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**ANMF (Vic Branch)  
Combined  
Submission to the  
Regulatory Impact  
Statements: Child  
Wellbeing and  
Safety (Information  
Sharing)  
Amendment  
Regulations 2020  
and the Family  
Violence Protection  
(Information  
Sharing and Risk  
Management)  
Regulations 2020  
Final Report 17  
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**Ms Lisa Fitzpatrick  
Secretary  
Australian Nursing and  
Midwifery Federation  
(Victorian Branch)**

## Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF) was established in 1924. The ANMF (Vic Branch) is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The ANMF (Vic Branch) represents in excess of 87,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations and the public and private health and aged care sectors. Relevantly, ANMF (Vic Branch) represents school nurses, general practice nurses and nurses and midwives employed in all of the 'impacted organisations' listed within Appendix A of the *Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Regulations 2020* (Page 61, Family Safety Victoria, 2019).

The core business for the ANMF (Vic Branch) is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery.

The ANMF (Vic Branch) 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.

Given the interwoven nature of the reform relating to the Child Information Sharing (CIS) Scheme and the Family Violence Information Sharing Scheme (FVIS Scheme), we have chosen to combine our submission to focus concurrently on the *Regulatory Impact Statement Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020* (Victorian Government, 2019) and the *Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Regulations 2020, Final Report 17 October 2019* (Family Safety Victoria, 2019).

Our submission is directly aligned to the Questions within the online Consultation and build on related ANMF (Vic Branch) submissions made in 2018 regarding introduction of Phase One of the Child Information Sharing Scheme and the Family Violence Sharing Information Scheme and Multi Agency Risk Assessment and Management Framework (MARAM).

## 1. Recommendations

### a) Recommendation

ANMF (Vic Branch) recommends that the Department of Health and Human Services give consideration for ANMF (Vic Branch) to work with suitably qualified educators to deliver the proposed CIS and FVIS Scheme program of study to the nursing and midwifery workforce across Victoria.

### b) Recommendation

ANMF (Vic Branch) recommends that the Department of Health and Human Services (DHHS) implement systems to ensure the proposed implementation of Phase Two of the CIS and FVIS Schemes is centrally coordinated by DHHS, lead and championed by strong nursing and midwifery leadership and supported by the development of template policies and procedures which clearly describe the roles and responsibilities of the nursing and midwifery workforce within the CIS and FVIS Schemes.

### c) Recommendation

ANMF (Vic Branch) recommends that the Department of Health and Human Services give consideration to introducing additional stages within Phase Two which prioritise expansion of the CIS and FVIS Schemes to nurses and midwives who *interact with children and families on a day to day basis and are likely to have regular and extended contact with victims survivors or perpetrators of family violence* (Page 29, Family Safety Victoria, 2019 ). This may include but be not limited to nurses and midwives employed within the organisations listed in Appendix A of the *Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Regulations 2020* (Family Safety Victoria, 2019) and who are practicing in the following settings:

- I. Maternity and newborn services (within publicly funded metropolitan, regional and rural health services)
- II. School Nursing (Government schools, Independent schools and Catholic schools)
- III. General Practice Nursing
- IV. Accident and Emergency (within publicly funded metropolitan, regional and rural health services)
- V. Paediatric nursing (within publicly funded metropolitan, regional and rural health services)
- VI. State funded early parenting centres
- VII. Mental Health nursing (within community managed mental health services and publicly funded metropolitan, regional and rural health services).

## 2. Regulatory Impact Statements

The Regulatory Impact Statements were developed considering the operational and financial impacts of the proposed Amendment Regulations.

**Are there any impacts or opportunities that have not been identified in the Regulatory Impact Statements, which you think need consideration?**

ANMF (Vic Branch) welcomes the *Regulatory Impact Statement Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020* (Victorian Government, 2019) and the *Family Violence Protection (Information Sharing and Risk Management) Regulations 2020* (Family Safety Victoria, 2019) (the RISs). We believe both Regulatory Impact Statements comprehensively outline the need for

expanding the Child Information Sharing (CIS) Scheme and the Family Violence Information Sharing Scheme and MARAM (FVIS Scheme). We similarly support the Objectives outlined within each RIS.

