

## CoNNMO Meeting Minutes - Friday 29 October 2021

### 1. Welcome, acknowledgement of country and introductions

Members were welcomed to the meeting by Marian Linnane, Chair of the Coalition of National Nursing and Midwifery Organisations (CoNNMO). Marian also acknowledged the traditional owners and custodians of the land where member representatives, invited guests and observers were participating in the meeting.

### 2. Attendance

Mary Brunton	ACT Chief Nursing and Midwifery Office
Marian Linnane	AIDH Nursing and Midwifery & CoNNMO Chair
Tracey Hawes	Audiometry Nurses Association of Australia
Purma Sweetman	Audiometry Nurses Association of Australia
Jacqueline Cogan	Australasian Cardiovascular Nursing College
Dianne Lear	Australasian Neuroscience Nurses Association
Alison New	Australasian Rehabilitation Nurses Association
Joanne Perks	Australasian Sexual Health & HIV Nurses Association & CoNNMO Councillor
Sally Sara	Australia and New Zealand Urological Nursing Society
Sue Monaro	Australia and New Zealand Society of Vascular Nursing
Fiona Bolton	Australian Association of Stomal Therapy Nurses
Jacquie Burton	Australian College of Children and Young People's Nurses
Donna Hansen-Vella	Australian College of Mental Health Nurses
Megan Cooper	Australian College of Midwives & CoNNMO Councillor
Shelley Reid	Australian College of Neonatal Nurses
Leanne Boase	Australian College of Nurse Practitioners
Carolyn Stapleton	Australian College of Nursing
Tiffany King	Australian College of Nursing
Rebecca East	Australian College of Perioperative Nurses
Sonia Jones	Australian Day Surgery Nurses Association
Vivienne Speirs	Australian Dermatology Nurses Association
Fiona Stoker	Australian Nursing and Midwifery Accreditation Council
Annie Butler	Australian Nursing and Midwifery Federation
Julianne Bryce	Australian Nursing and Midwifery Federation & CoNNMO Secretariat
Julie Reeves	Australian Nursing and Midwifery Federation
Lisa Collison	Australian Primary Health Care Nurses Association
Anne Smart	Australian Women's Health Nurse Association
Meredith Cummins	Cancer Nurses Society of Australia
Julia Morphett	College of Emergency Nursing Australia
Frances Rice	Commonwealth Chief Nursing and Midwifery Office
Nicole Ram	Commonwealth Department of Health
Maria Shaw	Commonwealth Department of Health
Karen Cook	Commonwealth Department of Health
Allison Thomas	Commonwealth Department of Health
Lucy Firth	Commonwealth Department of Health
Jane Clarke	Continence Nurses Society of Australia
Deborah Hatcher	Council of Deans of Nursing and Midwifery
Katherine Isbister	CRANaplus
Colleen Blums	Drug and Alcohol Nurses of Australasia & CoNNMO Councillor
Adam Searby	Drug and Alcohol Nurses of Australasia
Judi Shields	Flight Nurses Australia
Creina Mitchell	Maternal Child Family and Health Nurses Australia
Erin O'Connor	NT Health
Mark Aitken	Nurse and Midwife Support
Tanya Vogt	Nursing and Midwifery Board of Australia
Petrina Halloran	Nursing and Midwifery Board of Australia

Glenn Taylor	Nursing and Midwifery Health Program Victoria
Nathan Wilson	Professional Association of Nurses in Developmental Disability Australia
Meryl Jones	Refugee Nurses Australia
Edward Zimbudzi	Renal Society of Australia

### 3. Apologies

Philip Russo	Australasian College for Infection Prevention and Control
Lesley Thomas	Australian & New Zealand Orthopaedic Nurses Alliance
Sally Kane	Australian and New Zealand Society of Occupational Medicine
Sandra Code	Australian and New Zealand Society of Occupational Medicine
Anne van Loon	Australian Faith Community Nurses Association
Alison McMillan	Commonwealth Chief Nursing and Midwifery Officer
Joanne Dean	Contenance Nurse Society of Australia
Tracey Nicholls	Otorhinolaryngology Health & Neck Nurses Group & CoNNMO Deputy Chair
Claudia Virdun	Palliative Care Nurses Australia

