nmb:update

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From the President

Dear Nursing and Midwifery Colleagues

Nursing and midwifery practice can sometimes be demanding and stressful, but it can also be satisfying and rewarding. Our education and experience allow us to assess and respond to the health needs of others and to provide safe care.

Some people, not nurses or midwives, may envy our professional recognition, status in the community, access to employment, salaries etcetera. Some people, who have not had the appropriate education, may not appreciate the intricacies of practice and may presume that they could undertake the professional duties and responsibilities of nurses or midwives.

In this issue of *nmb: update* there are two items about unqualified people holding themselves out as being registered nurses. From reports received in the Board's office, there are other instances also occurring in our community. Where possible, an inspector follows up reported instances and offenders are prosecuted in court in the interests of public safety.

Those of us who have management roles play an important part in ensuring that the nurses and midwives, for whom we have responsibility, hold current registration or enrolment in the appropriate category.

Modern photocopying technology is so good that it can sometimes be difficult to tell if a document is an original or copy. It is suggested that you should insist on seeing and examining original "authority to practise" cards. While it can be good administrative practice to retain a photocopy for your records, it is important to insist on seeing the original.

Further, it cannot be guaranteed that the person possessing an "authority to practise", in a particular name, is in fact that person. It is suggested that prospective employers also need to see appropriate original identification documents such as birth and marriage certificates or passports in order to help satisfy you that job applicants are who they claim to be. It is good practice also to check education qualifications, especially if particular expertise is being sought.

Sometimes the registration of a nurse or midwife may have been cancelled or conditions may have been imposed on registration or enrolment. Therefore it is recommended that periodic checks be made to monitor that nurses and midwives continue to be registered or enrolled, and that any conditions have been identified and implemented.

In this issue, you will also note a summary of visits by inspectors to ensure that people, practising as nurses and midwives, hold current registration, authorisation or enrolment as applicable. The inspectors undertake an important monitoring and educative role regarding compliance with legislation.

The Board's website provides a search facility to check for names in the Registers and Roll. If you have any concerns, you should telephone the Board's office. Sometimes there may be a simple explanation for a discrepancy. However sometimes, what starts as a casual enquiry, may end up leading to someone who is holding out as a nurse or midwife being identified and appropriately dealt with under the law.

Nurses and midwives require appropriate knowledge, skill, judgement and care in undertaking their professional roles and an unqualified person may potentially do serious harm to a trusting patient, client or woman and even jeopardise the safety of the nurses or midwives with whom they work.

As nurses and midwives, we are collectively responsible for the provision of safe nursing and midwifery services in our community. An employer or consumer, who believes she or he is engaging the services of a registered health professional, is entitled not to be deceived.

If you have any concerns about this matter, I suggest you contact the Board's office and follow up your concerns. The community deserves our diligence in these matters.

The Board receives generally positive feedback about *nmb: update*. I trust you will find the articles in this issue, including the ones I have mentioned, interesting and informative.

Warm regards
Prof Jill White
President

Poisons and Therapeutic Goods Amendment (Midwives) Regulation 2007

Her Excellency the Governor, with the advice of the Executive Council, has made the *Poisons and Therapeutic Goods Amendment (Midwives) Regulation 2007* under the *Poisons and Therapeutic Goods Act 1966*.

The object of this Regulation is to provide for registered midwives to have the same responsibilities and functions as registered nurses under the *Poisons and Therapeutic Goods Regulation 2002* in relation to the supply and possession of restricted substances and drugs of addiction. Previously the Regulation did not permit registered midwives to administer Schedule 8 drugs in hospital settings unless they were also registered as nurses.

Chairperson of the Australian Nursing and Midwifery Council

The Australian Nursing and Midwifery Council (ANMC) is the peak body established in 1992 to facilitate a national approach to nursing and midwifery regulation. The Nurses and Midwives Board and its equivalent organisations in other States and Territories each nominate a Director of the Council.

Professor Mary Chiarella is a Member of the Nurses and Midwives Board of New South Wales and was elected as Chairperson of ANMC on 28 November 2007 for a period of three years. Mary is congratulated on her election.

Inspections Under the Nurses and Midwives Act

Section 77A of the *Nurses and Midwives Act 1991* provides for the Board to appoint inspectors to carry out certain functions relating to compliance of the legislation.

Routine inspections of various health and aged care facilities and medical centres are undertaken by inspectors to ensure that the nurses and midwives working in these facilities hold current authorities to practise.

All nurses, midwives and employers are encouraged to monitor compliance with the

notice

requirements of legislation so that a visit by an inspector will not cause any undue concern.

Section 77A provides for inspectors to enter premises where nursing or midwifery is practised. Full details of the above may be found by following the link to the Act from the "legislation" page on the Board's website.

From 1 January 2007 to 31 December 2007 there were 72 facilities visited across New South Wales. From these inspections the registration and enrolment of 7,475 nurses and midwives was checked. These figures included:

Registered nurses	4,793
Registered as a nurse and midwife	1,587
Registered midwives	16
Enrolled nurses	1,079

Of these, the following were practising while not registered or enrolled:

Registered nurses	9
Registered midwives	0
Enrolled nurses	2

The Board considers the circumstances in each instance to decide whether to initiate prosecution for breaches of the Act. Where a person was previously registered or enrolled and has practised following cancellation of registration or enrolment, the Board may refuse a subsequent application.

In instances where there are no other concerns and there may have been an unintended oversight by a nurse or midwife, the Board may consider that a cautionary letter to the nurse or midwife is adequate to deal with the matter. However, in such cases, any repeated offences would be viewed more seriously.

Discrimination – Race and Disability

The Crown Solicitor acted for the Nurses and Midwives Board (NMB) and the Health Care Complaints Commission (HCCC), who were the second and third respondents to proceedings brought by Christine Yee, in the Federal Magistrates Court. Ms Yee's employer had suspended her from clinical duties due to concerns about her psychological condition and the case was

referred to the Board for assessment of her capacity to practise as a nurse.

Ms Yee failed to attend for a medical assessment and the matter was referred to the HCCC. Ultimately the Nurses and Midwives Tribunal heard the matter and ordered that the nurse's name be removed from the Register of Nurses for a period of two years.

Ms Yee made a complaint to the Human Rights and Equal Opportunity Commission (HREOC) that each of the respondents had subjected her to racial and disability discrimination. The HREOC terminated her complaint and she applied to the Federal Magistrates Court under the *Human Rights and Equal Opportunity Commission Act 1986*, alleging unlawful discrimination.

