



# College Communiqué

## WHAT'S INSIDE?

### CHAPTER REPORTS

- ACCYPN Tasmanian Chapter Professional Development Fund Report
- ACCYPN WA Chapter Professional Development Scholarship Report
- Western Australia Chapter Update

### ACCYPN CONFERENCE UPDATE

### BE A DIRECTOR ON THE ACCYPN BOARD OF DIRECTORS

### UPDATE ON DIPHTHERIA

### CONNO REPORT

### SPOTLIGHT ON THE AUSTRALIAN EARLY DEVELOPMENT INDEX (AEDI)

### INFORMATION ON MEDICARE TELEHEALTH

### INTERESTING LINKS

### UPCOMING EVENTS

### EMAIL LISTING

To ensure that all emailed ACCYPN correspondence reaches you please add [info@accypn.org.au](mailto:info@accypn.org.au) to your address book and/or safe senders list.

## Chairperson's Letter

Dear Members,

Welcome to the June issue of College Communiqué. The focus of my contribution this issue is on Australia's treatment of unaccompanied minors arriving as asylum seekers. These children do not choose their fate as this is determined by adults.

On the 18<sup>th</sup> April 2011 the Board of ACCYPN sent a letter to the Minister for Immigration and Citizenship, Hon Chris Bowen stating the following:

*"The Australian College of Children and Young People's Nurses is concerned about the management of the orphaned asylum seeker earlier this year. The child in question had been exposed to multiple traumas and it is our view that the child's human rights were breached through the actions of the government. It is positive that the Government responded to public and extended family advocacy by changing its position on the child's current residential arrangement in Australia.*

*The purpose of this letter is to seek from the Minister what policy changes have been implemented in the Department of Immigration to ensure this scenario will not be repeated. We look forward to your early response on this issue."*

The content of this letter could equally apply to unaccompanied minors.

The recent decision by the Federal Government to make an agreement with Malaysia to send asylum seekers to Malaysia should raise alarm bells for all professionals caring for children. Malaysia signed the Convention on the Rights of the Child in July 2010 with the following reservations:

*"The Government of Malaysia accepts the provisions of the Convention on the Rights of the Child but expresses reservations with respect to articles 2, 7, 14, 28 paragraph 1 (a) and 37, of the Convention and declares that the said provisions shall be applicable only if they are in conformity with the Constitution, national laws and national policies of the Government of Malaysia."*<sup>i</sup>

Many countries have signed the convention with reservations therefore Malaysia is not alone in this, but of concern is their reservation in relation to Article 2.

Article 2<sup>ii</sup> of the Convention on the rights of the Child states:

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

For Australia to send unaccompanied minors to a country that has openly stated it cannot reservedly protect children against all forms of discrimination and punishment is in our view wrong.

The Federal Government states that as a signatory to the United Nations Convention on the Rights of the Child, the Australian Government takes its obligations towards unaccompanied minors very seriously<sup>iii</sup>. Chris Bowen, Minister for Immigration and Citizenship in an interview with Marius Benson ABC News Radio 3<sup>rd</sup> June 2011 stated that a blanket exception would not be made for unaccompanied minors in the agreement to send asylum seekers back to Malaysia<sup>iv</sup> but cases would be considered on an individual basis.

On the 6<sup>th</sup> June 2011 Ms Kate Pope, First Assistant Secretary, Community Programs and Children Division on behalf of Minister of Immigration and Citizenship responded to the letter of the 18<sup>th</sup> April 2011.

*Continued page 2*

*Continued from page 1*

Ms Pope stated that the Government had commenced a community-based immigration detention for unaccompanied minors and vulnerable families (announced in October 2010).

Given the recent reported events regarding the proposed treatment of unaccompanied minors arriving by boat (that is to be sent to Malaysia) it is unlikely that the Australian Government intends to make a positive policy decision on the treatment of future unaccompanied minor asylum seekers.

Two wrongs do not make a right – many may think it is wrong for adults to place children in boats unaccompanied but in my view it is also wrong of Australia to send these children to a country that is not prepared to protect them against discrimination and punishment.

I hope by the time you read this community pressure will have influenced the decision of the Minister for Immigration and Citizenship and he will have found another solution, one that will not put these children at further risk of harm.

