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NMC: Need to Know - President's Message



Welcome to the October 2018 issue of the [Nursing and Midwifery Council of New South Wales](#) newsletter.

Serving as President of the Nursing & Midwifery Council has been a fulfilling experience for me. I would like to invite you to consider giving back to our profession in the same way - consider joining our Council.

Expressions of interest are invited for membership of the Nursing and Midwifery Council of NSW for the vacancy of one Registered Nurse.

The Information Package for Applications has details about membership responsibilities and how to apply. Applicants are also required to submit an Expression of interest form.

Applications close today on Friday 5 October 2018 so [visit our website](#) now for details.

Since you received our last newsletter, your annual registration renewal was due. Renewal time is a great opportunity to revisit and reflect on our Professional Standards, but it's something we should do more than once a year. In fact, we should consider the Professional Standards in our work every day. This issue includes an interesting case study about a nurse struggling with drug problems. Her story illuminates several key learnings about why our professional standards are so important. I hope you find it helpful.

In this issue you'll also find updates on the parliamentary inquiry into the cosmetic industry, news and current events from across the profession, and our updated drug and alcohol screening policy. Thank you for reading.

Adj Prof John G Kelly AM

Council President

Case study: A nurse's struggle with drugs



Sarah came to the attention of the Council after a complaint was received from her employer. The complaint alleged that a box of benzodiazepines for injection was unaccounted for at the end of her shift in the hospital.

Sarah after being pulled over by the police was arrested and charged with drug-related offences for possession of prohibited drugs and prescribed restricted substances. NSW Police advised that the batch numbers of the medications seized from Sarah matched the batch numbers of the medications missing from the hospital.

Sarah could not provide prescriptions for the prescribed restricted substances found in her possession. These circumstances are a significant departure from the standards expected of a registered nurse.

After coming to the attention of the Council, Sarah was referred for a health assessment by a Council Appointed Practitioner. Sarah explained that she had become distressed and depressed after a relationship breakup combined with the pressure of her job. In the course of the assessment, Sarah continued to deny stealing drugs from the hospital or that any of the drugs seized by the police were hers but ultimately, admitted she was guilty.

Sarah's story

Sarah had let things overwhelm her and did not engage with her employer about it due to feelings of shame. Sarah reported having trouble sleeping and that a friend had given her Valium. Another friend's son was using marijuana and she started using it too.

The health practitioner assessing Sarah was left with some concerns about Sarah's insight, due to her ongoing denial of drug use and delay in acknowledging that she had stolen the medication from the hospital, despite the evidence to support the theft.

The health practitioner gave Sarah very clear advice that she needed to take responsibility for what had happened and her health, and that she would be required to demonstrate to the Council that she is managing her health with appropriate strategies, such as seeking treatment which could result in a stable recovery.

What happens next?

For a case like Sarah's, where some acknowledgement has occurred, usually the practitioner will be referred to an Impaired Registrants Panel (IRP).

A panel will recommend registration conditions to the practitioner if satisfied these are required to keep patients and the practitioner safe.

This will require voluntary acknowledgment and active participation by the practitioner to improve or manage their health. The Council therefore seeks agreement from the practitioner to the conditions recommended by the panel prior to imposing them.

If a practitioner denies the incident or does not agree with the proposed conditions then under the Law the matter must be managed through an investigation pathway by the Health Care Complaints Commission.

The types of conditions recommended relate to monitoring health, seeking treatment and practice conditions, for example withdrawal of authority to administer S 8 and S 4 medications. These conditions are placed on the practitioner's registration so they can work when it is safe to do so.

Sometimes it is appropriate that a practitioner takes time out from work to recover sufficiently to safely practise.

What happened to Sarah?

The health assessor advised Sarah that they would be recommending to the Council that some conditions be imposed upon her registration. Sarah attended immediate action proceedings as there were concerns about immediate safety, both for her and for the public.

