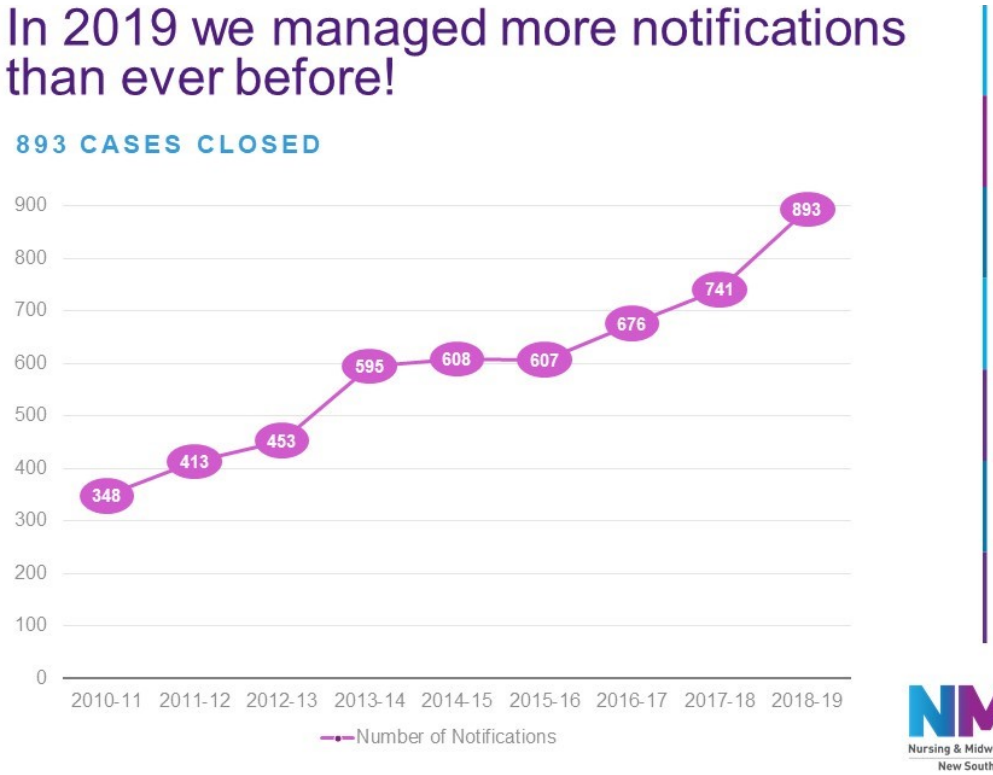
Nursing & Midwifery Council
New South Wales

Protecting the public
Regulating nurses and midwives

Need to Know: December 2019



Hello,

As another year comes to a close, I'm pleased to recall a few highlights that the Nursing & Midwifery Council accomplished in 2019.

Since the Council formed in 2010, we have received more notifications each year than the year before. This year we finalised nearly 900 notifications! This doesn't reflect nurses and midwives getting 'worse'; rather, that our workforce is growing and our understanding of mandatory notifications is getting better! You can find more information about our work in our Annual Report.

We held a record eight roadshows around NSW to share insights with nurses and midwives about regulation and patient safety. We also introduced a new learning and development policy and, in collaboration with the Medical Council of NSW, a new online program to support our professional members and decision-makers.

With the reflection that a new year inspires, you may be considering what you have accomplished in 2019 and where you would like to go in 2020. If you are thinking about moving to a new area of practice, consider whether a refresher or some professional development should support your transition.

In the new year, we will take a closer look at how to apply the Professional Practice Framework in nursing and midwifery practice. What does professionalism mean to you? Email us at HPCA-NMC-Newsletter@health.nsw.gov.au. We look forward to sharing these ideas.

I wish you a fulfilling and safe holiday season.

Best regards,
Associate Professor Bethne Hart
President, Nursing & Midwifery Council of NSW

Meet Council Member Kate Cheney

Midwife Kate Cheney joined the Council in 2014. In this interview, she shares what has surprised her about working in regulation and her view on the biggest challenges facing nurses and midwives at work.

How did you become interested in joining the Council?