On behalf of the NMB and HCCC, it was submitted that they are independent statutory authorities and had fulfilled their obligations under statute and Federal Magistrate Raphael accepted this submission, concluding that Ms Yee had failed to draw the required causal connection between the actions of the NMB and HCCC and her race and alleged discrimination. Consequently, His Honour summarily dismissed the application and ordered she pay the respondents' costs.

The full details of this matter can be read on the Australasian Legal Information Institute website at www.austlii.edu.au/au/cases/cth/FMCA/2007/1788.html

Advanced Diploma in Nursing at UNE

The University of New England, Armidale (UNE) offers an exit pathway from its Bachelor of Nursing (BN) course, which will qualify students to work as enrolled nurses after their first two years of study, as well as registered nurses at the completion of the three-year degree course.

People entering the BN course could either complete the three years of study and gain a Bachelor of Nursing degree and eligibility for registered nurse status, or graduate with an Advanced Diploma in Nursing (and enrolled nurse status) after two years. Diploma graduates could, when they wished, return to UNE to upgrade their diploma to a degree.

The new program has flexible entry as well as exit points: TAFE-qualified enrolled nurses will be able to go straight in to the second year, enabling them to gain the BN degree and qualify as registered nurses after two years of study.

Refusals of Registration

In the period July to December 2007, five (5) applications for registration as a nurse were refused from persons who had qualifications in nursing from universities in New South Wales.

In one of those instances, it was identified that an applicant had been granted two years academic credit towards a Bachelor of Nursing degree for prior nursing studies completed at secondary school level in another country.

Two applicants were persons who, although holding nursing qualifications from Australian universities in addition to international qualifications, had been referred to undertake the competence assessment program at the College of Nursing and both were unable to demonstrate safe practice in that assessment.

One applicant held a nursing degree from a university in this State in addition to international qualifications and the application was refused because of the applicant's inability to demonstrate English language skills adequate for nursing practice.

Nurses and Midwives Board Annual Report

The Nurses and Midwives Board is listed in Schedule 2 to the *Public Finance and Audit Act 1983* and is a statutory body within the meaning of the *Annual Reports (Statutory Bodies) Act 1984*.

Each year the annual report is tabled in the New South Wales State Parliament and distributed to the NSW Department of Health, registration authorities, education institutions and nursing organisations. It is also available on the Board's website.

Nurses and Midwives Board Midwifery Forum

The Nurses and Midwives Board (NMB) held a Midwifery Forum at Darling Harbour in October 2007. Over 50 participants attended the day with representation from the NSW Department of Health, university faculties, professional midwifery organisations, authorised midwife practitioners and members of the NMB and the Midwives Practice Committee.

The objectives of the forum were to inform and seek comment from the stakeholders about the draft Guidelines for Curricula Leading to Registration as a Midwife in NSW and to clarify the scope of practice of midwife practitioners and identify criteria and standards for midwife practitioner authorisation.

The morning session was discussion and group work by the participants regarding the curriculum, the implications and challenges for education providers, students, service providers and consumers. The afternoon session focused on the area of midwife practitioners, their scope of practice and critical issues related to the authorisation of midwife practitioners.

The proposed changes to the guidelines for midwifery courses are being reviewed and refined further, with benefit of feedback from the forum participants.

The Board sought broad consultation regarding the scope of practice of midwife practitioners to clarify the objectives for education and criteria for assessment of midwife practitioners.

Four presentations were made prior to group discussion and these were given by:

Caroline Homer, President of the NSW Midwives' Association

Liz Harford, Principal Advisor, Nurse Practitioner Project, NSW Department of Health

Rosalie Nunn, authorised midwife practitioner

Anne Fry, NMB Professional Officer

Nurses and Midwives Tribunal Cases

The primary function of the Nurses and Midwives Tribunal is to protect the public. Other matters to be considered are the maintaining of discipline within the profession and maintaining of public confidence in the profession.

Whilst it is an established principle of law that the Tribunal should impose the least possible restrictive orders the circumstances warrant, the protection of the public is paramount and outweighs the onerous burdens that orders may place upon a nurse or midwife.

Described below are two cases that have been before the Nurses and Midwives Tribunal in the past 12 months.

Case 1 – Possession of Child Pornography

The Nurses and Midwives Tribunal conducted an inquiry into complaints made in accordance with section 44(1) of the *Nurses and Midwives Act 1991* in relation to an enrolled nurse.

There were four complaints against the nurse:

- Complaint One was that he was guilty of unsatisfactory professional conduct within the meaning of section 4 of the Act
- Complaint Two was that he was guilty of professional misconduct within the meaning of section 4 of the Act
- Complaint Three was that he was not of good character; and
- Complaint Four was that he had been convicted of an offence, the circumstances of which render the nurse unfit in the public interest to practise nursing.

The particulars of the first three complaints related to possession of child pornography and the particulars of Complaint Four were that the nurse was convicted of one count of possession of child pornography under section 578B(2) of the *Crimes Act 1900*, being 188 images of females apparently under the age of 16 years.

Background

The nurse was employed as an enrolled nurse from 1975 to 2005. In 2004, acting on information that the nurse may have accessed internet

sites containing images of child pornography, police made a search of the nurse's home and located a number of items of computer equipment including a personal computer, extra hard drive and numerous CDs and floppy discs.

Evidence

In statements given to the police, the nurse admitted to accessing websites but maintained a belief that the persons depicted were females between 18 and 30 years.

In 2005 a qualified officer of the NSW Police forensically examined the computer hard drives, CDs and floppy discs seized from the nurse's home. During the examination the officer located 2386 pornographic images on one of the CDs, approximately half of which depicted children who appeared to be under 16 years of age.

The nurse participated in a further interview with police and was shown four of the seized images that he agreed were pornographic and that they depicted young girls. He admitted to downloading the images.

The nurse pleaded guilty in court to possessing child pornography, an offence against section 578B(2) of the *Crimes Act 1900 (NSW)*. He was convicted, given a suspended sentence for nine months with an additional term of three months, and placed on a bond for 12 months, the conditions of which included supervision by the Probation and Parole Service.

Findings

Following referral of the matter to the Nurses and Midwives Board and, in turn, the Health Care Complaints Commission (HCCC), a notice of complaint was sent to the nurse in accordance with section 28 of the *Health Care Complaints Act 1993 (NSW)*. In his written response the nurse described his shame and humiliation and admitted that he had accessed the sites in question. In a subsequent letter to the Health Care Complaints Commission, he advised that he would not be contesting the matter and indicated acknowledgement that it would be appropriate for his name to be removed from the Roll of Nurses.