The delegates of the proceedings noted that Sarah had been struggling with major life stressors and serious mental illness, factors which contributed to unacceptable professional conduct involving illegal drug behaviour. Conditions were placed on her registration. These will be reviewed by the Council following Sarah's meeting with the Impaired Registrants Panel, who will examine Sarah's progress in establishing treatment and compliance with monitoring.

Since the incident, Sarah has seen a psychiatrist for her depression and anxiety. Sarah is currently compliant with the conditions and isn't working as a nurse at this time. She will be monitored by the Council and will need to comply with the Drug & Alcohol Policy.

An updated Drug & Alcohol Policy

To ensure safety for Sarah and others, Sarah will be monitored under the Council's updated Drug & Alcohol Policy. The new policy provides increased access to collection centres, nationally-consistent screening requirements and costs, and improved timeliness for receiving results. Sarah's compliance will ensure ongoing assurance to the public, her colleagues and employers that she can continue safely in practice.

As Sarah recovers these conditions will be made less restrictive.

Lessons from Sarah's story

Sarah's story highlights the importance of the standards of practice and what can happen when a practitioner fails to comply with them. Some lessons we can learn from Sarah's story include:

1. If a nurse is charged with a criminal offence, they are obliged to notify AHPRA within 7 days. Read more about the Criminal History Registration Standard.
2. Managing your health with appropriate strategies (this is not self-diagnosis or self-medication) so that it does not have the possibility to impact upon your ability to safely and competently practise is an expected professional requirement.
3. Rather than hide depression or other mental health concerns, practitioners should seek treatment and support early. Any illness left untreated can become severe and affect critical thinking and other vital professional attributes to the degree that practice is unsafe.
4. If you're concerned that you or someone you work with may be dealing with depression or drug and alcohol issues, help is available. It's always ok to ask for help. Support your colleagues by encouraging them to seek treatment. Nurse & Midwife Support is a good place to start.

It is also appropriate to discuss matters with your GP and notify your employer so that they can make appropriate adjustments to your work if necessary. This builds trust, maintains professional integrity and facilitates safe care.

5. Honesty is important as it increases trust. Professional integrity can be damaged when practitioners withhold information, are dishonest, or minimise the impact of their illness on their behaviour. This may also result in more restrictive conditions on practice or referral to investigation and a possible disciplinary panel.
6. Promoting health and wellbeing is one of the professional standards identified in the Codes of Conduct for nurses and for midwives. This standard refers to the health of both patients and practitioners. There are also mandatory notification requirements for reporting drug and alcohol issues and health issues when these issues are negatively impacting on practice.
7. Practitioners with chronic and relapsing health conditions may be monitored for their health for some years.

New Drug and Alcohol Screening Policies



We have reviewed our drug and alcohol screening policies to ensure the way we screen is up-to-date, evidence-based and in-line with best practice.



The new drug and alcohol screening policies commenced on 1 August 2018 and align with AHPRA's national Drug and Alcohol Screening Protocol.

This new, more practical process will provide benefits for practitioners in the screening program, including:

- Improved access to an increased number of collection centres within NSW and around Australia
- Enhanced privacy and confidentiality during collection at centres outside of hospitals
- Nationally consistent costs for screening with no collection or transport fees
- Improved timeliness of receiving results
- Streamlined communication with us including standardised forms
- Nationally consistent approach to screening
- Ongoing assurance to the public, colleagues and employers that the practitioner can continue safely in practice/training

This [Information Sheet](#) on our website offers more information:

https://www.nursingandmidwiferycouncil.nsw.gov.au/sites/default/files/hp18_9887_nmc_-_information_sheet_-_to_participants_-_changes_to_drug_and_alcohol_screening_-_july_2018_0.pdf

News and Events

- **Feeling stressed?** Help is available. Your health matters. Nurse & Midwife Support is a 24/7 national support service for nurses and midwives, providing access to confidential advice and referral. Find out more at www.nmsupport.org.au or call 1800 667 877.

