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OTC codeine rescheduling deferral at odds with rising harmful opioid misuse

Tasmania: the healthiest state by 2025 – is it achievable?

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ACN’s Centenary Commemorative Trilogy Limited Edition Boxed Set

A fascinating history of Australian Nurses in the First World War, the Australian College of Nursing Commemorative Trilogy was researched and written by Dr Ruth Rae. The three books detail the important contribution and valuable service that Australian Nurses provided, not only to the servicemen but to the ongoing professionalism of military and civilian nursing.

AVAILABLE NOW
Welcome to the January edition of NurseClick.

I’m excited to share with you the dates for our Leadership FIRST workshops, which are part of our growing leadership portfolio designed to help nurses across the country grow their leadership skills. Following on from last year’s successful round of workshops, Ilze Jaunberzins MACN will again be facilitating the interactive two-day short course in every state. If you’re looking to learn strategies that will enable you to develop, inspire and lead effectively, then be sure to secure your place today.

Nursing leadership is becoming more and more vital in helping to shape health policy. Following recent initiatives by other state governments, Australia’s island state has released its draft five year strategic plan for a ‘Healthy Tasmania’. A priority for the plan is addressing the state’s high rates of chronic disease and health risk factors such as smoking, obesity, poor nutrition, low physical activity levels and risky alcohol consumption. But is this achievable? ACN’s policy team weighs up the ambitious plan and the role of nurse leaders in delivering these health outcomes.

Leading in the field of research, Dr Gillian Ray-Barruel MACN has kindly shared her experience of attending and presenting at the SEHA International Nursing Conference in Abu Dhabi. It’s wonderful to see our members, as the conference theme suggests, ‘Leading the journey towards nursing excellence’ on an international level.

And with ACN’s National Nursing Forum coming to Melbourne on 26-28 October, we look forward facilitating another great opportunity to network, learn and share ideas with other nurse leaders from across Australia and around the world. I look forward to see you there!
In the news

National

Breakthrough discovery by Melbourne scientists offers hope to halt leukaemia

Melbourne researchers from the Walter and Eliza Hall Institute have detected a “protein handbrake” for the most aggressive form of blood cancer, acute myeloid leukaemia. Led by Dr Matt McCormack and Dr Ben Shields, the team discovered that the presence of the protein Hhex triggers the uncontrollable growth of acute myeloid leukaemia. The condition then prevents the body from producing normal, healthy blood cells.

Read more

Relief as prostate-testing consensus reached

Most Australian men who want a test for prostate cancer can safely wait until they are 50 and don’t have to submit to a rectal test by a general practitioner, according to official new guidelines. The guideline recommendations, approved by the National Health and Medical Research Council, cut through 20 years of confusion and give clear advice to men who have no symptoms of cancer but who have decided to have a PSA test.

Read more

The future of health care at home

In four years’ time, we’ll hit the futuristic marker, 2020. Telepresence robots that remind us to take our medication will live in our homes. An automated car will drive us to the shops if we lose our cognition. And doctors will appear as talking heads in our lounge room, via the wonders of medical video consultations.

Read more

3D-printed implants developed in Sydney

3D-printed implants designed to reduce hospital and healing time for kids with lower limb deformities will be developed in a Sydney lab. Six devices are currently being commercially developed at the Children’s Hospital at Westmead, with an implant for children suffering from brittle bone disease or malformed legs due to be released in late 2016.

Read more

Australian scientists create new sound waves to deliver insulin, vaccines needle free

Experts from RMIT University in Melbourne have successfully created a new class of sound wave that could potentially improve stem cell therapy. The discovery is now being used to develop a more efficient nebuliser to deliver any vaccine and drugs directly to the lung.

Read more

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Air pollution is now a global 'public health emergency'

The World Health Organisation has said that air pollution is now a “public health emergency” across the globe, in a stark warning about the dangers of unclean air in our cities. The warning comes at a time when air pollution is high on the agenda - in December, Chinese authorities issued a pollution ‘red alert’ in Beijing, forcing schools and businesses to close down and urging people to stay indoors in order to protect them from the deadly smog.