The Tribunal was satisfied that the nurse's conduct was of a sufficiently immoral, outrageous and disgraceful character to make the determination that he does not possess the requisite knowledge or judgement expected of him as a nurse. The Tribunal was satisfied that the nurse's conduct constituted professional misconduct.

As a further consequence of the nurse's conviction he became a 'prohibited person' under the *Child Protection (Prohibited Employment) Act 1998*. Under that classification there are statutory impediments to his undertaking "child related employment" which may impact upon his ability to work. Also as a result of his conviction the nurse was required to register as a sex offender pursuant to the *Child Protection (Offenders Registration) Act 2000*.

Orders

The Tribunal, taking all the evidence into account, found that the nurse was guilty of professional misconduct; that the nurse was not of good character and that the nurse had been guilty of a serious offence, which had been particularised and which offence renders the nurse unfit in the public interest to practise nursing.

The Tribunal ordered that the nurse's name be removed from the Roll of Nurses in New South Wales for a period of two years. It was further ordered that following this period the nurse may make application to restore his name to the Roll and that such application is considered under s.68 of the *Nurses and Midwives Act 1991*, by a newly constituted inquiry.

Case 2 – Theft and Criminal Offences

In August 2007 the Nurses and Midwives Tribunal conducted an Inquiry into complaints against a registered nurse. The four complaints set out by the Health Care Complaints Commission (HCCC) alleged that the nurse:

1. Was guilty of unsatisfactory professional conduct within the meaning of section 4(2) of the *Nurses and Midwives Act 1991*
2. Was guilty of professional misconduct within the meaning of section 4(1) the Act
3. Has demonstrated by her conduct that she is not of good character
4. Suffers from an impairment within the meaning of section 4A of the Act.

Particulars of Complaints One and Two

1. On or about August 2004, whilst employed as a nurse at a private hospital, the nurse stole a credit card from a patient
2. On or about August 2004, the nurse attempted to purchase a quantity of alcohol using the credit card that had been stolen.

Particulars of Complaint Three

1. On or about August 2004, whilst employed as a nurse at a private hospital, the

nurse stole a credit card from a patient
2. On or about August 2004, the nurse attempted to purchase a quantity of alcohol using the credit card that had been stolen
3. The nurse had been charged with a number of criminal offences between 2000 and 2007 and these included several counts of shoplifting, obtaining goods by deception, having goods suspected of being stolen, offensive language and driving under the influence.

These convictions were heard in local Sydney courts, however a number of the charges were dismissed under s.32 of the *Mental Health (Criminal Procedure) Act 1990*.

Particulars of Complaint Four

The nurse suffers from mental conditions or disorders, namely, a mental illness, which detrimentally affects or is likely to detrimentally affect her mental capacity to practise nursing.

Background

The nurse is said to have suffered a number of medical conditions including spina bifida occulta, childhood dyslexia, adolescent anorexia nervosa, severe glandular fever and viral encephalitis, head injuries from assaults, epileptic seizures following drug overdose and migraine headaches. In November 1996 she was found to have committed larceny but dealt with under s.556A of the *Crimes Act 1900* with no conviction recorded.

She undertook a Bachelor of Nursing degree between 1996 and 1998 and was first registered as a nurse in January 1999. The nurse declared the larceny offence to the Board on her application for registration and the matter went to the Board's Conduct Committee, which deemed that as no conviction was recorded, her application for registration could proceed.

She was employed as a registered nurse at a large private hospital from February 1999 to May 2002. Between September 2002 and May 2003 she was employed with a nursing agency and in May 2003 began working on a casual basis at a private hospital. In July 2004 the nurse's employment at the private hospital was changed to a permanent part-time basis. In September 2004 the nurse was given a written warning by the Deputy CEO of the hospital concerning her "unsatisfactory job performance related to professional behaviour" in particular her manner of speaking to patients.

On 9 November 2004 the Deputy CEO wrote to the nurse again stating that the "issue of professional behaviour" had not been addressed despite the implementation of an education plan in mid-September. The nurse was required to attend a meeting on 15 November to discuss her "inappropriate and unprofessional communication with other staff" and "failure to respond to directions from Nursing Unit Managers". She was issued with a formal warning on 17 November in relation to "unsatisfactory attitude" and behaviour in relation to her "unprofessional and inappropriate communication to other staff".

On 15 December 2004 the Deputy CEO wrote to the nurse noting that she had told her Nursing Unit Manager on 9 December that she was resigning from her position and that she failed to report for duty on 13 and 14 December. On 21 December 2004, after receiving no response from the letter sent to the nurse, the hospital terminated her employment.

From October 2005 the nurse was employed casually at a private hospital but once again following a performance review conducted in February 2006 and a further review in March, her employment was terminated in June 2006.

Over a period of time dating from 2000 to 2006 the nurse had admissions to at least five health facilities with a range of diagnoses including major depressive disorder, poly drug abuse, overdose, severe personality disorder and postnatal depression following the neonatal death of her second child.

Findings

Because of the nature and extent of evidence in this case concerning psychiatric and/or physical illness or conditions suffered by the respondent nurse, the Tribunal considered it appropriate to deal first with Complaint Four relating to impairment.

The Tribunal noted that many, if not all of the references to possible organic causes of brain damage and many other references to a variety of medical conditions said to form part of the nurse's history apparently rely upon her own account. The main exceptions to this are in the discharge summaries from the hospitals to which the nurse had been previously admitted and the report from the neuropsychologist who sighted 'various CT and MRI brain scans' and conducted her own testing.

The Tribunal noted that it was of particular concern that the history given by the nurse of her periods of hospital

treatment included substance abuse including the intravenous use of heroin and cocaine. Indeed, the Tribunal noted that on one of the admission in 2004, approximately three weeks after the events which form the subject of Complaints One and Two, the nurse was recorded as having made occasional use of heroin during those three weeks. On a subsequent admission the following year she is recorded as having used heroin sporadically since adolescence and daily between September 2004 and December of that year.

Taking the evidence of the medical history of the nurse as a whole, the Tribunal was comfortably satisfied that whatever the nature of the condition or conditions from which she suffers, it was clear that these have had a detrimental effect on her nursing practice and are likely to continue to do so until adequately assessed and treated.

The Tribunal did not accept the submission on behalf of the HCCC that a finding of mental impairment prevents the tribunal from making findings of unsatisfactory professional conduct or professional misconduct. In this case no peer review had been presented and on this basis alone it would not have been appropriate for the Tribunal to make a finding in relation to the relationship of the conduct complained of to professional standards.

