading to notifications / complaints to the regulator.

*G. Current education and training programs for specialist clinicians and their sustainability to meet future needs*

### **REPOSENSE**

The Council submit that engagement and collaboration between privately practising midwives (PPM) and their hospital-based midwifery and obstetric colleagues is an area requiring consideration. In our experience the transfer of care between PPMs and hospitals carries with it some risk which could be better managed with the establishment of standardised positive, proactive and collaboration processes between health care providers.

### **GENERAL COMMENTS**

The Council:

- encourages the Inquiry to ensure that healthcare funding is founded on a 'needs-based' approach
- notes the evidence in relation to the global shortage of healthcare workers and encourages the Inquiry to consider ethical recruitment practices. References:

- International Council of Nurses (2019), *International career mobility and ethical nurse recruitment*, available at <https://www.icn.ch/what-we-do/position-statements>
- World Health Organisation (2020), *State of the world's nursing 2020*, available at <https://www.icn.ch/resources/publications-and-reports/state-worlds-nursing-report-2020>
- International Council of Nurses (2023), *Recover to build*, available at <https://www.icn.ch/resources/publications-and-reports>
- United Nations Population Fund, International Confederation of Midwives, World Health Organization. *State of the world's midwifery 2021*. New York: United Nations Population Fund; 2021, available at <https://www.unfpa.org/sowmy>
- International Confederation of Midwives (2014) *Position Statement Ethical Recruitment of Midwives*, available at [https://www.internationalmidwives.org/assets/files/statement-files/2021/09/ps2014\\_en\\_ethical-recruitment-of-midwives.pdf](https://www.internationalmidwives.org/assets/files/statement-files/2021/09/ps2014_en_ethical-recruitment-of-midwives.pdf)