### 4. Commonwealth Chief Nurse and Midwifery Office update

An update was provided by Frances Rice, Senior Nursing and Midwifery Adviser. A large part of current work involves health workforce and moving to living with COVID-19 and any surge requirements following opening of borders and freedom of movement throughout the country. The Department is endeavoring to ensure there is adequate capacity and capability to manage the demands of COVID infection and care and that the delivery of non-COVID health services are not impacted. Recently the TGA announced the approval of the Pfizer vaccine booster and ATAGI has provided their advice supporting the third dose for adults, 6 months following the second vaccination dose. The booster program will be rolled out in residential aged care facilities and for those working in health care settings. The Pfizer vaccine can be given as a booster dose regardless of which vaccine the person has had previously. It is expected there will be common similar side effects to that from the first or second dose. The Department is supporting the health workforce to ensure all health workers are fully vaccinated, enhance and build ICU capacity, facilitate training of more authorised nurse immunisers, update furlough guidelines for health workers, enable Aboriginal health workers to administer vaccines and optimise the number of highly skilled clinical staff in contact tracing, testing and vaccinating.

The Department is also doing work to expand the health workforce from within Australia, working with jurisdictions and relevant stakeholders on short and medium term strategies to address workforce challenges. This includes: facilitating use of undergraduate health students to administer vaccines; reviewing how we use registered practitioners and pandemic sub-register practitioners; slowing the number of senior clinicians retiring; accelerating training of new clinicians; harnessing COVID learned skills; maximising opportunities for unemployed or underemployed 2020 nursing graduates; maximising opportunities for 2021 nursing graduates; maximising opportunities to match students and jobseekers with the aged care sector; and reducing the effect of COVID disruptions on the health workforce pipeline.

The Aged Care Workforce remains a priority. The government has announced a number of initiatives including: the Aged Care Transition to Practice Program; the Aged Care Registered Nurse Payment to reward clinical skills and leadership; Aged Care Nursing Scholarships; mandatory vaccination for the aged care workforce; and an IPC trained nurse in all RACFs.

The CoNNMO is leading the development of the National Nursing Strategy. The Strategy will look at workforce sustainability, diversity of the profession, and challenges of regional, rural and remote nursing. There will be extensive consultation to support practical, implementable actions and will link with other relevant strategies. Work on a supply and demand study of the nursing workforce has commenced, with results available mid-2022. The Nurse Practitioner 10 Year Plan is being developed and will include actions to address nurse practitioner workforce issues of national significance to enhance the delivery of nursing care to the Australian community. The Plan will have 1-3 year, 5 year and 10 year goals. A NP 10 Year Plan Steering Committee has been established to facilitate collaboration between government and non-government stakeholders. Public consultation will commence in November 2021 with the release of a discussion paper and an online survey.

## **5. Nursing and Midwifery Board of Australia update**

An update was provided by Tanya Vogt, NMBA Executive Officer.

Current work includes: the Graduate registration campaign; the Cosmetic nursing position statement; Internationally Qualified Nurses and Midwives Outcomes Based Assessment; rural and isolated practice endorsement transition; CPD requirements; and consultation input.

There is a lot of information on both the NMBA and ANMAC websites with respect to work that the Board has produced and particular positions on the pandemic. All of the Boards in the national scheme agreed to the Registered health practitioners and students and COVID-19 vaccination document. This provides a clear position that vaccination plays an integral part of providing safe and quality health care.

The NMBA has been doing some work on the Regulatory plan, which addresses the Educating the Nurse of the Future Report. Upcoming work and projects include: a national assessment tool for undergraduate nurses; a review of the NP Accreditation Standards and NP Endorsement Registration Standard to address the need for the NP pathway to encourage broader skills; and quality clinical placements. There has been stakeholder engagement with students and employers of nurses and midwives. The NMBA is also working to further enhance the services offered by the Nurse and Midwife Support Program and is working with CATSINaM to support the culturally safe care of nurses and midwives.

Please visit the NMBA website for further information: [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

## **6. Australian Nursing and Midwifery Accreditation Council update**

An update was provided by Fiona Stoker, ANMAC Chief Executive Officer.