In the absence of clarity as to the appropriate diagnosis or diagnoses in this case, it was not possible for the Tribunal to be comfortably satisfied that the nurse was affected by a "dissociative episode" or some other impairment of her functioning at the time of the acts, which form the basis of Complaints One and Two. Because of the lack of clarity, and the lack of peer review evidence the Tribunal found that it could not be comfortably satisfied that Complaints One and Two could be made out.

The Tribunal was not comfortably satisfied that Complaint Three had been made out despite the long and ongoing history of involvement with the police. The ongoing nature of the nurse's forensic history is nevertheless relevant to the Tribunal's findings as to the appropriate sanctions. In particular, the Tribunal notes that there is no evidence before it that the nurse has insight into the nature of her problems. Nor is there evidence of any contrition on her part.

The Tribunal noted the importance, particularly in the context of this forensic history, of the role of the Tribunal in the protection of the public and the reputation of the nursing profession. The Tribunal gave careful consideration to the extent of its powers under section 64 of the Act given that the nurse has ceased to be a registered nurse by reason of a cancellation of her registration in April 2007 in accordance with section 33 of the Act. Section 33(3) allows the Board to cancel the registration of a nurse for failure to pay the annual practising fee. Even though the deregistration in this case is one brought about by an administrative procedure at the Board level under section 33 of the Act, the Tribunal accepts that at the present time, the nurse can not be described as a person who is registered in the relevant sense. Therefore the Tribunal accepts that its powers are only to limit the re-registration of the nurse in accordance with section 64(1)(b), (d), (e) or (f) of the Act.

Orders

The Tribunal was satisfied that the conditions as proposed are appropriate, namely:

1. The Respondent not be permitted to apply to have her name restored to the Register of nurses for a period of two years from the date of the orders
2. If the Respondent applies to the Board to have her name restored to the Register, the following condition is to be imposed on her registration pursuant to section 64(1)(c):
   a. The Respondent is not to be permitted to practice nursing until she has been assessed by a Board appointed neurosurgeon or neurologist and by a Board appointed neuropsychiatrist and then a Board appointed psychiatrist.
3. The Tribunal also recommends the Nurses and Midwives Board consider imposing conditions on any re-registration of the nurse based on its consideration of the reports from the above specialists.

Comment Regarding this Case:

By the time this matter was heard by the Tribunal, the Board had cancelled the nurse's registration due to her failure to pay the annual practising fee. It was still advantageous for a Tribunal decision to be made with regard to this nurse, in the event that she may apply for registration in another State or Territory of Australia. Pursuant to section 70 of the Act, the Board is authorised to inform any body which, under the law of another State or a Territory, is responsible for the registration, enrolment or authorisation to practise of nurses or midwives, of a determination of the Tribunal under section 64.

If in the future the nurse wishes to apply to have her name restored to the Register, the Board may utilise the Schedule 1B inquiry process to consider whether she is competent to practise nursing.

Prosecution of Persons Falsely Claiming to be Registered or Enrolled Nurses

One of the ways in which the Nurses and Midwives Board works to protect the public is through the prosecution of persons who are falsely claiming to be registered or enrolled nurses or registered midwives.

Case One

The Board received a notification in regard to a person, Trent Edward Tame, who had been employed by a travel insurance company on the basis of being a registered nurse.

Offence One

The travel insurance company, through an employment agency, had advertised for an 'Underwriter/Registered Nurse' and an essential requirement of the position was that the applicant had a minimum of three years' experience as a registered nurse, and recent hospital experience. The travel insurance company only employed registered nurses as 'underwriters' because the nurse is required to use healthcare knowledge to undertake risk profiles with respect to nominated medical conditions, requiring an understanding of the manner in which medical conditions impact upon each other.

When the person applied for employment early in 2007, his resume claimed status as a registered nurse, having completed a nursing degree and been employed as a clinical nurse specialist at a major Sydney referral hospital for a period of eight years.

Offence Two

On the basis of his written application and assertion to being a registered nurse, the person was interviewed by the employment agency. During the interview the person confirmed he was a registered nurse and stated he had also worked as an 'acting nurse unit manager'. As a result he was short-listed for the position.

Offence Three

The medical underwriting manager of the travel insurance company then interviewed the person, during

which time the he made oral representations regarding his background and experience as a registered nurse. Based on his performance and qualifications he was considered suitable for employment and commenced work with the company in February 2007 and was terminated in May 2007.

On searching the Roll and Register there is no listing of this name as being either registered or enrolled in NSW.

The Board referred the matter to the Crown Solicitor's Office, which organised for an investigation of the alleged incident and the NSW Police Force Liaison Officer attached to the Crown Solicitors Officer undertook that investigation.

The Crown Solicitor's Office advised that the matter was listed before Magistrate Freund on 20 August 2007. The following Orders were made:

> "(i) in relation to the first offence, the defendant is convicted and is ordered to enter into a bond under s.9 of the *Crimes (Sentencing Procedure) Act 1999* for 18 months…accept the supervision of the Probation and Parole Service and any counselling that Service requires that he undertake.
> (ii) in relation to each of the second and third offences, the defendant is required to complete community service for 50 hours.
> (iii) the defendant is ordered to pay professional costs in the sum of $500 with 28 days to pay."

Case Two

In June 2007 the Human Resource Manager of Hunter Integrated Care Inc (HICI) contacted the Nurses and Midwives Board in relation to an employee, Donald Luigi Thorn, who had led his employer to believe he was a registered nurse throughout his employment from 2002 until 2007. Mr Thorn had been employed by the organisation as a Team Leader/Case Manager.

The Aged and Disability Services Manager had, during the course of a routine check of the Nurses and Midwives Board website, discovered there was no listing for a person named Donald Thorn. A check of the registration number provided by him in fact referred to the registration in respect of another registered nurse. The Manager then brought these discrepancies to the attention of management and telephone inquiries were made to the Nurses and Midwives Board in an endeavour to clear up the matter.

The registration documents tendered to HICI by Donald Thorn were then forwarded to the Board. It was evident that the documents were altered and there were a number of discrepancies in the documents to substantiate such belief. The Board advised HICI of their concerns as well as referring the matter to the Investigations and Inspections Unit of the Health Professionals Registration Boards for investigation.

When HICI was apprised of the situation the Chief Executive Officer wrote to Mr Thorn notifying him that he was suspended from further duties and that the registration documentation provided by him appeared to be invalid. On the 26 June Mr Thorn tendered his resignation from the organisation.