Jan Pratt, Chairperson  
On behalf of the Board of Directors ACCYPN

Email contact for the Ministers of Immigration and Citizenship, Hon Chris Bowen: [chris.bowen.mp@aph.gov.au](mailto:chris.bowen.mp@aph.gov.au)

- i. [http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=IV-11&chapter=4&lang=en#EndDec](http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&lang=en#EndDec)
- ii. <http://www2.ohchr.org/english/law/crc.htm#art2>
- iii. <http://www.immi.gov.au/media/fact-sheets/69unaccompanied.htm>
- iv. [http://wotnews.com.au/news/Marius\\_Benson/son/](http://wotnews.com.au/news/Marius_Benson/son/)

## **Chapter Reports**

### **ACCYPN Tasmanian Chapter Professional Development Fund Report**

During March 2011, I was privileged to attend the *Practice Development Conference: Transforming Culture, Transforming Care* in Melbourne. Attendance had two purposes including sharing practice development (PD) initiatives completed by the nursing staff from the paediatric unit at the Royal Hobart Hospital in conjunction with the Practice Development Unit (PDU)- Nursing & Midwifery; and engaging with other participants on the triumphs, trials, and tribulations of PD initiatives.

I presented an oral presentation with Dr Karen Ford ADON on the development of the paediatric unit's values statement. The statement was developed through an initiative titled 'PD in Paeds' which draws on the philosophies underpinning PD, including person centredness and inclusive and participatory methods that lead to sustained change. I also presented a poster presentation with Trudi Steedman CNE on the development of a capability ladder for nurses, which provides a tool for development, education and skill mix. PD in Paeds is a continuous process, which is facilitated by staff from the PDU who provide clinical leadership and support. Although we have achieved positive changes the course of PD in Paeds has not been aproblematic and maintaining momentum in the busy clinical environment where there are competing agendas for change has been an issue that I as a facilitator have had to address.

Listening to other participants' stories and innovations in practice at the Conference has emphasised a number of aspects that I can bring back to my practice as a clinical nurse educator and as a facilitator of PD in Paeds. These include:

- The importance of skilled facilitation as a vital component of making meaningful changes to clinical practice and engaging participants to be solution focussed.
- Ensuring that everyone has the opportunity to be involved in initiatives and they are communicated so that the journey is transparent and transformational.
- Share and celebrate the successes of innovation and PD initiatives, it is essential to enable a child and family centred culture.
- Many participants struggle with the chaos of clinical environments. This was important as a motivator to keep going with PD in Paeds and encourage nurses to keep plugging away.
- Engage in the ideas of fellow colleagues and nurses and support ongoing engagement - a conversation can lead to positive changes.
- Evaluate the effectiveness of PD interventions and make changes as needed in order to manage cultural change.
- Ensure initiatives are clear, time limited and focussed and ensure nurses feel supported, encouraged and empowered to make changes.
- Explore creativity - drama, role play & video can provoke clinical reflection and encourage nurses to actually see their practice rather than what they think they see.

Attendance at the Conference was inspiring and motivating and I hope I can translate some of the initiatives into my practice and the practice of other paediatric nurses; and continue with the PD in Paeds initiatives on the Paediatric Unit at the Royal Hobart Hospital. Many thanks to the ACCYPN for providing funding opportunities to attend Conferences.

Andrea Middleton, Clinical Nurse Educator, Royal Hobart Hospital. ACCYPN Tasmanian Chapter member.

## **ACCYPN WA Chapter Professional Development Scholarship Report**

The Scholarship supported Katie Anderson to complete the final unit of the completion of her Post Graduate Diploma in Child and Adolescent Health through Curtin University. Her report follows:

Advanced Nursing Practice: Primary Health Care 561 - the last unit of my Postgraduate Diploma, afforded me a great insight to my role and responsibilities to the community. Through identifying the strengths, weaknesses and therefore, risk factors within the community we, as health professionals, can develop and implement health promotion programs or initiatives to sustain and improve the health of the community through developing self reliance and self determination within the community itself.

