



Message from Chief Nursing and Midwifery
Officer Alison McMillan



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Dear Nurses and Midwives

I write to you from Ngunnawal Country where it has been a very wet start to spring. The midwives and nurses across this country affected by recent and continuing flooding events are in my thoughts.

Since my last newsletter update, drafting of the Nurse Practitioner 10 Year Plan has progressed. The primary focus is currently around the drafting of the prospective actions that may sit within the Plan. The Nurse Practitioner 10 Year Plan Steering Committee met recently to provide its input and expertise to this process. The Steering Committee consists of members from nursing, consumer, medical and First Nations organisations. Their feedback, along with other government and non-government stakeholders' feedback will be collated and analysed to form the next iteration of the draft Plan.

The next round of stakeholder engagement is intended to commence shortly, and I both invite and encourage you all to participate. The purpose will be to sense-check a consultation draft of the Plan and gauge the level of support for the actions, the planned approach and timing of implementation and the key dimensions of monitoring and evaluation. I will provide an update with details once consultation opens through the Department of Health and Aged Care's [Consultation Hub](#).

I would like to take the opportunity to welcome Kellie Wilton to the Chief Nursing and Midwifery Officer Division as the inaugural Senior Midwifery Advisor. This newly formed advisory role will support me in providing high-level advice to Ministers, the Executive and other stakeholders in the Department of Health and Aged Care. Kellie comes to us from the Australian College of Midwives and has a rich midwifery background in advocacy, workforce, policy, legislation, regulation, professional practice, education, health promotion and research. She is an endorsed midwife and has worked across a variety of clinical settings including Midwifery Group Practice incorporating homebirth, acute tertiary, private practice, country and metropolitan sectors, immigration detention and the Aboriginal Community Controlled Health sector.

In July, we notified you the department would be renewing The National Health (Collaborative arrangements for midwives) Determination 2010, National Health (Collaborative arrangements for nurse practitioners) Determination 2010 and National Health (Eligible midwives) Determination 2010 which were due to sunset on 30 September 2022. These legislative instruments have now been renewed, which will allow continued access to PBS prescribing and MBS billing, as well as time for the independent review of collaborative arrangements to be finalised and considered policy advice provided to the Government.

Information regarding mental health for the health workforce during COVID-19 is available on the [Department of Health's website](#). This site provides links to services that are available to healthcare

workers who need support. Nurses and midwives, and all health workers, can also access the Black Dog Institute's The Essential Network, called TEN for short. They have services to support mental health and wellbeing. You can access these services if you need support outside of issues related to COVID-19 and I encourage you to do so.

As we have recently seen the removal of mandatory isolation for most settings, it is still important to keep up to date on all the latest COVID-19 information, below are useful links:

- [National COVID-19 Community Protection Framework | Australian Government Department of Health and Aged Care](#)
- [COVID-19 vaccines](#)
- [Compulsory accredited training for the COVID-19 vaccination workforce](#)
- [ATAGI recommendations on the use of a booster dose of COVID-19 vaccine](#)
- [ATAGI shared decision-making guide for women who are pregnant, breastfeeding or planning pregnancy](#)
- Boosters can be booked through the [Vaccine Clinic Finder](#)
- [AHPRA Pandemic response sub-registers](#)



Midwifery and Nursing Leaders at the Best Start to Life 2022 conference in beautiful Mparntwe (Alice Springs). L to R: Katherine Isbister (CRANaPlus CEO), Mish Hill (NT CNMO), Alison McMillan, Roianne West (CATSINaM CEO), Shelley Nowlan (QLD CNMO), Helen White (ACM CEO).

It has been wonderful to speak to, and meet so many of you face to face at conferences recently. It is great to see our professions celebrating each other and the fantastic work we all do.

Please take care of yourselves and look out for others. Thank you again for all the work you do to keep Australians, and each other, safe and well.

Thank you

Professor (Practice) Alison J McMillan PSM
Chief Nursing and Midwifery Officer

OTHER NEWS

Strengthening Medicare Taskforce

Recently, I had the privilege of being asked by the Minister for Health and Aged Care, Mark Butler MP, to be an observer on the Strengthening Medicare Taskforce (the Taskforce). I thought I would use this edition of our newsletter to tell you a bit about the Taskforce and its work to date.

The Taskforce has been established by the Australian Government to provide concrete recommendations on the highest priority investments in primary care, supported by the \$750 million Strengthening Medicare Fund. It will report back to government by the end of December 2022.

