

COMMUNIQUE

CoNNMO Member Meeting – Friday 3 May 2019

Office of the Commonwealth Chief Nursing and Midwifery Officer

Debra Thomas, Commonwealth Chief Nursing and Midwifery Officer provided an update. The Department of Health is currently conducting an Independent Review of Nursing Education - *Educating the Nurse of the Future*. The public consultation is open with responses due by the end of June. CoNNMO members were encouraged to attend the stakeholder forums being held across the country. There has been good attendance and engagement at the workshops. The four literature reviews commissioned by the Department of Health and undertaken by the University of Wollongong identified real gaps in the research evidence for nursing education, particularly in relation to clinical placement and clinical attributes of graduates. Significant issues for Aboriginal and Torres Strait Islander people entering nursing were also identified. Once the report is finalised, the literature reviews will be made publicly available. The Independent Reviewer, Professor Steven Schwarz, is due to report to the Health Minister by the end of August 2019. Debra Thoms announced she is retiring at the end of June 2019. It is anticipated that the Department of Health will advertise the position in May 2019. The Department is keen to strengthen the role of the Commonwealth Chief Nurse and Midwifery Officer. CoNNMO member representatives acknowledged and thanked Debra for her involvement in, and support for, CoNNMO and the professions of nursing and midwifery over many years.

Nursing and Midwifery Board of Australia

Tanya Vogt, Executive Officer provided an update. The public consultation for the registered nurse prescribing endorsement is complete. Following stakeholder consultation the title has changed from 'prescribing in partnership' to 'designated registered nurse prescriber'. The equivalent of three years full-time experience within the last six years will be required prior to endorsement. The program of study will consist of two units of study. Clinical practice and assessment will be part of the approved program of study. There will be no 'supervised practice' requirement following endorsement, however, there will be a period of mentorship with an authorised prescriber to assist with prescriber confidence. There will be a requirement for 10 additional hours per year of CPD related to prescribing for the endorsed designated registered nurse prescriber. There will be additional requirements for registered nurses in independent or private practice which will be detailed in the accompanying guidelines.

The public consultation on the proposed change to the definitions relating to advanced practice is now closed and the NMBA are currently reviewing the feedback. The public consultation of the proposed Decision Making Framework for nurses and midwives is open with submissions due mid-June. Duplication has been removed and there is more focus on the issue of delegation. AHPRA is currently consulting on the definition of 'cultural safety'. The NMBA definition of cultural safety for nursing and midwifery was developed in consultation with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and all other key nursing and midwifery stakeholders when developing the Codes of Conduct. CoNNMO member organisations were encouraged to provide feedback on AHPRA's proposed new definition. AHPRA is currently consulting on the revised Mandatory Reporting Guidelines. The aim of the review is to make the guidelines easier to understand by developing separate sections for each party involved. The NMBA is in the final stages of development of the new model of assessment for Internationally Qualified Nurses and Midwives (IQNMs). The new outcomes based assessment model is planned to commence 1 January 2020. It will consist of a two stage assessment – both cognitive (multiple choice examination) and behavioural (objective structured clinical examination). Under the National Law, all students enrolled in an approved program of study must be registered as a student with their respective National Board. If a program is accredited by ANMAC and approved by the NMBA, students are automatically registered. Students are not registered with the Board if they are not completing an approved program. Always check that students being accepted for placement are completing an NMBA approved program of study. Please visit the NMBA website for further information: www.nursingmidwiferyboard.gov.au

Australian Nursing and Midwifery Accreditation Council

Margaret Gatling, Director Accreditation Services provided an update. ANMAC is hosting a joint interprofessional colloquium with the Australian Pharmacy Council in May. A multidisciplinary program is being presented. Unaccredited programs being offered in the VET sector continue to be an issue for ANMAC. ANMAC has been working with ASQA to address this issue. Education providers now cannot add the HLT54115 Diploma of Nursing program to their scope of registration until they have approval from ANMAC to offer the program. The review of the *Registered Nurse Accreditation Standards* commenced in August 2017. There has been significant change to the standards which has required extensive consultation. There is major change to the English language requirements which will now be consistent with the *Enrolled Nurse Accreditation Standards* English language requirements. Students must now be registered with the NMBA. ANMAC has conducted a review of the Re-entry to the Register Enrolled Nurse Accreditation Standards. Public consultation on the revised standards closed in February 2019. The public consultation for the new *Registered Nurse Prescribing Accreditation Standards* closed in April 2019. ANMAC is currently reviewing feedback. The *Midwife Accreditation Standards* review has commenced. Consultation paper 1 will be released at the end of May 2019. ANMAC is moving to a new IT system to enable online submission of accreditation documents. This new system will include a self-assessment of risk conducted by education providers. Please visit the ANMAC website for further information: www.anmac.org.au

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Australian Digital Health Agency