Adaptive, light-activated nanotherapy effective against drug-resistant bacteria

In the ever-escalating evolutionary battle with drug-resistant bacteria, humans may soon have a leg up thanks to adaptive, light-activated nanotherapy developed by researchers at the University of Colorado Boulder.

Scientists identify gene mutation linked to ovarian cancer

Researchers have identified a gene mutation that can increase a woman’s risk of developing ovarian cancer. In a new study, published in the Journal of the National Cancer Institute, researchers found that mutations in a gene called BRIP1 raised a woman’s chance of getting ovarian cancer in her lifetime to approximately 5%.

EU nurses face English language checks in Britain

Nurses and midwives coming to Britain from the EU will now need to prove they are fluent in English, under new rules. Until now, checks have only been applied to nurses outside the EU. It means any nurse who is unable to show they have sufficient language skills will need to have an English language assessment.

New blood test for Down’s syndrome in UK

A new, highly accurate test for Down’s syndrome has been recommended for high-risk women in Britain. The simple blood test is used to detect Down’s syndrome and can also pick up Patau’s and Edwards’ syndromes.

New Ebola case in Sierra Leone. WHO continues to stress risk of more flare-ups

A new case of Ebola has been confirmed in Sierra Leone, reflecting the ongoing risk of new flare-ups of the virus in the Ebola-affected countries. The Sierra Leone government acted rapidly to respond to this new case. Through the country’s new emergency operations centre, a joint team of local authorities, WHO and partners are investigating the origin of the case, identifying contacts and initiating control measures to prevent further transmission.

Scholarships are available for:

- Continuing Professional Development
- Nursing and Midwifery Re-entry
- Midwifery Prescribing
- Emergency Department
- Remote Regions
- Clinical Placements

Nursing & Midwifery Scholarships
Open 9 February 2016
Close 14 March 2016

An Australian Government initiative supporting nurses and midwives.
Australian College of Nursing is proud to be the fund administrator of this program.

Click here to apply
The Australian College of Nursing has just announced national dates for the popular Leadership FIRST short course in 2016. Details of upcoming short courses in your state are:

- Parramatta, NSW: 30-31 March 2016
- Adelaide, SA: 4-5 April 2016
- Perth, WA: 18-19 April 2016
- Launceston, TAS: 3-4 May 2016
- Canberra, ACT: 10-11 May 2016
- Darwin, NT: 17-18 May 2016
- Brisbane, QLD: 24-25 May 2016
- Melbourne, VIC: 1-2 June 2016

In 2015, 95% of attendees that were surveyed rated the content of the Leadership FIRST program as excellent and 98% of attendees also rated the presenter Iize Jaunberzins MACN as excellent.

When asked which aspects of the program attendees enjoyed most some comments included:

"Interaction with like-minded colleagues. The information was presented in an interactive way and well structured. Content relevant to my role."

"Interactive teaching style, energy of presenter, variety of material covered."

"Everything – both days were excellent learning opportunities and eye opening with tools to be an effective leader."

Visit [acn.edu.au/leadership](http://acn.edu.au/leadership) for more information and secure your place to start your leadership journey!

**ACN Nursing and Health Expos coming to Melbourne and Perth**

Are you looking to discover or progress your career in health? With more than 110 exhibitors nationally, ACN’s Nursing and Health Expos are a wealth of products and services on show and visitors gain practical take-home advice and skills in a series of complimentary educational seminars.

**Melbourne Expo**
- **Date:** Saturday, 16 April 2016
- **Venue:** Melbourne Convention & Exhibition Centre, 2 Clarendon Street, South Wharf VIC 3006
- **Time:** 8:30am – 2:30pm
- **Cost:** Free entry

**Perth Expo**
- **Date:** Sunday, 19 June 2016
- **Venue:** Perth Convention & Exhibition Centre, 21 Mounts Bay Road, Perth WA 6000
- **Time:** 8:30am – 1:30pm
- **Cost:** Free entry

For more information visit [www.acn.edu.au](http://www.acn.edu.au) or phone 1800 061 660
The Tasmanian Liberal government, led by Will Hodgman, came into office in 2014 with an ambitious goal of making Tasmania the healthiest population in Australia by 2025 (Tasmanian Government 2015a). By the government’s own admission its target is aspirational, especially considering Tasmanians currently have some of the worst health outcomes in Australia with high rates of chronic disease and a preponderance of health risk factors like smoking, obesity, poor nutrition, low physical activity levels, and risky alcohol consumption.