Another resource is the [Stress Management for Nurses booklet](#) by NSW Nurses' Association:

<https://www.health.nsw.gov.au/nursing/Publications/stress-mngt.pdf>

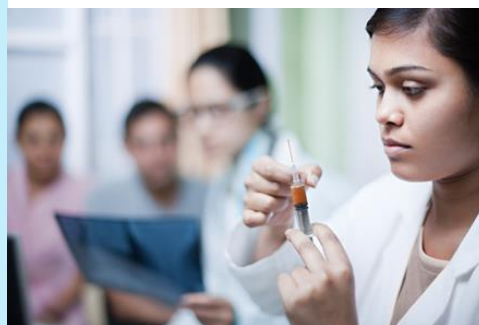
- **Council President John G Kelly** attended the World Health Professions Regulation Conference on 18-21 May 2018 in Geneva. The Conference focussed on three themes: A call to set the right standards in regulation; Safety, quality and compliance: benefiting patients, communities and populations; and Supporting the quality of lifelong learning.

John then met with Annette Kennedy, President of the International Council of Nurses. Annette reported that ICN was concentrating on five key areas affecting nurses: Maldistribution of nurses; the global shortage of nurses; safe staffing levels; workforce supply and retention; and lack of consistency in the provision of skills.

- **Attention Midwives:** The Australian College of Midwives is hosting their 21st annual conference on 15-18 October 2018 in Perth. Our Council member Allison Cummins will present on Wednesday, 17 October about a toolkit to enable new graduate midwives to work in midwifery continuity of care models. Visit the [conference website](#) for the full program and further details:
<https://midwives.eventsair.com/QuickEventWebsitePortal/acm2018/national-conference>
- **Nurses, start planning** your attendance to next year's National Nursing Forum! The Australian College of Nursing has announced that it will be held on 21-23 August 2019 in Hobart, Tasmania - and scholarships will be available. Visit [their website](#) for details:
<https://www.acn.edu.au/events>
- **Professional Officer Emma Child** attended and co-presented a paper at the Networking for Education in Healthcare (NET) 2018 Conference on 2-6 September at Churchill College, Cambridge. The paper was titled *Protecting the Public: Using simulation for regulatory assessment* and was co-presented with Council regulatory performance assessors Sue Thorpe and Denielle Beardmore.

Among the many sessions Emma attended, one takeaway was that delivering culturally appropriate care is an emerging and critical body of work. This has been acknowledged in the new NMBA Codes (conduct and ethics), and will also be built into the new IQN model.

Spotlight on Cosmetic Inquiry: Do you know your scope in cosmetic procedures?



Spike in complaints leads to NSW Inquiry into cosmetic health services

On 2nd August, Nursing & Midwifery Council member Joanne Muller gave evidence as part of a witness panel at a public hearing for the New South Wales joint-party parliamentary Inquiry on cosmetic

health service complaints.

Recently the number of complaints has more than tripled, with the Health Care Complaints Commission submitting that there had been a rise in the number of complaints about cosmetic services to 94 in 2016-2017, from 30 in 2012-2013. Although the number of complaints per year about cosmetic nurses is relatively small in number, these too are increasing.

The complaints ranged across advertising, clinician's improper use of title, lack of informed consent, infection control, documentation and administering medicine inappropriately within the scope of practice.

Do you know your scope of practice and responsibilities for cosmetic treatments and procedures? There are no circumstances or settings where nurses are exempt from complying with the National Law and the professional standards set by the Nursing and Midwifery Board of Australia (NMBA).

It is important that you are aware of the relevant laws and **professional standards** and how they apply to your context of nursing practice. Check the principles identified in the **NMBA decision-making framework** to ensure that you are working within your scope of practice.

To learn more, see **this flyer** from the Australian College of Nursing:

<https://www.acn.edu.au/wp-content/uploads/2018/05/Administering-cosmetic-treatment-and-cosmtic-procedures-FINAL.pdf>

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