I undertook a target group community assessment on working mothers within Princess Margaret Hospital for Children (PMH). Using an evidence based tool, a questionnaire was designed and distributed amongst working mothers within PMH. It encompassed both qualitative and quantitative research methods with both open and closed ended questions.

The women in this community were found to have a high level of education and health literacy, utilised health care facilities and adhered to occupation health and safety within the hospital. The majority of the women self reported having good health, being of a healthy weight and had adequate nutritional intake. Although it was reported that the majority were in good health the assessment highlighted that more than 50% of women were not achieving the national guideline recommendations that Australian adults should get at least thirty minutes of physical activity each day.

Issues raised included a high level of physical inactivity, increased stress levels, lack of time for rest or leisure activities and lack of sleep related to juggling a work and family life. This was concerning as all the women had a high level of health literacy, are well educated and know the importance of physical activity in the maintenance of a healthy life. The demands of work and family life although come with positive feelings of self worth and importance, can also come with the negative effects such as increased stress levels and a lack of time to participate in healthy activities such as exercise and rest.

The next step was to design a health promotional program proposal to address one of the identified issues. Information gained through the process identified the link between physical inactivity and being overweight and developing non-communicable illnesses. A health care program proposal was designed, aimed at increasing knowledge of physical inactivity; providing awareness of facilities and activities available; incorporating physical activity into every day life activities; and introducing strategies in daily life to overcome barriers to the target group in order to increase their physical activity levels. This will be achieved by capitalising on resources already available, intersectoral collaboration between the government and other health facilities, and working in partnership with the community to empower and enable them to make informed decisions regarding their own health.

The community assessment activity has developed my skills in developing questionnaires, data collection and analysis of data, all vital for research and ongoing assessments of communities and individuals. These skills can be adapted throughout all aspects of nursing to identify the needs of patients, communities and staff. Developing the health care program proposal has broadened my knowledge to the resources and processes involved in implementing new health initiatives valuable to my role within the health care team.

Katie Anderson, A/Paediatric Nurse Educator, Princess Margaret Hospital for Children.  
ACCYPN WA Chapter member.

## **WA Chapter Report**

### **Clinical Supper “Children at Risk”**

The ACCYPN WA Chapter hosted a clinical supper on April 19. The guest speaker Margaret Burgin, Senior Social Worker in the Child Protection Unit at PMH gave a very interest and informative presentation about ‘Children at Risk’. Over 30 people attended the event, and the evaluations were impressive. Participant comments included:

- “Good to get an update on an area we all need to know about but have very little access to is our usual roles within PMH. We know about them (Child Protection Unit), but not what they do.”
- “Informative and made us think” and “Great presentation, good information and interesting.”

The Supper was held at Princess Margaret Hospital and generously sponsored by Care Pharmaceuticals.

### **Mid year Dinner**

The WA Chapter recently held a Mid Year dinner at at the Allen Park Pavilion, Wood Street, Swanbourne on Tuesday 21<sup>st</sup> June. The event was sponsored by Care Pharmaceuticals, ENT Technologies, Bayer and Pfizer.

A report from this event will appear in the August ACCYPN Newsletter.



**INAUGURAL CONFERENCE**  
**Sydney 19-21 October 2011**

# Navigating New Directions

## In children and young people's health care



**ACCYPN Conference**  
**ONLY 3 WEEKS REMAIN**  
**UNTIL EARLY BIRD DEADLINE**  
**– REGISTER BEFORE 19 JULY**  
**2011**  
**TO SAVE \$100.00**

The ACCYPN 2011 Inaugural Conference being held 19-21 October at Novotel Sydney Brighton Beach, NSW is drawing closer and is promising to be **THE** Conference of the year. The Conference program is very exciting, kicking off with the pre-Conference Master Classes on Wednesday 19 October that are included for delegates who have paid a full Conference registration.

Four high-profile keynote speakers will be attending the whole Conference so they will be around for you to ask questions and introduce yourself. The exceptional keynote speakers who have been secured will deliver an outstanding program and will also be facilitating the pre-Conference Master Classes.

**Professor Phillip Darbyshire** who provides such energy and enthusiasm will facilitate a Master Class on “Researching with, not on children”.