Such poor health outcomes are often associated with weaker socio-economic conditions (Landy et al. 2012; Marmot and Wilkinson 1999; Marmot 2003; and Marmot 2004). With about a third of Tasmanians being welfare recipients, either in the form of the Newstart Allowance, the Disability Support Pension or other forms of Centrelink payments (Barnes 2013), the Tasmanian goal seems doubly ambitious.

A more detailed analysis of the Tasmanian economy by the Commonwealth Grants Commission in 2012 noted that 23 per cent of Tasmania’s population lived in a low-income household. Considering Marmot and Wilkinson’s arguments that people in low socio-economic environments have worse health outcomes, this obvious level of poverty will also need to be addressed if health challenges are to be overcome.

Improved economic conditions and large-scale poverty reduction, although very difficult to realise in the short to medium term, might prove to be a more important part of the answer to improving people’s health than focusing solely on health promotion activities.

Despite the potential socio-economic barriers to achieving its health aspirations, the Hodgman Government is committed to pressing ahead with changes in preventative health in order to improve the health outcomes for Tasmanians across their life journey from an early age right through to healthy ageing.

A key step of the strategy is the release of the Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft, incorporating work done by the University of Tasmania and the Healthy Tasmania Committee of the Health Council of Tasmania. With a final report due in June 2016, the Australian College of Nursing (ACN) is welcoming of the broad public involvement that is being sought by the Hodgman Government.

For readers who are unaware the Healthy Tasmania Five Year Strategic Plan follows on from the May 2015 White Paper on Delivering Safe and Sustainable Clinical Services under what Tasmania refers to as the One Health System reform process.

This latest Tasmanian endeavor also follows recent initiatives by other state governments: the Victorian Government 2015 Health 2040 plans, the South Australian 2015 Delivering Transforming Health: Meeting the Clinical Standards approach and the Queensland Government establishment of a Queensland Health Promotion Commission to focus on the health advancement of Queenslanders.
ACN believes nurses and nurse leaders are well placed to play a vital role as strategists and enablers in any preventative health approach under the Healthy Tasmania Five Year Strategic Plan.

ACN responded to all of the associated consultations highlighting the important practice and leadership roles nurses play in (1) delivering health promotion, (2) developing health literacy and (3) addressing the social determinants of health. The same considerations will be foci in any ACN submission to Tasmania.

In the quest for best practice in planning and service delivery, the implementation of this future oriented health approach and the associated strategy development has been vested with experts on the Healthy Tasmania Committee. This committee has developed a framework of principles, strategies and enablers to underpin new directions for preventative health including: focusing on people and communities; facilitating coordination, communicating and collaborating between sectors to improve health outcomes; taking action that promotes health through responsible partnerships; reducing inequities in health; making health information publicly accessible; and strengthening prevention by building the evidence-base and understanding of what works.

ACN believes nurses and nurse leaders are well placed to play a vital role as strategists and enablers in any preventative health approach under the Healthy Tasmania Five Year Strategic Plan. The Tasmanian government has already taken an important step through a commitment to the employment of a further 10 full-time registered nurses in schools as part of its School Nurses Program which educates students about good health practices that they can continue throughout their life. This move will effectively double the number of nurses working in schools across the state to 20 by 2017 (Tasmanian Government 2015b).

More controversially, one aspect of the Tasmanian proposal with media and public interest swirling around it, is the consideration of the legislation of a minimum smoking age of 21 with an eventual rise to 25 (Lee 2015). But the establishment of a minimum smoking age is at odds with other Australian states and territories. Both Victoria and NSW Health Ministers have so far declared that they will not follow Tasmania whereas public health advocates suggest that other approaches offer a more effective deterrent to potential smokers (interestingly smoking by persons of any age is not illegal in Australia, rather one must be 18 to purchase tobacco). These sentiments of rejection of the Tasmanian proposal are echoed in the media by Federal Rural Health Minister, Fiona Nash, whose portfolio encompasses federal tobacco policy (Department of Health 2015).