A Court Attendance Notice charging Donald Thorn with a breach of s.5(1)(b) of the *Nurses and Midwives Act 1991* was filed at the Downing Centre Local Court in Sydney. The matter was listed for the entry of a guilty plea on 14 December 2007 before Magistrate Bartley.

Magistrate Bartley noted that this was a serious offence, and persons holding themselves out pose a potential threat to the health of patients. General deterrence is of considerable importance. On the other hand, this case was at the lower end of the spectrum as there was no holding out in a clinical context and Mr Thorn was of generally good character and entered an early plea of guilty. His Honour imposed a fine of $1000, court costs of $70 and professional costs of $500.

Schedule 1B Inquiries

Schedule 1B to the *Nurses and Midwives Act 1991* provides a process for inquiries to be held regarding an application for registration or enrolment. An inquiry may include consideration of the applicant's competence to practise nursing or midwifery.

Recent Inquiries

Applicant 1
Mr A was previously registered as a nurse. In 2003 a complaint was made to the Board that Mr A had stolen Schedule 8 medications from his employer.

The complaint was referred to the Health Care Complaints Commission (HCCC) for investigation. In the interim, Mr A's registration was cancelled for non-payment of the annual practising fee and Mr A advised the Board that he no longer wished to practise. As Mr A was no longer registered as a nurse, it was considered that no further action was required, at that stage, to protect the public.

In 2006 Mr A applied for his name to be restored to the Register of Nurses. In view of the previous unresolved issue, the Board decided not to grant restoration but to treat this as an application for registration and convene an inquiry into his eligibility for registration and competence to practise as a nurse.

Prior to the inquiry Mr A was required to attend an appointment with a Board-approved psychiatrist who provided a report for the inquiry's consideration.

In relation to good character the inquiry considered Mr A's admissions of:

- theft of Schedule 8 medications from his employer in 2003
- past heroin use
- injecting heroin whilst at work in 2003; and
- fabrication of a story about a dying friend to hide his illicit drug use.

Mr A reported to the Board-approved psychiatrist and the inquiry that he had not used any substances since late 2003.

In relation to physical and mental capacity the HCCC investigation (2004) had found that Mr A suffered from chronic low-grade depression or dysthymia, which developed into major depression.

The Board-approved psychiatrist reported that Mr A had put in place a number of safeguards and appeared to have a great deal of insight into his substance misuse

issues and regarded him as being at relatively low risk of relapse and saw no contraindication to Mr A returning to a nursing role.

The inquiry members, as an alternative to refusing registration, decided to register the applicant subject to the conditions including: to abstain from using illicit substances; not to self-administer any S4D and S8D drugs or narcotic derivatives; to attend for twice weekly urinalysis; to establish a therapeutic relationship with a general practitioner, of his choice, at a frequency to be determined by the practitioner; to continue a therapeutic relationship with his counsellor, at a frequency to be determined by the practitioner; to advise his employer (and/or supervisor) of the conditions placed on his registration as a registered nurse; to adhere to any restrictions imposed by the Pharmaceutical Services Branch following the withdrawal of his drug authority; and to attend for review by the Board nominated psychiatrist in six months.

Applicant 2

Ms B had previously been a registered nurse. In 2005 a number of complaints were made to the Board that she had 'overstepped' her therapeutic and professional boundaries by selling goods to her clients and was involved in the theft / fraud of money and goods from her workplace and other places outside of work. The complaints were referred to the HCCC for investigation.

Ms B's registration as a nurse was cancelled for non-payment of the practising fee which had been due shortly after the receipt of the complaint.

During 2006 the Board received notification from her employer that Ms B had been working as a registered nurse whilst unregistered and had been asked not to return to work until she was returned to the Register. Soon after this notification Ms B made an application to the Board for restoration of her registration as a nurse in New South Wales. The Board refused her application for restoration of registration as a nurse and decided to treat her application as an application for registration as a nurse.

The HCCC investigation report, received late 2006, indicated that Ms B:

- although not observing and maintaining appropriate therapeutic and professional boundaries in her dealings with clients, did not personally gain from any transactions and her actions were primarily supportive of her clients;

- although convicted on 63 counts of fraudulently misappropriating money, this was not viewed as rendering Ms B unfit to practise as a registered nurse; and
- had held herself out as a registered nurse whilst unregistered for a period of seven month in early – mid 2006.

After consultation with the HCCC and considering advice from the Crown Solicitors Office, the Board resolved not to prosecute Ms B for "holding out" as a registered nurse whilst unregistered but to convene a Schedule 1B inquiry to consider her application for registration as a nurse.

Ms B attended the inquiry, which was held during 2007 and gave evidence about the complaints, her mental health and social and marital problems.

Following hearing of the evidence and discussion the inquiry members were not convinced that:

- the criterion of good character could be met. This was due to the fact that there were significant anomalies in her verbal and written evidence in relation to the allegations against her and no evidence to demonstrate to the inquiry that she had taken steps to address any problems that were at the root of the allegations
- her current mental capacity demonstrated sufficient resilience and robustness to be sure that she would cope with the challenges of clinical practice
- she has sufficient knowledge and skills in relation to her ability to manage her professional boundaries for future practice
- she has demonstrated that she is able to hold a position of trust since refusal of restoration to the Register.

The inquiry advised Ms B that possible strategies to address the concerns of the inquiry would include psychotherapy to assist her to gain greater insight into the nature and seriousness of the convictions and allegations against her; a demonstrated ability to hold down a job and grow a position of trust and some ability to maintain a level of currency in patient care.

Her application for registration as a nurse was refused.

It is noted that there is no statutory impediment on Ms B re-applying for registration as a nurse. The inquiry suggested to Ms B that she would be free to re-apply at any time but it might be wiser to re-apply after a period of six to

12 months has elapsed so that she is able to address some of the issues of concern brought to her attention by the members of the inquiry.

If she elects to re-apply for registration as a nurse the application would be treated as a new application. However, the inquiry expects that Ms B would be required, at that time, to address identified issues of concern.

Applicant 3

During 2007 Ms C applied to the Board for restoration of her enrolment as a nurse in New South Wales.

Ms C completed her nursing education approximately 36 years ago in 1971. Her enrolment had been cancelled in December 1972 for non-payment of the annual practising fee and she had not worked as an enrolled nurse in 35 years.

In support of her application Ms C submitted evidence of completing the Enrolled Nurse Refresher Course at TAFE NSW for which a course entry requirement was current enrolment as a nurse with a practicing certificate.