In 2014, I saw an expression of interest for nurses and midwives to put their name forward to be on the Council. I was undertaking my PhD and I was looking for a way to extend and develop myself professionally, outside the clinical environment. I also wanted to know more about the Council, regulation and what is expected of us professionally.

What do you most enjoy about the role? What have you found surprising or what has been different than you expected?

It took me a while to fully understand my role. “Protecting the public” is a simple phrase but there is a lot involved in getting it right.

I enjoy using my clinical experience when assessing notifications as I feel I bring an understanding of the clinical environment. I see the opportunities to get out to all the care environments to talk about the standards and what we do, in a way that is relevant, but sometimes also confronting. There are so many environments in which nurses and midwives practice, so understanding them is important.

Something I hadn’t expected was how often a notification is closed with no further action. About 40% of notifications are closed after initial assessment because the Council and the Health Care Complaints Commission have determined there is minimal ongoing risk to the public.

Sometimes the system doesn’t seem agile as we must adhere to National Law. We understand that the notification process can be extremely stressful for practitioners and complainants because the process can seem confusing and it can take a long time. However I have been pleased to discover in my role as a Council member that the process is designed to be transparent and fair.

If you would like to make a difference to your profession, I would encourage you to put up your hand and get involved!

Tell us about your career in nursing and midwifery. What do you like the best? What do you find most challenging?

I am one of those nurses and midwives who was hospital trained, then went to university to study both nursing and midwifery again. I am currently the CMC for early pregnancy in a large Sydney teaching hospital. I provide clinical and emotional care and support to women who present with pain or bleeding in early pregnancy. I provide expert midwifery and nursing care and support to hemodynamically unstable and stable women in this environment, playing a major role in prioritisation, assessment and management planning.

The things I like best are the people I care for, in sometimes sad and challenging circumstances. The women attending the Emergency Department are given specialist care and planning (by a midwife/ nurse) and a supportive ED team. I really love the teams I work with. I have an opportunity

to learn about conditions and illnesses from others but also I am able to show that midwives and nurses are professional and capable.

Most challenging? I feel like we are expected to know and do more in a rapidly changing clinical environment, a challenge probably understood by all of you reading this!

It can be challenging to find ways to incorporate the professions' standards into everyday work. What is your view on this, and how we can achieve it?

I think the first step is to be familiar with the standards and feel comfortable that you know what they are and what they mean in your particular setting. I have been able to use the professional standards when developing or assessing policy and working with nurses, midwives, medical staff and others.

They are important professional nursing values that serve as a framework for professional practice and evaluation. The standards are fundamental professional values that help unify the profession and demonstrate the value of nursing to ourselves and to others.

What is life like for you in your free time?

Well you might laugh, but I am the Chair of Croquet NSW and I'm learning to play Association Croquet. Apart from this, I love reading, cooking, and my daughter lives in Melbourne so we travel there a bit. Turning off from 'work'.

Do you have any advice or favourite words of wisdom for our readers?

Words: Michelle Obama said it well, go high, not low.

Advice: Be a member of a professional organisation.

Wisdom: Look after yourself too.

Nurse's poor performance exposes health issue

This case study describes a nurse with long term alcohol misuse. Her name and identifying characteristics may have been changed to maintain privacy.

- ***Do you or someone you know need help with alcohol? Get free, confidential support 24/7 from Nurse & Midwife Support: 1800 667 877***

The Council received a complaint about RN Sarah's performance from her aged care employer in 2017. Sarah was 55 and had been registered as a nurse since the 1980's. She had worked in various settings including acute care and aged care. She had worked for her current employer for the past three years.

How Sarah's complaints began

Twenty years ago, Sarah had been the subject of health complaints to the regulator. The NSW Health Department advised the Board (at the time) of Sarah's positive criminal record check relating to larceny and drink-driving. The Board provided Sarah with professional counselling and closed the matter.

Fifteen years ago, Sarah appropriately self-disclosed another drink-driving offence with an eight-month home detention sentence. She breached her detention and was sentenced to five months at a correctional centre. Though the Board was aware of her situation from her self-notification, it took no action because she was undergoing mandated treatment and wasn't practising as a nurse at the time.

A year later, an employer notified the Board that Sarah was suffering an impairment. The Board required Sarah to attend an Impaired Registrants Panel which imposed conditions on her registration requiring her to seek treatment and be supervised.