With Tasmania, Victoria, South Australia and Queensland all focusing on the future years, there seems to be significant momentum and interest in reforming or transforming health policies and services but ultimately how much will be achieved?

A major consideration for any health promotion strategy has to be whether we can effectively measure population level impacts of health promotion interventions over a five-year period as proposed in the Healthy Tasmania plan. The political cycle in Australia has now resulted in governments coming and going more often than before so how accountable can government be for their policy outcomes particularly when they are promising to deliver programs over a five, 10 or even 25 year period?

On the ground, it is nurses and other health professionals who have a prime responsibility for the delivery of primary health care, not government parties themselves. It is also likely these same nurses will last beyond a government’s term in office.

In 1978, Australia was a signatory to the WHO Declaration of Alma Ata (WHO International 1978) with one goal arising being “the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life”. It was considered then that the achievement of primary care for all would rely on "physicians, nurses, midwives, and to work as a team". Sixteen years beyond the Alma Ata target year, the world, including Australia, is yet to universally achieve that goal.

The Healthy Tasmania plan may help to realise not only the aspirations of a Healthy Tasmania but also a socially and economically productive life for all, providing the full potential of nurses is facilitated.

References

Figure 1.1.1: Life expectancy at birth by jurisdiction, 2013 Source: ABS, Deaths Australia 2013

The life expectancy of Tasmanians in 2013 was far below the national life expectancy by 1.3 years for males and 1.7 years for females.

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In November, I was very fortunate to be invited to travel to the United Arab Emirates as an invited keynote speaker at the 4th SEHA International Nursing Conference in Abu Dhabi. Held at the magnificent Emirates Palace, this two-day conference welcomed delegates from across the region to engage with the theme “Innovate, Integrate, and Motivate: Leading the Journey Towards Nursing Excellence”.

The Emirates Palace was an amazing conference venue, boasting chandeliers and fountains galore, and even edible gold dust sprinkled on all the desserts! In addition to some excellent presentations by international sepsis guru and critical care nurse Professor Ruth Kleinpell (Rush University College of Nursing, USA) and Professor Raeda AbuAlRub (Dean of Nursing, Jordan University of Science and Technology), nurses from across the Middle East and parts of Africa shared their experiences with implementing innovative nursing research and education projects, making this an inspiring and very energetic conference.

On the first day, I presented the latest findings in peripheral intravenous catheter research, including the UAE results of the One Million Global Peripheral Intravenous Catheter study (www.omgpivc.org). The brainchild of Dr Evan Alexandrou (University of Western Sydney), this worldwide prevalence study of peripheral intravenous catheters is the largest IV study ever undertaken, with data collected on over 40,000 catheters in 51 countries and 15 languages. As a principal investigator and study coordinator, in the past two years I have enjoyed the privilege of travelling to many different places to discuss this research project with nurses and physicians. The response from across the globe has been enthusiastic, demonstrating that staff are keen to get involved in research projects that are simple to conduct and relevant to clinical practice. The study is currently in the data analysis phase, and we are eagerly awaiting the findings.

On day two, I presented recent research from the AVATAR Group about infusion phlebitis, and reiterated the need for incorporating one’s own clinical judgement into regular IV catheter assessment and documentation. This topic will be the focus of my postdoctoral studies in 2016.

On the second afternoon, Professor Ged Williams, Nursing and Allied Health Consultant for SEHA, arranged a tour for Professor Kleinpell and myself to visit two local hospitals: the newly opened Cleveland Clinic and the tertiary hospital Sheikh Khalifa Medical Center. Ged arranged for discussion time with clinical staff to hear about the challenges and local successes of the Abu Dhabi health system. This was undoubtedly a highlight of my visit.

During the final evening, the conference committee arranged a dinner cruise for all the conference presenters on a traditional Dhow boat along the Abu Dhabi coastline. In honour of the upcoming UAE National Day on 2 December, we were treated to a colourful light show on the facades of many city buildings, topping off a terrific visit.