Chaired by the Minister, the Taskforce includes broad primary care sector representation. The diverse membership of the Taskforce is drawn from across health professions, and includes consumer, rural and regional, Aboriginal and Torres Strait Islander and nursing representatives. The full membership of the Taskforce can be viewed at <https://www.health.gov.au/committees-and-groups/strengthening-medicare-taskforce>.

The Taskforce will draw on the extensive consultation undertaken through the development of the Primary Health Care 10 Year Plan, which included:

- more than 20 roundtables
- targeted consultations with consumer, population and provider groups, drawing on more than 100 organisations from across the primary health care sector
- a public consultation on the draft Steering Group recommendations and draft 10 Year Plan that received more than 187 responses from a range of organisations and individuals.

The co-Chairs of the former Primary Health Reform Steering Group, Dr Steve Hambleton AM and Dr Walid Jammal, are members of the Taskforce and will ensure continuity from that process.

The Taskforce will build on the Primary Health Care 10 Year Plan, including consideration of a voluntary patient registration model to strengthen the relationship between patients and their usual GP and practice, and promote continuity of care, and will discuss:

- improved patient access to general practice, including after-hours
- improved patient access to GP-led multidisciplinary team care, including nursing and allied health
- greater affordability for patients
- better prevention and management of ongoing health conditions including chronic conditions and
- decreased pressure on hospitals.

During the first meeting, Taskforce members had the opportunity to discuss the reform journey to date and agreed to a forward work program. Focusing on immediate priorities, the Taskforce identified four deep-dive areas to focus on:

- First up is a deep dive into voluntary patient enrolment, including identifying the value proposition for patients.
- The second is to look at how to harness the power of technology and data to ensure access to care is modern, patient-centred and easy.
- Thirdly, the Taskforce will focus on ways to encourage and facilitate multidisciplinary care, including how to harness the full skills of nurses, pharmacists and allied health professionals.
- The fourth deep dive will focus on the future sustainability of general practice.

Last month I attended the second meeting of the Taskforce in Adelaide, where Taskforce members considered the benefits of voluntary patient registration.

It was a broad ranging discussion, covering international research and evaluations demonstrating that a stable, sustained relationship between patients and their General Practitioner and practice can lead to higher quality care, improvements in preventative health, increased patient satisfaction, decreases in emergency department attendance and hospitalisations, and reductions in mortality.

It was recognised that voluntary patient registration provided a foundation for ensuring any additional funding for primary care would strengthen patient outcomes and could be targeted to achieve greater equity across Australia.

I look forward to the third deep dive of the Taskforce where they will discuss ways to encourage and facilitate multidisciplinary care and harness the full skills of nurses, pharmacists and allied health professionals.

Communiques are published following each meeting and I encourage you to read them to understand this review process. The Communiques are available from:

www.health.gov.au/resources/collections/strengthening-medicare-taskforce-communicues.

AUSTRALIAN GOVERNMENT – ELECTION COMMITMENTS

Nursing and First Nations Health Workforce

The Australian Government has announced a range of commitments to support better health care outcomes for all Australians. Of particular interest for nurses and midwives includes the establishment of the National Nurse and Midwife Health Service (NNMHS), First Nations Health Worker Traineeship program and enhancements to the Workforce Incentive Program.

The NNMHS will aim to address increased cases of nurses and midwives reporting fatigue and burnout, particularly as a result of COVID-19. The program will be based on the Nursing and Midwifery Health Program model in Victoria and will provide free, confidential and independent advice, support, information, treatment, case management and specialist referrals for nurses, midwives and undergraduate nursing and midwifery students in all jurisdictions. The Government will

be working in partnership with the Australian Nursing and Midwifery Federation and other key stakeholders to deliver this important initiative.

The First Nations Health Worker Traineeship Program, which will be delivered by the National Aboriginal Community Controlled Organisation (NACCHO), will support up to 500 First Nations trainees to undertake Certificate III or IV accredited training to enable them to work across various health settings and be able to deliver culturally appropriate care to First Nations peoples. First Nations trainees will come out of the program with the right skills and support to transition successfully into jobs in the health sector – they will receive on-the-job experience and mentoring in local Aboriginal Community-Controlled Health Services (ACCHS). These trainees upon completion of the program will be an important part of quality multidisciplinary teams, working with nurses and midwives, providing culturally appropriate care to First Nations communities all around Australia.