The inquiry was convened to consider Ms C's application for enrolment. The main issues for the inquiry were whether Ms C had the knowledge and skill to practise nursing; and whether Ms C was 'holding out' as an enrolled nurse during the Enrolled Nurse Refresher course undertaken.

Ms C attended the inquiry and gave evidence about her previous experience as an enrolled nurse in 1971-1972, her employment history since that time, her experience of the Enrolled Nurse Refresher Course and intentions for her return to nursing practice.

In summary the inquiry was of the opinion that although Ms C appeared to have insight into the changes in nursing practice and her motivation to return to practice and commitment to nursing were well expressed and well intentioned, it was not satisfied that:

- the refresher course for enrolled nurses is adequate in the circumstance of an application with an initial qualification of a nurses aide (1971) and little post-enrolment clinical experience
- the clinical and theoretical assessment within this refresher course would provide sufficient assurance to the Board that the safety of the public would be protected if Ms C were to be enrolled
- Ms C has a sufficient level of knowledge and skill to protect the public safety.

As an alternative to refusing enrolment the inquiry decided that Ms C may be granted enrolment subject to satisfactory completion of a Board approved Competence Assessment Program for enrolled nurses, such as is currently offered by the College of Nursing.

Applicant 4

Ms D applied for restoration of her registration as a nurse and as a midwife in early 2007.

Ms D completed both her general nursing course and her midwifery course in hospitals in metropolitan Sydney. Ms D was initially registered as a general nurse in NSW in October 1980 and was registered as a midwifery nurse in NSW in May 1985. Ms D indicated that her last employment as a registered nurse occurred in 1988 and that she last practised as a midwife in 1987.

The inquiry was convened to consider Ms D's applications. Ms D attended the inquiry and advised that although she had not practised as a nurse / midwife, she had undertaken a course in lactation counselling through the Nursing Mothers Association in 1996. Ms D also stated that she ran the local Nursing Mothers group for a period of five years and provided telephone lactation-counselling services over a period of two years.

Since early 2006 Ms D has been employed as an assistant in nursing at a local facility involving both clinical care and case coordination for 25 clients in the community. She indicated her intention, if granted registration, to undertake a refresher course and a 'reconnect' program for re-entry to the workforce.

Following hearing of the evidence the inquiry deliberated its decision. The inquiry was satisfied that:

- Ms D would be prepared to undertake the necessary refresher course prior to employment
- Ms D had demonstrated a willingness and ability to learn new skills related to the contemporary workplace
- Ms D appeared to have insight into the changes in nursing / midwifery practice since her previous employment as a registered nurse / midwife
- Ms D understood the need for on-going study and professional development and knowledge of current standards and the professional and legal frameworks for practice
- Ms D appeared to have an awareness of her own ability to cope with stress and the demands of the workplace.

As an alternative to refusing registration as a nurse the inquiry decided to grant registration as a nurse subject to a number of conditions. In summary these are that Ms D:

a) must undertake the Refresher Program for Registered Nurses at a particular identified major Sydney hospital or the College of Nursing and provide the Board with a report as soon as possible following completion of the program which indicates the outcome of the program and details of Ms D's practice as rated against the ANMC Competency Standards for the Registered Nurse (2006)
b) until the subsequent condition is concluded Ms D be employed only in a public hospital serving as a referral hospital which will allow exposure to a wide range of services including an emergency department and acute medical / surgical services
c) may practise in nursing only if a nominated nurse manager provides a detailed written report regarding Ms D's competence and safety in practice as a registered nurse. The detailed report must address each of the ANMC Competency Standards for the Registered Nurse. The report must be supplied by Ms D to the Board:
   i) within 3 months of first commencing employment; or
   ii) at the time of termination of employment (if less than three (3) months).

In relation to registration as a midwife the inquiry refused her registration. This does not preclude Ms D from applying for registration as a midwife at a later date. The inquiry suggested to Ms D that she wait at least 12 months from commencing employment as a registered nurse before making such an application to allow her to consolidate her return to nursing practice.

Research and Development Scholarship Reports

12th International Symposium in Paediatric Neuro-Oncology


Elizabeth Bland

The 12th International Symposium in Paediatric Neuro-Oncology (ISPNO), which is held every two years, was held in Nara Japan from 6th to 9th June 2006. It is the largest meeting of its kind where professionals from all disciplines within paediatric neuro-oncology can come together to showcase and discuss their research and, in a united forum, share their hopes and dreams for the future.

There were over 500 delegates from nursing, allied health, paediatric oncology, radiation oncology, neurosurgery and other medical specialities, scientists and pathologists dedicated to the field of paediatric neuro-oncology and representing many countries.

Over the four days there were a total of 109 oral presentations, five lunchtime seminars and 156 poster presentations. Throughout the symposium there was an excellent and diverse array of presentations addressing the 'basic science' of paediatric brain tumours (although not basic by any means), quality of life in children with brain tumours, nursing and multidisciplinary care, epidemiology and specific tumour groups, including past and novel therapies.

Significant Conference Papers

All the themes of the symposium were of particular significance. Those I found to be particularly salient explored in depth the quality of life issues in children with brain tumours as well as overall survival and the nursing and multidisciplinary care needs of brain tumour patients. The several key note lectures that addressed the advances that have been made towards our understanding of the genetics of brain tumours, and finally, the importance of good clinical research in neuro-oncology were also significant.

The chairman of the Paediatric Brain Tumour Foundation (PBTF), a leading charity in the USA, spoke at length about the needs of this patient group and outlined two key members of the

multidisciplinary team – the paediatric oncology nurse and the social worker, and their roles. It was recognised that children with brain tumours need nurses with a higher level of cancer specific knowledge and clinical expertise, which goes beyond that of a basic nursing program. It highlighted how fundamental this is for delivering quality care in paediatric neuro-oncology and how it lasts longer than the period(s) of being in hospital.

Moving personal accounts were given by a survivor and a parent of a child with a brain tumour. In particular they described the difficulties they faced in daily life and how they were overcoming them.

An international multisite study reported the findings of a project titled 'Quality Family Life for Children with Brain Tumours'. The researchers found that children who underwent radiotherapy and those that were off treatment and lived further away were reporting more school difficulties and appeared to report more emotional support needs. Their findings indicated that quality of life and support needs appear to be influenced by the child's treatment phase and the type. Therefore, resource allocation and interventions should be taking these factors into account.

A leading paediatric oncology consultant from the UK presented on the controversies and challenges of brain tumours in very young children, especially those with aggressive types of tumours. His paper and others reviewed the cooperative trials that have been done in the past and outlined factors which contribute to poor survival or survival with a decreased IQ and a poorer quality of life.