In conclusion, I would like to thank Professor Ged Williams, Ms Samah Mohamed Mahmoud (Deputy Chief Nursing Officer), and the conference organising committee for their hospitality and generosity during my visit to the UAE. This was a marvellous experience and I definitely plan to return!
The recent Therapeutic Goods Administration (TGA) decision to defer the rescheduling of codeine-containing over-the-counter (OTC) medications conflicts with rising codeine analgesics misuse, its devastating consequences and the recognition that opioid misuse is a public health concern.

Further, the TGA’s own acknowledgement of low dose codeine efficacy, genetic variances in codeine metabolism and established misuse side-effects from combination OTC products, gives little credence to the notion of further delay for ongoing review.

According to ScriptWise CEO, Ms Bee Mohamed, while ScriptWise agrees with the need for a holistic and comprehensive approach to prevent spiraling codeine analgesics misuse, further delays will only serve to undermine an already challenging situation.

“While we support the implementation of a real-time monitoring system, we have very real statistics today which require immediate solutions. Any ongoing review needs to be conducted sooner rather than later, and agreement between medical, pharmacy and patient support groups must be achieved,” Ms Mohamed said.

“A coordinated approach is not only pivotal to preventing prescription or OTC medication addiction and overdose, but also for ensuring treatment options are made available to patients at-risk of addiction.”

Sydney-based Addiction Medicine Specialist, Dr Hester Wilson, said from a medical point-of-view, the efficacy of codeine itself as an analgesic was questionable, and there were high risks associated with misusing combination products.

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“People who have developed dependency, first and foremost, need access to evidence-based treatments,” Dr Wilson said.

“Whether people have recognised dependency themselves based on the number of tablets they’re taking, or by signs of physical or psychological harm, or whether their dependency is identified by a family member, friend, or a treating health professional, ensuring people get access to treatment is vitally important.”

Ms Mohamed said working with government and GPs to identify and overcome restrictions impeding access to opioid dependency treatment was paramount.

“It’s common to have several discussions with a patient before GPs agree to treat them with opioid substitution therapy, and it can often take three-to-six months from first contact, to time of first treatment,” Ms Mohamed said.

“We need an immediate, collective effort from government, medical and pharmacy professionals as well as the pharmaceutical industry, to ensure consumers are aware and informed about the devastating consequences of misusing these medications, and to seek the professional help, that will ultimately save their lives.”

References

Partnership, passion & potential: Expanding the nurse practitioner scope of practice to meet health care needs

By Liza Edwards

In a move to increase the flexibility of the health workforce in meeting service demand, the NSW Government began work to introduce the role of the nurse practitioner (NP). Now, almost 15 years later, the enormous capacity of NPs to respond to the changing needs of populations continues to highlight the, as yet, unrealised potential of this nursing role in Australia. An expanded scope which blends extended clinical practice, including the ability to diagnose, prescribe, refer and discharge from care, with the essence of nursing practice provides flexibility to meet evolving health care needs. The role also facilitates high quality care across not only the continuum of health but also a vast range of health care settings.

The drive to implement the role in rural and remote settings created opportunity to maximise existing nursing expertise to improve access to specialised services for women in the community of Condobolin in Western NSW. Leonie Parker pursued authorisation as an NP in women’s health almost eight years ago and subsequently worked to implement a successful NP service offering women access to a consistent, high quality service providing expert treatment and advice on a range of women’s health issues. The service also improves coordination in the management of screening and follow up care.

Until the establishment of an NP service, access to women’s health services was often ad hoc, provided primarily by a highly mobile general practitioner (GP) workforce often undertaking short term local contracts. Access to more specialised services such was often problematic for women across this large geographical area. Continuity of care with a strong focus on ensuring the service developed as a culturally appropriate option for Aboriginal women was paramount as many faced a number of issues accessing adequate women’s health services, including linguistic and cultural barriers. Anecdotally, the lack of culturally appropriate services was a factor perhaps contributing to this vulnerable group being significantly underrepresented in the number of women participating in cervical screening programs.