Another year later, health assessments indicated that her alcohol use was in remission and supervisor reports indicated satisfactory performance. The Panel recommended removing her conditions and she was discharged from the Board's health program.

Twelve years later…

The Board didn't receive any more complaints about Sarah for 12 years, when a new complaint came in from her employer about her performance.

Her employer said Sarah had demonstrated a significant departure from professional standards, placing the public at risk of harm. Sarah had difficulty with problem solving, leadership, time management and medication management. Sarah couldn't recall and apply policy, safe practice or new information.

The employer moved Sarah to a non-clinical role as a result of the issues.

What the Council did: Urgent short-term action

The Board (now the Council) and the Health Care Complaints Commission (HCCC) considered the complaint and Sarah's history.

Even though Sarah was in a non-clinical role, she was using her nursing skills and was still employed as a registered nurse. Due to potential risk to the public, the Council took immediate action, requiring Sarah to work under supervision when practising as a registered nurse.

Although the issues were related to poor performance, the HCCC and Council agreed the complaint should be managed in the health program after considering her history.

Sarah's health deterioration

Sarah was assessed by a neuropsychologist who found cognitive deficits in her non-verbal reasoning and information processing. She also displayed deficits in thinking quickly and flexibly.

The deficits may have resulted from her previous alcohol use and binge drinking. Sarah reported that she had ceased drinking alcohol 6 months ago and was attending Alcoholics Anonymous.

The neuropsychologist's opinion was that the deficits would likely impact on her capacity to work as a registered nurse in acute care settings. He recommended Sarah work in a structured nursing environment with routine duties.

What the Council did: Longer-term conditions

The Council's Impaired Registrants Panel considered Sarah's health assessment and her responses. With her agreement, the Panel imposed conditions requiring her to work under supervision, with regular supervision reports. She was not to engage in agency nursing, not to work as a sole practitioner on any shift, and was only permitted to administer medication under direct supervision.

She was monitored by the Council and required to have regular health assessments and continue with health treatment, supervision and monitoring.

Sarah challenged her conditions

Two years later, Sarah requested a review of her conditions. Although her employer had supported her through this process, Sarah didn't find her non-clinical role stimulating and missed her role as a clinical nurse. She was looking for work in aged care and was frustrated that she could not find a job in clinical practise. She acknowledged her memory was not good and she hadn't worked in the capacity of a registered nurse for more than three years.

In the latest health assessments, the psychologist and neuropsychologist reported she had cognitive dysfunction secondary to chronic alcohol dependency (which was in remission) and major depression. The nature of her cognitive impairment would likely cause ongoing concern in a busy and challenging environment.

The panel had concerns about her level of insight about how her cognitive deficits may impact on her practice. She also hadn't kept up her continuing professional development. During the hearing she spoke slowly and lost track of the discussion several times.

The panel's decision

The panel felt Sarah didn't have the capacity to work safely as a registered nurse and recommended she undergo a performance assessment to evaluate this. Sarah asked to undertake a refresher course prior to the assessment. She explained she wasn't ready to surrender her registration.

The panel discussed the associated costs of a refresher course or sufficient CPD, and the challenges she may experience due to her cognitive impairment. Sarah believed she could overcome these challenges.

The panel decided to continue to monitor her in the health pathway (with Sarah not working as a nurse) and to assess her health and performance when she next requested a review, following the refresher education she informed the panel she planned to do.

The Council did not receive another request for review from Sarah. The next year Sarah advised that she was no longer employed by the aged care facility in any capacity and she surrendered her registration.

Key lessons

Sarah abstained from alcohol while in the health pathway 15 years ago. Unfortunately she relapsed a few years later but did not self-report or pursue appropriate treatment. The Council only became aware of Sarah's relapse after significant cognitive damage had occurred.

Had Sarah, one of her employers, or the Council been able to identify her relapse, she might have re-entered the health program sooner with the potential to improve her health outcomes over time. While this may have resulted in conditions, these would have been likely to be protective of both Sarah and patients. They may also have been less restrictive than those ultimately required by the progression of her alcohol use disorder.