However, whilst welcoming the significant expansion of the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme proposed within Option 2, ANMF (Vic Branch) is concerned that the respective Regulatory Impact Statements do not adequately recognise the magnitude of this expansion and provide little or no information to demonstrate there has been sufficient consideration of the challenges in expanding the CIS and FVIS Schemes across a much larger workforce, with individuals who are employed in different roles, across acute and community health settings, who have different individual scopes of practice and varied experience practicing in this space and in particular, supporting adult and child survivors of family violence. We highlight that the proposed expansion does not just require replication of the implementation of Phase One of the Schemes but creates new challenges and risks due to the magnitude of the change but moreover the reality that the impacted workforces will be greatly more diverse in terms of their respective roles and responsibilities in implementing the relevant Schemes - and also bring varying levels of experience and knowledge to this Reform Initiative.

These challenges and risks can certainly be overcome through:

### **2.1. Education and Training**

Designing and implementing comprehensive education and training which in the case of ANMF (Vic Branch) members, is adapted to align with the individual scope of practice of the relevant registered nurse, enrolled nurse, midwife and nurse practitioner. This is critical to the safe and consistent implementation of Phase Two of the CIS and FVIS Schemes. However, we are concerned that whilst making broad estimates regarding the 'upfront costs to ISEs and ongoing costs of training staff' that neither of the Regulatory Impacts Statements describe what factors have been considered in formulating these estimates including for example the nature of education and training to be provided to registered nurses, enrolled nurses, midwives and nurse practitioners for them to safely implement the CIS and FVIS Schemes including:

- a) Whether or not mapping has occurred to identify the education needs of the nursing and midwifery workforce impacted by the proposed implementation of Phase Two of the CIS and FVIS Schemes
- b) Whether or not this has provided clarity in regard to what education and training is required to meet the individual needs of the nursing and midwifery workforce impacted by the proposed implementation of Phase Two of the CIS and FVIS Schemes. If so:
  - I. What education and training is proposed for the nursing and midwifery workforce? For example, what is the program content, what are the learning and assessment materials and what is the delivery time and program schedule?
  - II. Will the education and training be an accredited or non-accredited course?
  - III. How many nurses and midwives will receive the education and training? Who will receive it and how will the education and training be adapted to respond to the varying needs of the nursing and midwifery workforce and thereby ensure individual nurses and midwives understand their individual role and responsibility in implementing Phase Two of the CIS and FVIS Schemes?
  - IV. How will education and training be delivered – for example, will content will be delivered online or face to face, or both?

- V. Will the education and training be the same as provided to the maternal and child Health nursing workforce who were included in Phase One of the CIS and FVIS Schemes? Or, consistent with the rationale behind the staged implementation of the CIS and FVIS Schemes, will education and training be increased to recognise that the vast majority of the nursing and midwifery workforce impacted by Phase Two of the CIS and FVIS Schemes will be starting from a different base than the workforces included in Stage One of the Schemes?
  
- VI. How will education and training be implemented in the context of the prevailing 'maturity model of alignment'. On this point we refer to *Australian Nursing and Midwifery Federation Victorian Branch, Submission to Victorian Government: Redeveloped family violence risk assessment and risk management framework; the family violence information sharing scheme amendment regulations; and, the family violence regulatory impact statement* (Australian Nursing and Midwifery Federation Victorian Branch, 2018) and highlight the difficulty in implementing education and training in the absence of prevailing policy and procedure. ANMF (Vic Branch) continues to highlight that there should be more specificity regarding the timelines for the 'Framework Organisations' to amend existing policies, procedures, tools and practice guidance to align with the Redeveloped Family Violence Risk Assessment and Risk Management Framework. These must clearly outline the roles and responsibilities of the individual nurse and midwife (for example, identify their role within the Pillars identified within the MARAM) , and in doing so play a critical role in shaping the authorising framework set out by the Nursing and Midwifery Board of Australia (Nursing and Midwifery Board of Australia, 2007) which governs the practice of registered nurses, enrolled nurses, midwives and nurse practitioners as a consequence of their registration with the Australia Health Practitioner Regulation Agency (AHPRA).