The lack of culturally appropriate services, in particular a colposcopy service, had been recognised within the local primary care setting for some time. This meant that women who received abnormal Pap smear results requiring further investigation were required to travel several hundred kilometres to access the nearest services. This situation inevitably impacted Aboriginal women by creating the need to travel away from country which increases not only the financial burden in seeking care and the time it takes to access care but, most importantly, places the ongoing management of potentially serious health problems such as cervical dysplasia at enormous risk.

Australia’s overall report card regarding cervical cancer is positive, with both the incidence and mortality of the disease having halved across the Australian population since the introduction of the National Cervical Screening Program (NCSP) in 1991. In 2015, it is estimated that 885 new cases of cervical cancer will be diagnosed in Australia with the risk...
“Of concern, is that the incidence of cervical cancer in Aboriginal and Torres Strait Islander women was more than twice that of non-Indigenous women in 2008-2009 and mortality of Indigenous women was five times the non-Indigenous rate.”

of being diagnosed with cervical cancer by the age of 85 currently 1 in 159. However, the statistics for Indigenous women are disturbing. The incidence of cervical cancer in 2008-2009 amongst Aboriginal and Torres Strait Islander women was more than twice that of non-Indigenous women and mortality was five times the non-Indigenous rate. More recent data from 2012-2013 reports that the incidence in Aboriginal and Torres Strait Islander women is still double that of non-Indigenous women – and mortality at four times that of non-Indigenous women in Australia9. For Aboriginal women in Western NSW, the ongoing gap in service provision, lack of choice in care providers and the inability to access services the community felt were culturally appropriate were seen as critical, particularly in light of the increased incidence of reproductive disease amongst the community.

In Australia, colposcopy has long been the domain of the gynaecologist. Services in Western NSW were traditionally supported by the Rural Doctors Network (RDN), however, these services were often only available on an ad hoc basis due to the unpredictable availability of a GP workforce able to provide colposcopy services. To improve reliability of the service, the RDN approached the local health district to partner with them in exploring the idea of developing a public, culturally appropriate nurse led colposcopy service aiming to establish reliable access to affordable care and help overcome some of the health care challenges often posed in rural and remote areas. Nurse led colposcopy services were pioneered in the United States and the United Kingdom, safely and effectively providing this service for decades, particularly in high risk populations and remote communities10, evidence that provided the ideal platform to develop the service as part of Leonie’s established NP role.

Capitalising on positive beginnings, the partnership was further developed to include the Pre-Invasive Unit at The Royal Hospital for Women with director Dr Michael Campion offering to provide the clinical supervision, mentorship, education and practical instrumentation sessions in the absence of formal training in colposcopy for nurses in Australia. The training pathway developed by Dr Campion reflected his extensive background in training nurse colposcopists in the United States and lends itself well to becoming the basis for further development of the role across Australia. Physical resources including equipment, administration support and consulting rooms were provided by the RDN and the Aboriginal Medical Service (AMS).

From its early stages, the incredible success of this model has now flourished over almost four years, strengthening existing partnerships within health services and highlighting the innovation and strategic possibilities for clinician groups working to improve access to care. As Leonie’s clinical competence and confidence has grown, the need for onsite clinical supervision continues to reduce as her practice incorporating colposcopy becomes develops toward autonomy.

As the model moves toward the end of the establishment phase and looks toward maintaining sustainability, numbers of women accessing the service are increasing supported by referrals from local health care providers. Ongoing collaboration with the Aboriginal community is resulting in a consistent reduction in non-attendance figures. A recent client satisfaction survey has highlighted a 100% satisfaction among women who have attended the colposcopy clinic. Women report that they are happy to attend the clinic and felt they are treated with dignity and respect, all of which bodes well in establishing a sustainable, culturally appropriate service for Aboriginal women.

The future growth of the model itself will include outreach services underpinned by telehealth technology and it is envisaged that numbers of women benefiting from the service will continue to grow — improving outcomes related to the undetected progression of reproductive system disease in Aboriginal communities and empowering Aboriginal women to manage and improve their health outcomes.