It was very clear that throughout the world there's an increasing need to know more about tumour biology and researchers at some institutions are looking at the genetics of brain tumours. Nurses are in a prime position to assist with conducting clinical research, as they are a constant at the patient bedside, clinics and other departments, constantly translating the medical language to patients, recording events and following through with medical orders.

Relevance of the Conference to Nursing in New South Wales

All the themes of the Symposium were of particular significance to me in my role as a clinical nurse consultant and care coordinator in paediatric neuro-oncology and my special interest in clinical trials research.

The ISPNO was especially relevant to nurses who regularly care for children with brain tumours, particularly nurses in New South Wales tertiary referral hospitals since the majority of patients are predominantly managed within one of these hospitals. However, as shared care for paediatric oncology patients with rural and regional hospitals increases, children with brain tumours will regularly access their local hospital and / or community nursing services for assistance to meet their healthcare needs. Unfortunately I was the only nurse in attendance from Australia and one of approximately 20 specialist nurses from around the world.

Since returning from the Symposium I have been able to disseminate up-to-date information on childhood brain tumours, during several study days pertaining to paediatric oncology nursing. These were attended by nurses from my institution and tertiary referral hospitals and it gave them the opportunity to increase their understanding of paediatric neuro-oncology, the salient points in multidisciplinary care, hear about what is happening on an international level and importantly, how they can translate this knowledge to the bedside to help deliver quality care in their areas.

Ideas, strategies, procedures which could be introduced in New South Wales

It is important to recognise that paediatric neuro-oncology isn't just about one discipline - it's a collection of many to provide holistic optimum care, may enhance the quality of care.

New South Wales might consider undertaking a needs analysis of all its neuro-oncology patients, irrespective of the treatment modalities used. This would be particularly important as we study the longer-term effects of childhood brain tumours.

Benefits of informal interchanges with other participants at the conference

I found the Symposium promoted and provided superb opportunities for interaction and exchange of information. The informality of the poster display allowed me the opportunity to talk with several authors about their research into quality of life (QoL) and the key factors in getting their projects off the ground. This gave me the impetus to consider putting forward a QoL and outcomes research proposal at my institution following the implementation of the brain tumour program at my hospital.

From this meeting I have made several new contacts with specialist nurses from the

UK and the USA and they shared how they have been able to manage their outcomes clinic. The meeting also gave me the opportunity to meet and get to know, on a personal and professional level, the clinicians from whom my department seeks second opinions and with whom we work collaboratively in clinical trials.

It was an ideal time to raise queries relating to complex protocols and discuss suggestions regarding the timing of specimen collection and chemotherapy so that it is consumer friendly. I was able to establish definite time points for the collection of specimens for research and confirmed that we were correctly interpreting the protocol. This was then communicated to the clinical research personnel at my institution. It was reassuring to hear that some challenges are universal and that my department's approaches are consistent with best practice.

Evaluation of the experiences derived from the Conference

It was a humbling experience to be amongst eminent international experts (scientists, researchers, clinicians and allied health professionals) in paediatric neuro-oncology. It was reassuring to hear many delegates speaking of similar experiences regarding patients' needs and the complexities of neuro-oncology at their institution. It made me recognise that my unit is delivering optimum care and is aspiring, through national and international research and collaboration, to be amongst the leading facilities for children with brain tumours.

During the Symposium I made a conscious effort to observe the way papers were presented and the different styles that were used. Observing and hearing how presenters got their message across has encouraged me to further develop my own style and skills in presenting.

Assessment of whether the objectives of attendance were met

I had anticipated that the conference would give me an opportunity to increase specific knowledge, skills and understanding of cancer related issues and gain

exposure to new research and new approaches to care. On reflection I believe I achieved what I had set out to do by attending the Symposium.

I believe I am now aware of what is current best practice in nursing and this in turn has helped me provide better guidance for the nursing and allied health needs for this patient group at Sydney Children's Hospital and beyond. I have refined the patient algorithm for the referral of patients to the brain tumour rehabilitation program. It not only encompasses the newly diagnosed, but now there is also an option for surveillance assessments and for reviewing the needs of long term survivors.

Previously this group may have had their needs neglected because of the lack of services, but now they can be assured that they will have access to help as the need arises, and at anytime or point in their journey.

I feel that my knowledge base of paediatric neuro-oncology is not only broader but much deeper and that I have a better understanding of what some of the clinical trials had attempted to do. I also feel I am much more confident in my ability to critically appraise the literature.

Dissemination of the information and experience gained at the conference

I have been able to present at several journal clubs throughout my hospital, and also at the College of Nursing. I have also made more time for bedside teaching addressing each patient's different needs.

Specific departments with Sydney Children's Hospital are in the process of organising their introductory programs to paediatric neurosciences, oncology and paediatric nursing. It is anticipated that I will be providing several talks on paediatric neuro-oncology and the implications for nursing and allied health management.

Elizabeth Bland
Clinical Nurse Consultant
Care Coordinator
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Elizabeth received a Nurses and Midwives Board Category 4 Scholarship to support her attendance at this Symposium.

The Australasian Professional Society on Alcohol and other Drugs (APSAD) Annual Scientific Conference

Carolyn Stubley

The Australasian Professional Society on Alcohol and other Drugs (APSAD) was held in Cairns Queensland from 5th – 8th November 2006 and is an important information – gathering event in the field of alcohol and other drugs, both in Australia and also internationally. Held in a different State of Australia each year, the conference offers a wealth of information for health care professionals, researchers, consumers, government and non-government organisations, politicians, corrective services and law enforcement agencies.

Each year international and local research in best practice, pharmacotherapy treatment, illicit drugs trends, workforce development, new treatment options and consumer perspectives are presented in the constantly expanding area of alcohol and other drugs. Held over three days, the depth of information and the many concurrent sessions give participants many choices depending on their areas of interest.

Topics this year covered current trends in pharmacotherapy treatment for opiates, cannabis, nicotine and methamphetamine. Alternative self-help treatment options such as Self Management and Recovery Training (SMART) groups were very well received, as were initiatives for GPs to work more with alcohol and other drug patients. Several sessions each year are devoted to addressing alcohol and other drug treatment for prisoners, indigenous issues, consumer perspectives, new models of care and co-morbidity.

Significant Conference Papers

The conference commenced with Christopher Pyne MP, then Parliamentary Secretary to the Minister for Health and Ageing, speaking on the public health benefits of alcohol restrictions.