In the absence of information within the Regulatory Impact Statements otherwise demonstrating that the factors and variables above have been given due regard, ANMF (Vic Branch) has considerable apprehension that the Regulatory Impact Statements have adequately anticipated the educational and training needs of the nursing and midwifery workforce to ensure Phase Two of the CIS and FVIS Schemes is implemented consistently and safely. This poses risk through enabling an ongoing 'risk averse information sharing culture' or conversely through increasing the risk of unintended consequences such as information being shared beyond that permitted within the legislative and regulatory framework and which would therefore place children and women at risk - or would militate against those at greatest risk seeking help from health services.

Relevantly, ANMF (Vic Branch) has a proven track record in delivering high quality education and training to the nursing and midwifery workforce in areas of government priority. This is demonstrated through our core role in delivering the following Victorian Government Funded courses/seminars across Victoria: Alcohol and Other Drugs (including Opioids), Ice/methamphetamine; and Comprehensive Assessment of the Older Person. We would welcome the opportunity to be involved in the delivery of the proposed CIS and FVIS Scheme program of study to the nursing and midwifery workforce across Victoria.

**a) Recommendation**

ANMF (Vic Branch) recommends that the Department of Health and Human Services give consideration for ANMF (Vic Branch) to work with suitably qualified educators to deliver the proposed CIS and FVIS Scheme program of study to the nursing and midwifery workforce across Victoria.

## **2.2. Policy and Procedure – an Authorising Framework**

As detailed above, local policies, procedures, tools and practice guidance critically inform the authorising framework set out by the Nursing and Midwifery Board of Australia (Nursing and Midwifery Board of Australia, 2007) which governs the practice of registered nurses, enrolled nurses, midwife and Nurse Practitioners as a consequence of their registration with the Australian Health Practitioner Regulation Agency (AHPRA).

ANMF (Vic Branch) notes that the Municipal Association of Victoria (MAV) (in particular the MCH Policy Advisory MAV) had a core role in supporting Local Government (the Information Sharing Entities and Framework Organisations in Phase One of the CIS and FVIS Schemes) to develop policy and procedure and systems to ensure the impacted MCH nursing workforce had a clear authorising framework to govern their practice and also understood their roles and responsibilities under the relevant Schemes. MAV also played a role in ensuring MCH nurses could access education and training which met their respective professional learning needs.

With this in mind and given the depth and breadth of the proposed expansion of the CIS and FVIS Schemes, it is imperative that consideration be given to ensuring strong and effective nursing and midwifery leadership to coordinate and champion Phase Two of these Reforms. Measures and systems must be introduced to ensure the Reforms are implemented in a coordinated and consistent manner. Whilst recognising that different ISE's and Framework Organisations have different needs and roles within the CIS and FVIS Scheme Reforms, it is imperative that there be a means to draw collective expertise together with a view to ensuring consistency in implementation. For example, this could be facilitated by the Department of Human Services assuming a Coordinating role and collaborating closely with nursing and midwifery leaders to develop template policies and procedures for individual ISEs to adapt as required and which clearly describe the roles and responsibilities of the nursing and midwifery workforce within the CIS and FVIS Schemes.

ANMF is concerned that the Regulatory Impact Statements fail to provide any material which would otherwise demonstrate that adequate consideration has gone into ensuring effective leadership and coordination and in that context, we are apprehensive regarding the apparent decentralised focus of implementation and similarly unconvinced that the cost estimates are adequate to safely and effectively implement Phase Two of the CIS and FVIS Schemes. For the avoidance of doubt, the proposed expansion is as significant as it is important and as such requires effective coordination with strong nursing and midwifery leadership engagement, dedicated funding and protected time set aside to develop policy and procedure which is required to provide a clear authorising framework to anchor the education and practice of the affected workforce.