**Dame Elizabeth Fradd** is showing us how to “Manage change through effective leadership”.

**Associate Professor Kari Bugge's** Master Class is on “Adolescents' grief and coping with stress reactions”.

**Ms Molly Carlile** will facilitate a “Creating safe spaces for scary conversations” Master Class.

The interactive Master Classes will provide all attendees with the impetus to encourage innovation in the workplace.

On Friday 21 October, GlaxoSmithKline will be hosting an exciting breakfast debate titled “Childhood obesity: The biggest losers - children or society”. The debate will be facilitated by **Dr Norman Swann** and the panel will consist of entertainers and specialists in the field which should spark both fervour and enthusiasm and should make for a very engaging and educational breakfast.

The **social events** include an informal Welcome Reception on the evening of Wednesday 19 October within the Industry Exhibition along with a Members' Breakfast on Thursday 20 October and for a small fee, enjoy a great night with new friends and colleagues at the

Grand Roxy on Thursday 20 October.

We encourage you to visit the ACCYPN 2011 Conference website for further program details – [www.accypn.org.au](http://www.accypn.org.au) and click on the Conference logo on the front page of website.

Registration for the Conference is now open and if you register early you will be in the running to win your Conference registration. In addition, the ACCYPN is currently offering a new members' special rate for membership – join NOW (before 30 June 2011) and receive up to 15 months membership for the 12 month fee plus member rates to the ACCYPN 2011 Conference.

If you would like to find out more about becoming a member of the ACCYPN, please visit the ACCYPN website and take advantage of these great specials and register now for the most exciting Conference of 2011. We look forward to seeing you in Sydney in October!

For any questions regarding the ACCYPN 2011 Conference, please do not hesitate to contact the Conference managers via email: [accypn11@eventplanners.com.au](mailto:accypn11@eventplanners.com.au) or phone: +61 7 3858 5529

## ***Have you wondered what it would be like to be a Director on the Board of Directors (BOD) of ACCYPN?***

**You** have an opportunity to experience being an ACCYPN Board Director. In July 2011, the ACCYPN Secretary will be calling for nominations for the BOD. There will be vacancies in Victoria, Tasmania, South Australia, Queensland and the Northern Territory. ACCYPN is a Company limited by Guarantee so that Directors do have to meet standards of behaviour and commitment under the Company legislation.

What does it mean to be a Director?

- You gain the experience of working within a Company (ACCYPN is a Company limited by Guarantee and registered with ASIC).
  - An ACCYPN Director has obligations under the Corporations Act 2001 - these obligations have been outlined in the ACCYPN Business Rule Code of Conduct for Directors <http://www.accypn.org.au/wp-content/uploads/311210-business-rule-code-of-conduct-accypn-directors.pdf>
- What is the level of commitment? The Board meets monthly by teleconference (1-2 hours) and one Face-to-Face meeting per year on a weekend. There is often pre-reading for these meetings. There is email correspondence between meetings that requires a response. Directors also take on portfolios such as Newsletter Editor, Scholarship Coordinator and Chapter Coordinator. There are two appointed positions, which are the Secretary and Chairperson.
- Best of all, you are a member of a Board that is providing leadership for children and young people's nursing at a National level. ACCYPN is increasingly being asked to respond to documents and participate in workgroups that influence policy.

Being a Director does require you to be "willing and able" to contribute to the running of the Company, so we understand it is not for everyone, but some of you will hopefully be interested.

If you want to ask any questions before applying, please do not hesitate to contact me via email: [info@accypn.org.au](mailto:info@accypn.org.au)

Jan Pratt, Chairperson, ACCYPN Board of Directors

### ***Update on Diphtheria – A Vaccine Preventable Disease***

Submitted by: Dr Brad McCall, Public Health Physician, Public Health Branch Brisbane, Queensland Health

A case of diphtheria infection was reported in the Brisbane Public Health Unit area in April 2011. Diphtheria is a very rare disease in Australia and has been so since the introduction of community vaccination programs in the 1930s. The last reported case was in 1992.

Infection with toxigenic diphtheria primarily involves the throat or rarely the skin. Infection releases a toxin, which has local effects on the respiratory tract and systemic effects on the heart, renal and nervous systems. The toxin creates a dense membrane in the airways and can lead to respiratory compromise. Treatment of diphtheria infection includes administration of anti-toxin, antibiotics and supportive care.