The Workforce Incentive Program-Practice Stream will be enhanced to support greater engagement of nurses, nurse practitioners and allied health professionals as part of local multidisciplinary care teams in rural areas. General practices in rural locations will be provided additional incentives to engage these health professionals.

Further details for these commitments are still being worked through, however further updates will be provided in the coming months.

Expansion of Australian newborn bloodspot screening programs

The Australian Government has committed to expand newborn bloodspot screening (NBS) programs to increase the number and consistency of conditions screened across NBS programs and ensure equity in access across Australia.

The Government recognises the key role nurses and midwives play in NBS, particularly in relation to seeking consent from families, collecting a high-quality bloodspot sample and sending the sample to the laboratory in a timely manner.

Targeted consultation commenced on 2 August 2022 and the Department will be meeting with the Australian College of Midwives, the Australian College of Nursing and the Australian Nursing and Midwifery Federation shortly as part of these consultations.

Acknowledging that states and territories deliver and manage NBS programs, the Government has also started productive discussions with states and territories, patients and families, clinicians, advocacy groups and First Nations people to ensure an effective implementation approach. Further information, including details of further consultation processes, will be available at <https://www.health.gov.au/initiatives-and-programs/newborn-bloodspot-screening>

Allied Health

Long COVID

The Department of Health and Aged Care has released a fact sheet on long COVID aimed at consumers called Getting help for Long COVID. This resource provides information on ongoing symptoms, and how to seek support for them.

The website links to the resource are below.

<https://health.gov.au/health-alerts/covid-19/symptoms>

<https://health.gov.au/resources/publications/getting-help-for-long-covid>

We would appreciate it if you could share this information amongst your networks. Please direct any questions about the resource to caho@health.gov.au.

Disability

The Primary Care Enhancement Program (PCEP) provides support for health professionals managing patients with intellectual disability through access to training and resources. This program is a key priority of the [Roadmap for Improving the Health of People with Intellectual Disability](#).

There are three components to the PCEP products, including:

1. Training for health professionals located in four PHN regions:

If you work in one of the 4 PHN regions below, you are eligible to access free training during the next 18 months.

The case-based training is being delivered until June 2024 via online and face-to-face formats and co-facilitated by an expert clinician and a person with intellectual disability.

For details about timing and access, please contact:

- Central and Eastern Sydney. For information about Project GROW visit the [CESPHN website](#) or contact the project team: intellectualdisability@cesphn.com.au
- Tasmania. Please email: lrichardson@primaryhealthtas.com.au
- Western Victoria. Please email: spidah@westvicphn.com.au
- Central Queensland, Wide Bay and Sunshine Coast. Please email: pcep@ourphn.org.au

2. Resources for health professionals to support better appointments when working with people with intellectual disability.

These resources are available to everyone, no matter your geographic location, and include tailorable Easy Read appointment templates. They are available [here](#).

3. Health fact sheets for people with intellectual disability (in Easy Read).

These resources are available to everyone, no matter your geographic location. You can share these with your patients with intellectual disability. The resources are available [here](#).

We invite you to make use of this practical and important information. Please also share it with your colleagues.

Draft updated Cardiovascular Disease (CVD) Risk Guideline

The National Heart Foundation of Australia (NHFA), on behalf of the Australian Chronic Disease Prevention Alliance (ACDPA), is conducting a public consultation to obtain feedback on the draft updated Cardiovascular Disease (CVD) Risk Guideline. This project is supported by funding from the Australian Government Department of Health and Aged Care.

The consultation period is open for 30 days, as per National Health and Medical Research Council standards, and feedback is due by 28 September 2022. The draft guideline documents are available for public consultation here: [https://www.heartfoundation.org.au/health-professional-tools-\(2\)/Guideline-for-managing-CVD](https://www.heartfoundation.org.au/health-professional-tools-(2)/Guideline-for-managing-CVD)

The Guideline, originally published in 2012, supports health professionals in predicting risk of CVD and preventing “first ever” CVD events, using an absolute risk approach. The Guideline requires updating to reflect the latest evidence in the prediction and management of vascular disease (including diabetes and chronic kidney disease), using tools validated to the Australian context. Revision of the guideline will ensure health professionals have an up to date guideline to better detect CVD risk and help patients to manage identified modifiable risk factors for the condition.