How health issues can be missed

By employers:

- During the relapse, Sarah worked with several employers while drinking at levels sufficient to result in cognitive dysfunction. Her frequent changing of employers may have prevented them from identifying either performance or health issues.
- Alternatively, sometimes when employers raise initial concerns with a practitioner, the practitioner resigns before an assessment can occur.

By practitioners:

- Some practitioners are reluctant to seek help for their health issues because they fear being reported and losing their registrations. There have been recent changes to the mandatory reporting requirements in order to encourage practitioners to seek appropriate treatment. These changes will take effect in early 2020. Treating practitioners will only be required to report patient practitioners if they believe there is a substantial risk of harm to the public or patients.

What we can do better

For employers:

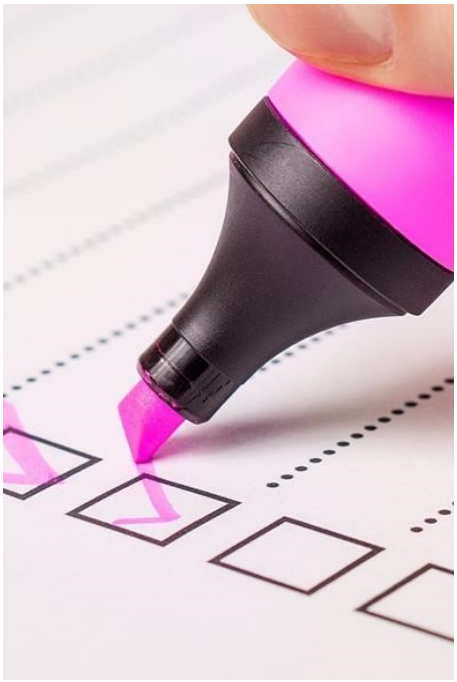
- Sarah's last employer did several things well. They identified Sarah's significant performance issues that posed a risk of harm to patients and they appropriately made a mandatory notification to the Council. They also continued to support her by offering her a non-clinical role where risks were minimised.
- This type of support from employers is very important. It demonstrates to employees that it is safe for them to be open and honest with their employer, which encourages them to seek help earlier. It also provides employment, stability and support for the practitioner while they recover. Employers will have limits to the support they can offer, but reasonable accommodations can make a big difference to an employee's recovery.
- Making a notification to the Council is one way that employers can support their employees when they notice a practitioner with performance issues or a lack of self-awareness about a health impairment. The Council's aim is not to punish practitioners who are reported, but to ensure that they are able to return to work safely. The Council can call for health assessments and health monitoring to enable the practitioner's recovery.

For practitioners:

- Practitioners should be aware of their level of wellbeing and health. It is important to take appropriate breaks and seek support when becoming either mentally or physically unwell.

- It is important for a practitioner to notify employers when a health issue has potential to negatively impact on practice. This enables the employer to make reasonable adjustments to maintain patient safety and support the practitioner's health. Self-notification to the regulator may also be required for more serious and longer-lasting illness that impacts on practise.

- Self-reporting demonstrates awareness and understanding of professional behaviour. Self-reporting doesn't mean you will lose your registration or have to stop working. Regulators intervene for health issues only when the issues are likely to result in poor clinical judgement, unsafe practice and risk of harm to patients (and when the practitioner lacks awareness of this). Many practitioners with reported health disorders (both physical and mental) obtain appropriate treatment and are able to practise safely.



New tool to help you make safe, consistent decisions

The NMBA released an advance copy of a new decision-making framework that nurses and midwives can use as a tool to make decisions about their practice and delegating work to others.

It takes effect in February 2020 and is available now, with five principles every nurse and midwife should consider when making decisions about scope of practice.

Access it here: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx

New social media guide

Inappropriate social media use is a common issue we receive complaints about.

Are you using social media properly?

The NMBA has released a new social media guide to help nurses and midwives understand common pitfalls and how to comply with professional obligations when using social media.

Access the guide here: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Social-media-guidance.aspx

Applications open soon: NSW Aboriginal Nursing and Midwifery Cadetship

This NSW Health program provides support to Aboriginal university students studying a nursing or midwifery degree.

It includes financial support allowances, support from an Aboriginal mentor and employment opportunities, among other benefits. Apply from 7-23 January 2020.

For details on how to apply:
https://www.health.nsw.gov.au/nursing/aboriginal-strategy/Pages/aboriginal-cadetships.aspx