Public health action includes tracing of contacts and collection of nose and throat swabs, provision of information, antibiotic treatment and vaccination if the contact has not received a diphtheria containing vaccine in the previous five years.

In the early 20<sup>th</sup> century, diphtheria was a much-feared disease. It caused more deaths than any other infectious disease, including 4,000 deaths in Australia in the decade 1926-1935. Vaccination has made diphtheria a rare infection in Australia.

This recent case demonstrates the importance of achieving and maintaining high levels of vaccination coverage in our community.

Vaccination against diphtheria is recommended for children at two months, four months and six months of age with boosters at four years of age and then in Year 10 through the School Based Vaccination Program. Vaccination is also recommended for adults 50 years and over who have not received a booster dose of diphtheria-tetanus vaccine in the past ten years.

Diphtheria does occur in countries with poor vaccination coverage. Travelers to these countries should also ensure their vaccinations are up to date.

## **Coalition of National Nursing Organisations (CoNNO) Report**

The meeting was held in Melbourne on 1 April 2011. 38 member organisations were present with Kim Ryan as Chairperson.

**ROSEMARY BRYANT** (Chief Nurse Advisor to the Commonwealth Government): The status of nursing in Government is now extremely high and there is a well functioning department with a very high profile. Pleasing progress has been made in many areas particularly in Aged Care sector and The Rural Locum Scheme for Nurses and Midwives. This allows rural and remote sector Nurses and Midwives to be relieved whilst they access Professional Development away from their workplace.

**NATIONAL E HEALTH TRANSITION AUTHORITY - JO FOSTER (NURSING INFOMATICS)**: The personalised Electronic Health Record is due for release July 2012 and Jo continues to promote the nursing profession, particularly in relation to clinical terminology.

**NATIONAL NURSE CREDENTIALLING FRAMEWORK**: Most of the meeting was devoted to the review of the second draft. Members were divided into groups and all Standards and Criteria reviewed in detail under the guidance of the Health Education Consultants, Denise Ryan and Christine Ashley. The Final Draft is now completed and has been sent to all member organisations for comment.

The next meeting is in Sydney August 2011. CoNNO website: [www.connno.org.au](http://www.connno.org.au)  
Sue Scott, ACCYPN Representative.

## **Spotlight on the Australian Early Development Index (AEDI)**

Source: ARACY

The AEDI is a population measure of children's development in communities across Australia, meaning it provides a national picture of children's health and development. The results pinpoint strengths in the community as well as what can be improved.

To gather the data, teachers complete a checklist for children in their first year of full-time school. The checklist measures five key areas, or domains, of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

In 2009, the AEDI was completed nationwide with information collected on 261 147 Australian children or 97.5% of the estimated five-year-old population. This collection supported the publication of *A Snapshot of Early Childhood Development in Australia - Australian Early Development Index (AEDI) National Report 2009* providing a variety of findings and research results across the five domains.

Visit the ARACY website ([www.aracy.org.au](http://www.aracy.org.au)) to access further recent research and reports relating to the wellbeing of children and young people.

Link to *A Snapshot of Early Childhood Development in Australia - Australian Early Development Index (AEDI) National Report 2009* document: [http://www.rch.org.au/aedi/media/Snapshot\\_of\\_Early\\_Childhood\\_DevelopmentinAustralia\\_AEDI\\_National\\_Report.pdf](http://www.rch.org.au/aedi/media/Snapshot_of_Early_Childhood_DevelopmentinAustralia_AEDI_National_Report.pdf)

## **Information on Medicare Telehealth**

ACCYPN received the following letter from the Director, Medicare Benefits Branch, Department of Health & Ageing:

I am writing to you as you or your organisation provided a submission in response to the discussion paper on the telehealth initiative: *'Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations'*.

The details for this initiative have recently been released and outline the Medicare Benefits Schedule (MBS) rebates and financial incentives for online specialist consultations, which will be available from 1 July 2011.

The Department of Health and Ageing has developed the telehealth initiative in consultation with all peak bodies and representative organisations through the Technical Advisory Group (TAG). On behalf of the Department I would like to thank all the peak bodies and organisations for their submissions on the discussion paper as well as their representation on TAG.