This year has been particularly challenging for education providers, students and health practitioners. There have been a number of programs submitted for accreditation. ANMAC continues to accredit programs using virtual site visits with face to face visits planned for next year. With video conferencing you lose connections and the ability to have good conversations. ANMAC relies heavily on interaction with the team and the students for information on the education program. Communication with other stakeholders has been good too. ANMAC has reduced clinical placements hours for undergraduate students by up to 40 hours but the majority is 10-15 hours. Students have been performing well in vaccination clinics with the CDNM now including that in placement. ANMAC hope to see the return of international students but need to get through the back log. ANMAC is planning to review the Enrolled Nurse Accreditation Standards next year. ANMAC also had a very successful Colloquium this year.

Please visit the ANMAC website for further information: <https://www.anmac.org.au>

## **7. Australian Nursing and Midwifery Federation update**

An update was provided by Annie Butler, ANMF Federal Secretary.

After we last met in June, the Prime Minister announced that there would be mandatory vaccination for all those working in residential aged care. There was concern at the time of the announcement as there was no consultation. Aged care workers were promised vaccination by the end of April and that was not delivered. ANMF, other unions and aged care providers started meeting with the Commonwealth Health Department twice weekly to get this vaccination rollout working properly. Issues discussed included: access to supply; access to leave; and time to get the vaccination and recover from any effects. By September more than 97% of the aged care workforce had received their first dose of the vaccine. This was an extraordinary effort by all. To date over 99% of aged care workers in residential aged care have had their first dose and 91.5% have had their second dose. The ANMF continues to meet with the Commonwealth Health Department once per week as the rollout is extended to in home care and community aged care. The ANMF continues to pursue the issue of an RN to be in residential aged care 24 hours a day. Our campaign has now gained the support of Helen Haines MP who is a former nurse and Senator Rex Patrick. The ANMF is also pursuing better pay and working conditions for nurses and care workers in aged care. We have a Work Value Case with the Fair Work Commission seeking a 25% pay increase for nurses and aged care workers across the board. There was a recommendation from the Royal Aged Care Commission to work together. Unions are working with aged care providers but also need the government to participate, to commit to funding for wage increases. The ANMF is arguing that this work should be valued just as equally as other work.

Please visit the ANMF website for further information: [www.anmf.org.au](http://www.anmf.org.au)

## 8. CoNNMO Council update

Minutes of the previous meeting held on 4 June 2021 were accepted as a true and accurate record.

The outstanding item from these minutes include - the current exemption for privately practicing midwives (PPMs) which is due to expire in December. Tanya Vogt reported that the Government has agreed to extend the exemption, a statement will go out shortly in the NMBA newsletter.

CoNNMO is seeking nominations for two Council positions. Nominations will be open for another week. We encourage organisations to consider nominating to Council.

The Chair & Secretariat Report is available on the CoNNMO website.

## 9. Member experiences with COVID-19

### Meredith Cummins - Cancer Nurses Society of Australia

Many patients couldn't access metro areas and had to go to other areas for treatment due to the COVID outbreaks. There was a huge impact on staff and re-deployment, staff felt they were not valued. There was patient hesitancy and delays with appointments. People presented with more advanced disease. In the day therapy unit staff were doing 12 hour shifts. The number of patients in hospitals increased. Staff were moved to work in COVID wards. Challenges were faced with availability of chairs for treatment, booking spots and a nurse to deliver their treatment. Staff had reduced time for patient education about patient treatment. There was an increase in calls between cycles. Chemotherapy was stopped. Radiotherapy was less impacted. Surgery was impacted for solid tumours. Stem cell treatment was delayed. There was high patient anxiety. Staff were exhausted with no annual leave. There was confusion with the jurisdictions and inconsistent border regulations. University clinical placements were also disrupted which then impacted the workforce. An enormous number of cancer nurses were re-deployed to airport screening that had the largest amount of abuse. Call centres, hotel quarantine, vaccination hubs, pop up clinics. Although we have seen the best of the nursing profession, we have seen the worst in how nurses are treated by management. They have been viewed as nameless resources to be moved about at will, with poor communication, poor work health and safety conditions at the testing centres in particular. There was inconsistency with how staff were to be furloughed. Nurses would talk to patients all day for 9 hours with no debrief at the end of the shift. There has been a high turnover of staff, high number of resignations, and no acknowledgement.