Angela Ryan, Chief Clinical Information Officer, General Manager Workforce & Education – Clinical Advisory, Safety & Quality Division provided an update. Approximately 90% of the population has a My Health Record (MyHR) as of 1 January 2019 when the opt-out period ended. The focus has been on primary care and community pharmacy for shared health summaries and dispensing summaries. There's been a huge increase in the volume of content. There are still pockets across the country, in particular South Australia, where there are difficulties with the MyHR. Now looking at improving data quality. There were legislative changes in November 2018 due to a public campaign regarding privacy concerns. Individuals can permanently delete their record at any time. Under these laws, information within the MyHR cannot be released for insurance or employment purposes. Many people who opted out during the campaign are now choosing to opt back in. MyHR latest national statistics - 23 million Australians (90%) have a record; 15,600 health care organisations are registered; 15 million clinical documents have been uploaded; 39 million medication prescription and dispense records have been uploaded. Behaviour change is the focus now. Secure messaging is a national priority. The emphasis is on interoperability – consistent and connected information. The Australian Digital Health Agency (ADHA) is also responsible for a Medicines Safety Program and Enhanced Models of Care Program. The Medicines Safety Program involves the pharmacy shared medicines list. There are more than 150,000 pharmacy curated shared medicines lists uploaded to the MyHR. There are 15 Enhanced Models of Care Program test beds. This is an \$8.5 million dollar program addressing health priority areas. The lead organisation for Test bed 1 is Eastern Health. The aim is to reduce hospital readmission by increasing engagement of people with their community pharmacy after discharge. It is anticipated that the ADHA will be more involved in aged care when the Royal Commission is completed. The ADHA workforce and education initiatives are focusing on: the tools needed to be digitally competent; how we can better support our workforce; and the sort of tools we need. Not just a one size fits all approach. The Chief Information Officer initiative is a national network to champion digital health throughout hospitals and healthcare organisations. Other initiatives include: continuing professional development; fellowship by training; and peer to peer clinical reference leads. Angela Ryan's presentation is available on the CoNNMO website. Please visit the ADHA website for further information: www.digitalhealth.gov.au

Biomedical Prevention of HIV

Dr David Lee is a primary health care nurse practitioner and epidemiologist who works in sexual and reproductive health at the Alfred Hospital, Melbourne. He also works in private practice as a nurse practitioner in sexual and men's health at the Gay Men's Health Centre in St. Kilda. David provided an overview of the epidemiological control of sexually transmitted infections and HIV and the biomedical prevention of HIV. In particular, he explored the barriers to nurse practitioner prescribing of s100 and s85 medicines. S100 prescribing includes the highly specialised drugs program. There are a limited number of s100 prescribers, with only 240 in Australia, who are mostly in Sydney and Melbourne. UNAIDS is leading the global effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals. The 90-90-90 HIV treatment target aim is that by 2020: 90% of all people living with HIV will know their status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression. In order to meet these ambitious targets nurse practitioners working in sexual health need to be able to prescribe s100 medicines, in particular combined antiretroviral therapy (cART). Newer HIV regimens cause fewer side effects than regimens used in the past. HIV is a chronic manageable condition. The cost of medicines have significantly reduced and are safer to use. Co-morbidities can be managed by nurse practitioners. This will also address issues of access to appointments faced by patients receiving treatment for HIV. Dr David Lee's presentation is available on the CoNNMO website.

Australian Primary Health Care Nurses Association nurse clinic programs

Karen Booth is the President of the Australian Primary Health Care Nurses Association (APNA) and Linda Govan is the APNA Lead Project Officer for the enhanced nurse clinic projects. APNA have received a third round of Australian Government funding to run nurse clinic pilots as part of the Nursing in Primary Health Care (NiPHC) Program, over a four year period. The NiPHC program includes: enhanced nurse clinics; the transition to practice pilot program; the career education framework; and chronic disease management and healthy ageing workshops. The aim of the enhanced nurse clinic pilots was to develop exemplar and replica models of nurse clinics to impact recruitment and retention. These clinics allow nurses to work to their full scope of practice in primary health care and improve job satisfaction. There were eleven clinics with seven based in general practice, two in community health and refugee health, and one in a correctional centre. Led by experienced nurse leaders, these clinics provided an opportunity to evaluate the model of the clinic, the working of the clinic, identify barriers and enablers and the sustainability of the clinic. Successful clinics have included: the Bega Teen Clinic NSW; the Wound Care Clinic in Junction Place, Victoria; and the Men's health and wellbeing clinic at Barwon Prison, Victoria. The Bega Teen Clinic's aim was to provide greater access to mental and sexual health support in a primary health care setting; the Junction Place Wound Care Clinic's aim was to provide accessible, affordable best practice wound care in a general practice setting; and the Barwon Prison Men's Health and Wellbeing Clinic's aim was to improve screening for chronic health conditions for people in custody.