The Minister for Health has recently sent a letter to all Medical Practitioners and Residential Aged Care Facilities including a brochure on 'Medicare Rebates for Specialist Video Consultations'. Further details of the initiative can now also be obtained by going to [www.mbsonline.gov.au/telehealth](http://www.mbsonline.gov.au/telehealth) or by calling Medicare Australia on 1800 222 032.

The Department will continue to actively consult with stakeholders on the implementation of the initiative and continue the development of telehealth in Australia. Many thanks for your interest in telehealth.

## Interesting Links

### **The Australian Centre for Child Protection**

ACCYPN is acknowledged as having contributed to the important documents below.

The **Australian Centre for Child Protection** has released the following reports:

- *“Professionals Protecting Children: Child Protection and Nursing and Midwifery Education Curriculum Standards”*
- *“Professionals Protecting Children: Nurturing and Protecting Children - A Public Health Approach”*

Both can be downloaded from their website at <http://www.unisa.edu.au/childprotection/>

### **The EYSN Coordinator, Commissioner for Children and Young People and Child Guardian (Queensland) writes:**

There have been a few publications relating to early education for Indigenous children released recently.

The Closing the Gap Clearinghouse released the issue paper - ***School Readiness: What does it mean for Indigenous children, families, schools and communities?***

(from the paper) In this paper, school readiness for Indigenous Australian children is investigated from the basis of the strengths of all concerned - children, families, educators and communities. Research is analysed and programs are described. The report is available at: <http://www.aihw.gov.au/closingthegap/publications/>

SDN Children's Services released a report titled: ***Aboriginal Access to Preschool: What attracts and retains Aboriginal and Torres Strait Islander families in preschools?***

(from the paper) Although this qualitative and quantitative study is relatively small, it provides interesting data into what Aboriginal and Torres Strait Islander (ATSI) families look for when choosing a preschool: what aspects and characteristics make them feel welcomed and, over time, give a sense of belonging. Data from preschool staff and directors also provide revealing insights into what they believe works and doesn't work in attracting and retaining Aboriginal families in mainstream preschools. The report is available at: [http://sdn.org.au/do/targeted\\_support/aboriginalunit/report.html](http://sdn.org.au/do/targeted_support/aboriginalunit/report.html)

### **Remote Area Health Corps (RAHC) Online Clinical Training Modules**

ACCYPN Board member June Colgrave reports: At the RCNA Conference last week I spoke to Remote Area Health Corps, RAHC and they have created a suite of online clinical training modules designed especially for health professionals working, or preparing to work, in remote health clinics and services in Indigenous communities in the Northern Territory. The on line program has been prepared for RAHC health professionals to complement the pre deployment reading materials. It is also provided freely to all interested health professionals and others. Nurses and GP's can earn Professional development points.

The modules available are: \*Introduction to Indigenous Health / Communication and Education / Chronic Conditions Management / Mental Health / Paediatrics / Maternity / Major Incident Management / Managing Medical Emergencies / Trachoma. To enrol visit: [rahc.com.au](http://rahc.com.au)

### **The ECRI Institute**

Volume 23, No.2 Newsletter “Healthy Technology TRENDS” featured an article “Are we Imaging Gently Yet”? A link to this issue via the ACCYPN website: [www.accypn.org.au](http://www.accypn.org.au) and click on the News Item (left column).

## Upcoming Events

### **ACCYPN Inaugural Conference**

Sydney 19-21 October 2011

*“Navigating New Directions In children and young people’s health care”*

More information: [www.accypn.org.au](http://www.accypn.org.au) – click on the Conference logo on the front page of website

### **Women’s Hospitals Australasia & Children’s Hospitals Australasia 2011 Annual Conference**

*“Challenging Frontiers In Women’s and Children’s Health”*

21-23 November 2011 – Stamford Grand Adelaide – South Australia – <http://www.wcha.asn.au/>

**The ACCYPN website has a list of upcoming events members may be interested in.**

**Please visit [www.accypn.org.au/pd/events/2011-events/](http://www.accypn.org.au/pd/events/2011-events/)**