### Anne Smart - Australian Women's Health Nurses Association

There was minimal impact with clinic numbers well down. Many nurses were re-deployed to work in vaccination clinics. They felt supported and were upskilled with training opportunities. These were demanding times with high expectations of re-deployed staff. Ongoing emotional and psychological strain. COVID care in the community. Lots of phone consultation with clients. When nurses were able to give more conversational time to people, this had more meaning and was very rewarding. There was an increase in clients requesting abortions, in particularly rural, regional and remote areas, needing to be referred out of the local health district due to limited access. There were delays in progressing workplace policy development due to the re-deployment of staff. There was fear of catching COVID amongst workers and an increase in mental health stress and anxiety and reduced ability to exercise in lockdowns. The association kept active in supporting its members during this time.

### Jane Clarke – Continence Nurses Society of Australia

We mostly see private clients and those with NDIS funding. With COVID we gave clients the option of telehealth or face to face assessments. Getting to certain areas proved difficult with some flights cancelled and further COVID restrictions. Having to have regular COVID screening and PPE. We were still seeing regular clients with catheter changes but had to modify some examinations. Telehealth was very challenging, in particular doing assessments, it felt like it was incomplete.



Continence involves a thorough assessment which looks at the whole person, in person. Also had many calls from other agencies for assistance with staffing. Continued to organise virtual education so staff could keep up their continuing professional development.

#### Joanne Perks – Australian Sexual Health and HIV Nurses Association

Have been working mostly from home via telehealth. ASHHNA nurses were already experts in contact tracing and so many were re-deployed from their positions to contact tracing for COVID. This took them away from their work at sexual health clinics. There was an increase in STI's, in particular Gonorrhoea and Syphilis. Many clients are due for cervical screening and breast health. Telehealth makes it difficult to check on a women's health emotionally and holistically. Continued with social support calls. The clinic was in a hot spot at one point so had to close so all appointments were by telehealth. Prescriptions were a problem, as they were being sent to pharmacies not the client. As a nurse practitioner, billing was an issue as you can only bill for the time with your client, not the time afterwards- writing scripts, sending information etc. In the justice system, face to face visits continued but had to wear PPE and do rapid antigen tests every time you visit a facility. Vaccine hesitant clients and a shortage of birth control pills and hormone replacement therapy medications. Increase in unplanned pregnancy and domestic violence. Ongoing I think appointments will be both by face to face and telehealth. Time to reflect.

#### Shelley Reid – Australian College of Neonatal Nurses

During the first COVID outbreak last year, the neonatal ward continued to allow both parents to see their baby. In the second lockdown parents were only allowed to see their baby one at a time. This year all units were full, it was difficult for some families who were not from the area. There wasn't enough resources as we didn't anticipate what would happen. Staff feel that work is onerous, takes a while to check in to reach your work place, have to wear full PPE, and working in the neonatal unit which has to be kept warm has resulted in facial injuries for nurses due to masks. People are tired and there is resentment but generally coping. It is important to connect socially and in particular with those that can relate.

#### Adam Searby - Drug and Alcohol Nurses of Australasia

DANA did two pieces of qualitative work with our members last year. They reported reduced contact with health services. Members reported on service closures which then leads to long wait lists, service demand and catching up. Fear was also reported, especially for older nurses who took leave and have not returned since. Fear of catching COVID and of re-deployment. Lots of presentation changes as well - increased acuity, changing substances, changes in treatment with an accelerated long acting injectable rollout of opiate substitution treatment. Work in telehealth had some teething issues initially. Less appropriate for those marginalised clients that the members were seeing. Most lost, broke or had no phone credit or reception. Not being able to see people caused heightened anxiety around risk, particularly around suicide assessment, domestic violence assessment and mental health assessment. Over 90% of people prefer and went back to face to face assessment.

DANA also did a survey of 1,300 nurse members in a variety of settings on alcohol consumption. There was a 32% increase in alcohol consumption since the pandemic started. 71.5% reported feeling more stress at work and 33% feeling very stressed at work.

#### Jacque Burton – Australian College of Children and Young People's Nurses

In paediatrics, there was not a big burden of patients but unexpected transfers of patients from other hospitals. Many units were converted to COVID wards, with staff reporting on survivor guilt. Our processes are more streamlined, in particular for infectious patients and how we deal with them. Managing children who are unwell is difficult for families with only one support person allowed to visit.

We have seen more premature babies, with low birth weight and with cardiac disease. Mental health concerns with home schooling impacting parents and children.