Evaluation findings examined: sustainability; feasibility; acceptability; effectiveness; efficiency; perceived value; and financial viability. Key barriers for the nurse included a lack of: effective management support and leadership; team engagement; protected time; and project management and budgetary skills. Key organisational barriers included: a lack of internal and external stakeholder engagement; no perceived organisational leadership; a lack of collaboration and team

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engagement; staff turnover during the project – lead nurse and practice staff; a lack of role delineation between nurse clinical care and administration support; difficulty collecting data from practice software/lack of confidence in its accuracy; and a patient cohort (low SES) that can only tolerate MBS billing. System level challenges included: resistance to change; commercial concerns; and lack of confidence and awareness of the clinical abilities of the nurse.

The next steps in relation to enhanced nurse clinics is the Building Nurse Capacity project. This project, which runs from 2018 to 2022, will focus on the development of nurse-led models of care which improve patient outcomes in a range of primary health care settings to increase the capacity of the primary health care team. The project will support a maximum of 35 nurses and their primary health care organisation, in two 18 month intakes, to implement nurse-led models of care. The project has grant funding of \$10,000. Group 1 has 18 participants and takes place from February 2019 to July 2020. Group 2 has 17 participants and takes place from October 2020 to March 2022. Karen Booth and Linda Govan's presentation is available on the CoNNMO website. Please visit the APNA website for further information www.apna.asn.au.

Climate and Health Alliance

Fiona Armstrong is the founder and Executive Director of the Climate and Health Alliance (CAHA). CAHA is an organisation that inspired the establishment of several other national and a global Climate and Health Alliance. Fiona is the lead author of many of CAHA's reports and is the architect of the *Framework for a National Strategy on Climate, Health and Well-being for Australia*, which has been endorsed and adopted as a policy position by the Australian Labor Party and the Greens. The Global Green and Healthy Hospitals (GGHH) network was launched in 2012. CAHA coordinate and lead the Australian and New Zealand regional network of the GGHH network on their behalf. Since its establishment members representing almost 800 hospitals and health care service providers have joined this program.

CAHA is creating a climate where health matters in the context of attacking climate change. Climate change is a significant health issue and health professionals have a very important role to play in communicating that message. CAHA's key role is advocacy, communication, building capacity, greening the sector and international influence. Climate change poses real serious threats to the health of people living in Australia and globally. The international medical journal *The Lancet* published an article in 2009 that stated climate change is the biggest global health threat of the 21st century. According to the World Health Organisation (WHO), by 2030 we will be seeing 250,000 deaths each year from climate change, some say this is a conservative figure. Those health impacts include: environmental degradation; extreme heat; air pollution (at least 3,000 deaths per year associated with poor air quality) and increasing allergens; changes in vector ecology; degraded living conditions and social inequities; water quality impacts; severe weather; and water and food supply impacts. CAHA's current campaign "Our Climate Our Health", aims to secure a National Strategy on Climate Health and Wellbeing for Australia. CAHA is convening dialogues between health groups, health professionals, researchers and policymakers, and parliamentarians. They are also offering training for Climate-Health Champions and creating climate-health mentors for parliamentarians. CAHA is encouraging people to have 'climate conversations' and to 'vote climate'. For more information go to: www.ourclimate-ourhealth.org.au. Fiona Armstrong's presentation is available on the CoNNMO website. Please visit the CAHA website for further information <https://www.caha.org.au/>.

Drug and Alcohol Nurses of Australasia workforce mapping project

Dr Adam Searby is a registered nurse who has worked in various settings including mental health and alcohol and other drugs. He has completed a PhD exploring co-occurring mental illness and problematic alcohol and other drug use in older adults. Adam currently works as a lecturer at RMIT University, Melbourne, teaching about alcohol and other drugs, mental health content and research, at both undergraduate and postgraduate levels. He is currently the education and research officer for the Drug and Alcohol Nurses of Australasia (DANA). Adam provided an overview of the need for workforce mapping and the progress of the project to date. There is minimal research regarding the alcohol and other drug (AOD) nursing workforce and a need to collect data to advocate from a greater knowledge base. This mapping project will assist to explore potential trends in the workforce. AOD nursing is in a state of dynamic change. There are now more harm minimisation initiatives: including supervised injecting rooms/centres, pill testing and take home naloxone; advanced nurse/nurse practitioner roles; and increasing recognition of the value of AOD nurses. This workforce mapping project potentially provides value for Governments and other organisations who need this data and creates partnership opportunities. The three phase project includes: phase 1 – a literature review, scoping review of employment data and key informant interviews; phase 2 – an online survey of both AOD and non-AOD nurses; and phase 3 – qualitative interviews with both AOD and non-AOD nurses. The project is about to commence with the contract between RMIT University and DANA completed; ethics approval in train; and a research assistant employed. Dr Adam Searby's presentation is available on the CoNNMO website. Please visit the DANA website for further information <http://www.danaonline.org/>

Council report by the CoNNMO Chair and Secretariat is available on the CoNNMO website www.connmo.org.au

Member reports and speaker presentations are available on the CoNNMO website www.connmo.org.au

Next CoNNMO member meeting will be held on Friday 4 October 2019, 9.30am - 4pm, NSW Nurses and Midwives Association, 50 O'Dea Avenue, Waterloo NSW.

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