Dr Frank Vocci, Director of the Division of Pharmacotherapies and Medical Consequences of Drug Abuse, American National Institute on Drug Abuse (NIDA) presented on pharmacotherapies for cannabis dependence. Many of the subjects in treatment trials in the US are young people who are referred from the court system as an alternative to gaol. He broached possible approaches

such as cannabinoid agonists as well as the antagonist rimonabant. Other possibilities are lithium, antidepressants or other drugs to counter withdrawal symptoms as well as reduce cravings in dependent subjects.

Professor Wayne Hall from Brisbane addressed smoking and nicotine dependence issues. He discussed the area of genetic studies to determine susceptibility to dependence to nicotine and / or available treatment. He also looked at 'vaccinating' children where appropriate risks were high, yet we were told of major ethical concerns here. While parents would always have the right (and responsibility) to choose, he would not advise such moves under any foreseeable circumstances.

Dr Andrew Byrne and Dr Richard Hamilton from Sydney presented their practice approach using community prescribing of opioid treatment and a shared care model with liver clinical referrals. They found that 75% of injectors from Redfern were Hep C positive and 75% of those patients had chronic hepatitis, half of which had high risk factors for cirrhosis. Out of 250 patients seen over a three-year period at the practice, 70 were at risk, 50 were referred to a hepatitis shared-care service and 40 attended. To date approximately 25 have started interferon and ribavirin treatment, mostly with excellent responses and modest to moderate side effects. Of 29 biopsies performed, 24 showed at least moderate fibrosis, consistent with recent advice to allow treatment to proceed without a requirement to do a liver biopsy.

Louisa Degenhardt from the National Drug and Alcohol Research Centre presented "Are we the biggest users of ecstasy in the world, and how worried should we be if we are?" She emphasised the dangers of ecstasy but put them in perspective with regard to the large proportion of young people who use the drug regularly, often with few apparent adverse effects and low mortality compared with heroin, cocaine, tobacco and alcohol.

The Australian Injecting and Illicit Drug Users League (AIVL) advocated allowing a bigger input from consumers into opioid maintenance delivery, as is now standard practice in other areas of health care, urging managers to take heed of the needs of drug users in treatment and involve them in decisions affecting them.

A presentation from veteran criminologist and researcher Don Weatherburn outlined the alarming figure of 'deaths in custody' despite enormous efforts and expenditure. He reminded us that the indigenous community is over-represented 10 fold or more in the prison system and that almost 50% of the crimes involved are alcohol related. He argued that we need to address alcohol and other drugs more seriously as being causal in indigenous detention, given that the significant investments in addressing the broader social and economic circumstances had not reduced the harms associated with indigenous imprisonment to date.

The Self Management and Recovery Training (SMART) self help group for addicts of all kinds held a workshop to demonstrate this concept, which originated in the US. SMART is based on cognitive behavioural therapy using peer support and providing strategies for participants to use on a daily basis. The focus of the groups is on what is happening 'now' as opposed to looking at their history of addictive behaviour. This type of group is working particularly well for methamphetamine users.

Following the day two sessions, I hosted the 2nd National Opioid Treatment Program Managers (NOTPM) Annual General Meeting (AGM). The meeting was well attended and a panel of experts from NSW and Victoria discussed various differences in both community dispensing and in correctional facilities.

Lisa Maher spoke about the changes regarding hepatitis C sero-conversions among injectors recruited from three city sites including outreach services following the heroin drought of 2000. She found dramatic reductions (50%) in heroin use and corresponding increases in cocaine use with higher risk taking behaviours after December 2000. There was a trend to higher rates of hepatitis C following the change in heroin availability.

Relevance of the Conference to Nursing / Midwifery in New South Wales

Nurses are an essential part of the workforce in alcohol and other drugs, providing expertise in both physical and mental health, which is synonymous with this field. Pharmacotherapy treatments are an integral part of treatment options that also require the expertise of nursing staff.

The APSAD conference provides essential information and up-to-date research for all

working in the alcohol and other drug field and therefore is the most relevant conference for nurses to attend. Topics especially focus on pharmacotherapy treatment, working with co-morbidity issues, initiatives in the prevention and treatment of HIV and Hepatitis C.

As a Nursing Unit Manager of an alcohol and other service I encourage nurses to attend this conference as part of their professional development. Networking is invaluable and my own professional development has benefited immensely.

Ideas, strategies, procedures which could be introduced in New South Wales

As always there is much knowledge to be gained and initiatives to be considered in alcohol and other drugs services. Some of the following initiatives are relevant to treatment in NSW, as was most of the presented material:

- Encouragement for GPs to treat patients with alcohol and other drug issues by providing a comprehensive package outlining financial incentives and also support networks for working with this patient group
- Setting up a specific program of psychosocial supports for methamphetamine users based on current findings. Due to the increase in methamphetamine use, it is essential that models of care be developed specifically to cater for users of this drug
- Trialling of pharmacotherapy treatment for methamphetamine users, again to address the rise in use of these drugs and offer a treatment alternative for patients not responding to psychosocial interventions
- Rolling out of SMART across NSW as an alternative self help group option for treatment of addictions
- Introducing smoking cessation into alcohol and other drug services. Services are now seeing an ageing population of drug and alcohol users, smoking related illness is becoming more evident with this population. Many patients do not have the resources to use smoking cessation aids therefore services need to seek funding to provide the nicotine replacement therapies.

Assessment of whether the objectives of attendance were met

Informal interchanges are a huge part of attendance at the APSAD conference, both on a daily basis through workshops

or at structured social events run by the conference organisers. The highlight for me was hosting the NOTPM AGM and meeting my counterparts from all over the country. This was very encouraging in terms of its ongoing commitment to bring managers and coordinators from across the country together for networking and information dissemination. The experience is exceptional in terms of professional development and seeing the big picture of the alcohol and other drug field.

All objectives were met by attendance at this conference, as usual there was so much information that it was difficult to pick which presentations to attend without feeling you were missing out on other valuable information at concurrent workshops.

Dissemination of the information and experience gained at the conference

The dissemination of information is being achieved through the networks in which I am involved – NSW OTPMG, the NOTPM AGM, network meetings throughout the area and locally throughout the St Vincent's Hospital Alcohol and other Dug Service in Sydney.

Carolyn Stubley
Nursing Unit Manager
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Carolyn received a Nurses and Midwives Board Category 4 Scholarship to support her attendance at this Conference.

nmb website

You have the ability to search the Registers or Roll
to check if a nurse or midwife is currently registered or enrolled;
or if there are conditions on registration or enrolment.

www.nmb.nsw.gov.au