While the inspiring success of this model of care is to be celebrated, there is a ‘but’. Surprisingly, the immediate sustainability and succession plan of the model relies not on the knife edge of uncertainty of ongoing funding, available resources or workforce, but the ability of this nurse led model of care to interact with the complex funding mechanisms that weave their way through Australia’s fragmented health system. Despite NPs being admitted to the Medicare Benefits Scheme (MBS) in 2010 as public health system employees, under current funding arrangements, Leonie is unable to obtain an MBS provider number that would allow her to refer women to services subsidised by the MBS, including pathology and diagnostic imaging, despite the fact these services would traditionally be provided by an MBS eligible professional. Without this, if Leonie is to refer women to services outside the public sector (often necessary in areas where there are no public diagnostic services available) women are responsible for the full unsubsidised cost of these services.

Currently, the ongoing attendance of Dr Campion at each clinic enables woman attending the clinic to continue to receive the subsidised service to which they are entitled. However, this arrangement is not sustainable and will soon become unnecessary service duplication. In the current era of health system reform, the opportunity to embrace the innovation and potential of nurse led models such as these and allow them to demonstrate the flexibility and almost unlimited future scope in meeting the future demands on health care delivery in Australia

References

1. Colposcopy is a diagnostic procedure that examines an illuminated, magnified view of the cervix and the tissues of the vagina and vulva. Many premalignant lesions and malignant lesions in these areas have discernible characteristics which can be detected through the examination. It is done using a colposcope, which provides an enlarged view of the areas, allowing the colposcopist to visually distinguish normal from abnormal appearing tissue and take directed biopsies for further pathological examination. The main goal of colposcopy is to prevent cervical cancer by detecting precancerous lesions early and treating them.


Best wishes for the New Year

Now that 2015 is behind us, we are able to reflect on what was a very busy year for the Nursing and Midwifery Board of Australia (NMBA). It will also be a challenging year ahead for us all.

I would like to thank every nurse and midwife for their commitment in support of our work towards ensuring that the Australian community has access to suitably qualified nurses and midwives who provide competent and safe care. As long as this remains a core component of nursing and midwifery practice we feel confident that the care being delivered to the community is safe and of a high quality.

We look forward to 2016 and our continuing work by releasing new and updated registration standards, professional codes and guidelines for nurses and midwives, among our other priorities.

We wish you and your family a prosperous New Year.

Public consultation paper released

The NMBA has launched a public consultation on the Registration standard for scheduled medicine endorsement – rural and isolated practice for public consultation. The Board is inviting all interested parties to give feedback on the public consultation on the proposal to discontinue the Registration standard for scheduled medicine endorsement registered nurses (rural and isolated practice). The current standard is available under Registration standards on the National Board website.

The National Board invites submissions to consider, among other things:

- whether the proposal to discontinue the registration standard is supported
- the likely effect of the proposal on individual registrants, and
- jurisdiction-specific considerations for health practitioners, governments or other stakeholders.

You are invited to provide your comments on the consultation paper, by 22 February 2016 – please email your submission to nmbafeedback@ahpra.gov.au.

Revised registration standards and new standards for practice to take effect in the New Year

Five revised registration standards for nurses and midwives

The NMBA have revised five registration standards, with four taking effect on 1 June 2016 and one on 1 January 2017, replacing the existing standards. Registration standards define the requirements that applicants need to meet to be registered and registrants need to maintain registration.

The revised registration standards are for:

- professional indemnity insurance (PII) arrangements
- recency of practice
- continuing professional development (CPD)
- endorsement as a nurse practitioner, and
- endorsement for scheduled medicines for midwives (will take effect 1 January 2017).

Commencement dates for all the standards will be 1 June 2016 to align with the registration renewal period for nurses and midwives and replace the existing standards.

The standards will be available on the NMBA website from 1 February 2016.

Revised NMBA professional standard takes effect from 1 January 2016

The NMBA has developed of standards for practice for enrolled nurses and registered nurses. The first of these, the Enrolled nurse standards for practice, takes effect on 1 January 2016.

The Registered nurse standards for practice will take affect from 1 February 2016 alongside the registration standards taking effect on that date. For more information go to the NMBA website.