### **b) Recommendation**

ANMF (Vic Branch) recommends that the Department of Health and Human Services implement systems to ensure the proposed implementation of Phase Two of the CIS and FVIS Schemes is centrally coordinated by DHHS, lead and championed by strong nursing and midwifery leadership and supported by the development of template policies and procedures which clearly describe the roles and responsibilities of the nursing and midwifery workforce within the CIS and FVIS Schemes.

In addition to recommending that ANMF (Vic Branch) have a core role in delivering the relevant education and training, we submit that consideration be given to introducing additional stages within Phase Two to target nurses and midwives who *'interact with children and families on a day to day basis and are likely to have regular and extended contact with victims survivors or perpetrators of family violence'* (Page 29, Family Safety Victoria, 2019). This would involve prioritising implementation of Phase 2 to first target nurses and midwives practising in the settings listed below and employed within the 'impacted organisations' listed in Appendix A of the *Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Regulations* (Family Safety Victoria, 2019):

- I. Maternity and newborn services (within publicly funded metropolitan, regional and rural health services)
- II. School Nursing (Government schools, Independent schools and Catholic schools)
- III. General Practice Nursing
- IV. Accident and Emergency (within publicly funded metropolitan, regional and rural health services)
- V. Paediatric nursing (within publicly funded metropolitan, regional and rural health services)
- VI. State funded early parenting centres
- VII. Mental Health nursing (within community managed mental health services and publicly funded metropolitan, regional and rural health services).

ANMF (Vic Branch) notes that Appendix A of the *Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Regulations 2020* (Family Safety Victoria, 2019) identifies that there are approximately 140, 000 'workers' employed in impacted organisations from Government schools, Independent schools and Catholic schools, State funded early parenting centres and community health. An additional 141, 958 'workers' are identified as being employed within the publicly funded metropolitan, regional and rural health services cohort of 'impacted organisations'.

We highlight that Phase Two involves an expansion of the CIS and FVIS Schemes which impacts a significantly greater number of 'workers' than were impacted in Stage One. To ensure quality, safety and consistency, it would be prudent to consider introducing additional stages within Phase Two which ostensibly prioritise implementation to the nurses and midwives listed above. That is, those who are employed within the Organisations listed in Appendix A of the *Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Regulations 2020* (Family Safety Victoria, 2019) and 'who interact with children and families on a day to day basis and are likely to have regular and extended contact with victims survivors or perpetrators of family violence' (Page 29, Family Safety Victoria, 2019).

**c) Recommendation**

ANMF (Vic Branch) recommends that the Department of Health and Human Services give consideration to introducing additional stages within Phase Two which prioritise expansion of the CIS and FVIS Schemes to nurses and midwives who *interact with children and families on a day to day basis and are likely to have regular and extended contact with victims survivors or perpetrators of family violence* (Page 29, Family Safety Victoria, 2019). This may include but be not limited to nurses and midwives employed within the organisations listed in Appendix A of the *Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Regulations 2020* (Family Safety Victoria, 2019) and who are practicing in the following settings:

- I. Maternity and newborn services (within publicly funded metropolitan, regional and rural health services)
- II. School Nursing (Government schools, Independent schools and Catholic schools)

- III. General Practice Nursing
- IV. Accident and Emergency (within publicly funded metropolitan, regional and rural health services)
- V. Paediatric nursing (within publicly funded metropolitan, regional and rural health services)
- VI. State funded early parenting centres
- VII. Mental Health nursing (within community managed mental health services and publicly funded metropolitan, regional and rural health services).

### **2.3. Alignment with the legal, ethical and professional framework set out by the Nursing and Midwifery Board of Australia (NMBA)**

As a consequence of their registration with AHPRA, registered nurses, enrolled nurses, midwives and nurse practitioners must practice in accordance with the Codes, Guidelines and Standards set out by the NMBA.