## 10. Programs of support for nurses and midwives

Mark Aitken is the Stakeholder Engagement Manager with Nurse & Midwife Support and the Deputy Director of the Nursing and Midwifery Health Program Victoria (NMHPV).

Mark has been a registered nurse for over 30 years. He has worked in many and varied areas of nursing and midwifery, including general surgical and medical units, critical care, sexual and reproductive health, education, research, project management, maternity services and residential, community and specialty aged care services. Mark is passionate about supporting health and wellbeing.

Nurse and Midwife support is a 24/7 support service for nurses, midwives and students. The service has been operational for over 5 years. The health and wellbeing of nurses and midwives has been impacted by the pandemic. Nurses and midwives health matters as they look after others and put their health on the back burner. Nurses and midwives need to take responsibility for their health, supported by their colleagues and management. Nurses and midwives support those that are struggling and connect them to services. Gratitude and acknowledgement of the work that nurses and midwives are doing is important. Remember to pause and be mindful. Take your stress temperature by asking yourself how stressed you are on a scale of 1 to 10. Regularly check in with yourself and each other. Ask yourself Am I ok? Ongoing and prolonged stress can lead to serious health problems. We want to prevent chronic stress, recognise triggers, implement strategies early and a work/life balance. We encourage nurses and midwives to have their own self care plan. Self-care is vital. Issues that nurses and midwives are needing support for include: workplace stress, occupational violence, anxiety, fear, depression, anger, exhaustion, uncertainty, burnout, moral distress, compassion fatigue and substance use. Support is only a phone call away. We provide a national 24/7, anonymous, confidential and free support service. A variety of resources are available to you.

For more information please visit the Nurse and Midwife Support website at: <https://nmsupport.org.au> or call 1800 667 877. The NMS presentation is available on the CoNNMO website.

Glenn Taylor is a registered nurse who commenced in the role of CEO with Nursing and Midwifery Health Program Victoria (NMHPV) in 2008. He has worked in the profession for over 30 years, mostly in the areas of mental health and alcohol and other drug use. Glenn has long held an interest in the health of his colleagues in the profession. He feels privileged to be in a position to directly support, assist and influence the health of those in Victoria's workforce. Glenn continues to enjoy working with all stakeholders to address the challenges our colleagues continue to face.

The Nursing and Midwifery Health Program in Victoria was established in 2006. It is a free support program. The program received some extra funding from the Andrews Government and were able to acquire more staff. We were swamped and recognised that we were needed. It has been quite humbling and we had an important role to play. Feedback we have received was that it has made a huge difference to have someone to talk to. Nurses felt scared, anxious, frustrated and angry. They embraced being able to connect online rather than having to travel to Richmond. Very effective, less confronting and more inviting in the online platform. Our demand in the last year increased by two and a half times the previous year. It is important to know that you do have people to lean on. The pandemic has presented the opportunity to yell out how important we are. The question I always ask is: Can you do your job to the best of your ability? You must focus on self-care. The Nursing and Midwifery Health Program can also come to your workplace to assist.

For more information please visit the Nursing and Midwifery Health Program Victoria website: <https://www.nmhp.org.au>

**11. Questions**

Marian Linnane facilitated questions from CoNNMO member representatives.

**12. Other business - nil**

**13. Member reports**

Written reports were provided by the following CoNNMO member bodies (see attached):

Audiometry Nurses Association of Australia Inc.

Australasian Hepatology Association

Australasian Institute of Digital Health - Nursing and Midwifery Community of Practice

Australasian Neuroscience Nurses Association

Australasian Rehabilitation Nurses Association

Australasian Sexual Health and HIV Nurses Association Inc.

Australia and New Zealand Urological Nurses Society

Australian Association of Stomal Therapy Nurses

Australian College of Neonatal Nurses

Australian College of Nurse Practitioners

Australian College of Nursing

Australian Faith Community Nurses Association

Australian Nursing and Midwifery Federation

Australian Primary Health Care Nurses Association

Australian Women's Health Nurses Australia

CRANA*plus*

Continence Nurses Society of Australia

Drug and Alcohol Nurses of Australasia

Flight Nurses Australia

Palliative Care Nurses Australia

Professional Association of Nurses in Developmental Disability Australia

Psychogeriatric Nurses Association of Australia

Renal Society of Australasia

**14. Next meeting – to be advised.**