In developing policy and procedure and designing education and training for the impacted nursing and midwifery workforce, consideration must be given to how the proposed Reforms interface with the legislative, ethical and professional framework set out by the NMBA and in particular, the responsibilities outlined in the Nursing and Midwifery Board of Australia (2017), *Code of conduct for nurses* which provides that:

#### **3.5 Confidentiality and privacy**

*Nurses have ethical and legal obligations to protect the privacy of people. People have a right to expect that nurses will hold information about them in confidence, unless the release of information is needed by law, legally justifiable under public interest considerations or is required to facilitate emergency care. To protect privacy and confidentiality, nurses must:*

- a. respect the confidentiality and privacy of people by seeking informed consent before disclosing information, including formally documenting such consent where possible (page 10, Nursing and Midwifery Board of Australia, 2017)*

ANMF (Vic Branch) highlights that on face value there is possible disconnect in regard to the threshold for sharing (and or protecting) confidential health information without consent between that articulated above and that provided for under the CIS and the FVIS Schemes. It is therefore important to demonstrate that consideration has been given to the interface between the *Health Practitioner Regulation National Law (Victorian) Act 2009* and the obligations arising for the nursing and midwifery workforce as a consequence of the CIS and FVIS enabling Legislation and Regulation. This consideration must be adequately reflected within the proposed CIS and FVIS Scheme program of study to be delivered to the nursing and midwifery workforce across Victoria and incorporated within Policy and Procedure guiding the CIS and FVIS Schemes. Furthermore, to ensure that AHPRA notifications are managed fairly and appropriately, consultation must also occur with AHPRA to ensure AHPRA has a clear understanding of the applicable Victorian legislative framework.

### **3. The proposed Regulations prescribe a range of universal services across the education, health and human services portfolios as Information Sharing Entities in Phase Two of the CIS Scheme and the FVIS Scheme**

**Should any additional Information Sharing Entities be prescribed?**

Subject to the matters already detailed being addressed, ANMF (Vic Branch) is supportive of the Information Sharing Entities proposed.

#### **4. Do you have any suggested changes in how organisations and services are prescribed in the regulations?**

ANMF (Vic Branch) notes '*a general practice nurse who is employed by, or whose services are otherwise retained by, a general practice in Victoria*' (page 17 of the *Child Wellbeing and Safety ( Information Sharing ) Amendment Regulations 2020*) (Victorian Government, 2019) appears to have a different role within proposed expansion of the CIS and FVIS Schemes than the remainder of the nursing and midwifery workforce.

The rationale for this possible difference and its impact upon the general practice nurse including the related education and training needs of the practice nurse workforce is not in any way addressed within Regulatory Impact Statements.

ANMF (Vic Branch) seeks further discussion with the Department of Health and Human Services to better understand how the general practice nurse would be affected by the proposed implementation of Phase Two of the CIS and FVIS Schemes.

#### **5. Conclusion**

ANMF (Vic Branch) is supportive of the proposed expansion of the CIS and FVIS Schemes however highlight that the safe and consistent implementation of the same requires coordination, the strong engagement of nursing and midwifery leadership across acute and community health care settings and the design and development of education and training to align with the varied learning needs and respective roles and responsibilities of the nursing and midwifery workforce and which in turn must be supported by a clear authorising framework.

ANMF (Vic Branch) would be delighted to support the safe and consistent implementation of Phase Two of the CIS and FVIS Schemes though working with suitably qualified educators to deliver the proposed CIS and FVIS Scheme program of study to the nursing and midwifery workforce across Victoria.

We would welcome discussion with the Department of Health and Human Services to explore this possibility and to ongoing consultation on the proposed expansion of the CIS and FVIS Scheme to address the matters raised in this submission.

## References

Australian Nursing and Midwifery Federation Victorian Branch (2018). *Submission to Victorian Government: Redeveloped family violence risk assessment and risk management framework; the family violence information sharing scheme amendment regulations; and, the family violence regulatory impact statement*. Melbourne: Australian Nursing and Midwifery Federation Victorian Branch.

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