

October 2015 Newsletter



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PRESIDENT'S MESSAGE

In our newsletter this month, the Nursing and Midwifery Council of New South Wales (Council) looks at nursing and midwifery students transitioning into the workforce, the need for greater awareness of our regulatory system and some of the key challenges facing students today.

In our editorial, we reflect on the importance of nursing and midwifery students understanding how the profession regulates itself nationally and in New South Wales. We also explore how students can engage with the regulatory branches of governance to meet the needs of a changing healthcare system and develop the professions further.

Following on from our editorial, we then turn to the expectations of the Nursing and Midwifery Directorate within Northern New South Wales on new graduate nurses and midwives. Associate Professor Annette Symes focuses on the need for new practitioners to understand their level of competence, capability and capacity to work within their scope of practice and develop professional knowledge. The article also calls for established members of the professions to support new graduates to enable safe patient care.

In an interview with Janine Mohammed, CEO of Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), we learn how the world of nursing and midwifery can better support Indigenous peoples. In particular, Janine highlights that Australia needs a respectful nursing and midwifery workforce to provide care within a culturally safe health system.

The Council recognises the importance of collaboration and open dialogue in our co-regulatory system in New South Wales to maintain professional standards and protect the public. Clinical Professor Fiona Stoker, CEO of ANMAC, provides an overview of the work of the Australian Nursing and Midwifery Accreditation Council (ANMAC) in ensuring educational programs in Australia meet approved standards.

This month, the Council has looked at three case studies. The first considers the importance of working within actual and not perceived scope of practice. The second case study follows up on the theme of our second article and highlights the need to recognise that different work settings require different skill sets and capabilities. Our final case study, highlights the importance of maintaining patient confidentiality and appropriate use of social media.

Lastly, before introducing our new Council members, we bid a fond farewell to our retiring Council members and reflect on their many varied and important contributions over the years.

Adj Prof John G Kelly AM
Council President

EDITORIAL: A STUDENTS PLACE IN REGULATION



Regulation of health professionals seeks to maintain the balance between a country's responsibility to protect the health, safety and welfare of its citizens and the rights and interests of practitioners in practising their chosen profession. However, safety of the public must be the paramount consideration.

Nurses and midwives throughout Australia are regulated under the National Registration and Accreditation Scheme (Scheme). Regulation in New South Wales is a co-regulatory system where the Nursing and Midwifery Board of Australia, the Nursing and Midwifery Council of New South Wales, the Health Care Complaints Commission and Australia Health Practitioner Regulation Agency each have a role. Accreditation of educational programs, which lead to enrolment or registration as a nurse or a midwife, or as a nurse practitioner is a public protection mechanism under the Scheme. Accreditation is a public hallmark of quality. It reflects the fact that a nurse or midwife, has completed a course at an education facility which has been through a rigorous process and meets specified standards of educational and professional excellence and has been approved by the National Board.

What then does the profession need to expect from its students? Students are the lifeblood of any professional group and as such need to have a thorough understanding of the framework by which a profession manages and regulates itself, to ensure the public comes to no harm. It is critical that all approved and accredited education programs address these professional regulatory issues as part of preparing the student for their role as registered practitioners.

However, should that preparation go beyond the level of informing and describing to one of evaluating and critiquing? Once qualified, how should practitioners engage with these branches of governance to ensure that there is an ongoing commitment to and compliance with professional standards to facilitate trust in the profession. Do we need our students and practitioners to be better versed in the regulatory frameworks so that they become more engaged in their creation and help shape regulation, improve quality control and protect public safety?

The Council believes that the regulation of nurses and midwives and maintenance of public safety is a shared responsibility. Every student and registered health professional is responsible for ensuring that the standards are maintained within their own practice as well as those health professionals with whom they work. This requires honest reflection on one's own practice and identifying where knowledge, skills or experience may be improved. It also requires professionals to provide positive feedback when commitment to professional standards is noted as well as corrective feedback when there are concerns about patient safety. In some cases, this may mean reporting unsafe incidences so they may be addressed early through individual, systemic or cultural change. The support and mentoring of students, new graduates or novices in a particular setting or context of practice is essential to build competence and confidence that is required for safe practice.

Students do need to understand the purpose of both regulation and accreditation. The established members of the professions need to engage with its new blood more collegially in order to evolve these regulatory processes so that they remain relevant and pertinent to our changing society and healthcare system. Working out the best way to do this may be challenging but is required to develop and maintain meaningful commitment to professional standards for the purpose of patient safety.

EXPECTATIONS ON NEW GRADUATE NURSES AND MIDWIVES

by Associate Professor Annette Symes

The following article discusses what is expected by a Senior Nursing and Midwifery Directorate of newly qualified nurses and midwives. A particular focus on both the scope of practice and knowledge base of these practitioners is discussed. The great challenge for newly qualified nurses and midwives as they transition into professional work is meeting the expectations of patients, employers, colleagues and the wider members of the clinical team. This is something that all should acknowledge and allow for and recognise it is incumbent upon the established members of the professions to provide support and mentor new graduates to ensure professional standards are met and to enable safe patient care.



New graduates need to appreciate how their practice must comply with the professional standards the profession has set and how they will be held accountable if these standards are not met. Of particular significance for these transitioning practitioners, are the following:

- **Communication and team-work:** it is expected that this transitional group can demonstrate confidence and competence in how they communicate with all patients, their relatives and co-workers. Drawing upon their own insights, the Directorate group explained that failing to achieve good communication styles can often impact upon the new graduate's performance. Patients can be left feeling vulnerable and confused so nurses and midwives must work to ensure this is not the case. This reflects the next expectation, being compassionate.
- **Compassion:** To be compassionate in how they go about their work, even though workloads and various demands could undermine their ability to always be compassionate, should nevertheless be something they must strive for. To help achieve this, the Directorate group advocate the following means by which new graduates can find support and clarification as to what their priorities in caring should be:
 - use of evidence to underpin practice
 - finding a clinical mentor
 - use of clinical supervision
 - reference to NSW Health policy for guidance

All of these structures are there to help the transitioning practitioners be safe, both for personal and patient safety. All of these things can help a new practitioner navigate their way in the complex world of nursing and midwifery.

It is also vital for a new practitioner to understand their level of competence, capability and capacity. Practising within one's capability, adopting an ethical approach and being aware of legal requirements, also provides the graduate with a base framework on which to grow and develop their professional knowledge and skill base. This is something that the regulatory authorities will consider when assessing their role to ensure public protection if called upon. To carry out their patient care activities, in a safe manner, within this framework, often engaging in complex tasks and activities, which demand critical thinking and reflection are part of developing oneself as a professional. To see oneself as always growing and evolving is very important whilst knowing when to refer to the team and seek assistance.

The Directorate Group believe that they hold a high level of expectation about any new practitioner's performance. To realise these expectations the Group requested closer working between the educators, the governing bodies of nursing and midwifery and the professions. Greater collaboration is called for, across all aspects of the professions and its elements, not forgetting patient groups; if we are to produce and enable the appropriate nursing and midwifery workforce the society within Australia would like and needs. Only through the establishment of such collaborations will the new graduate feel supported, as they start their professional lives and mature into the professions. Strong collaborations will help to generate a culture of support and understanding so that fear and apprehension are removed for the new practitioner as they move forward.

All practitioners, both new and established, need to understand what they are to be held accountable for by society in the provision of care. The established practitioners must be good role models who are professionally aware so that the new graduates, who are joining them in the work place, can absorb these professional behaviours and attitudes.

In brief, the transitioning nurse or midwife needs to be enabled to reach their full potential within the professions. This will be better achieved if all the factions, which make up the professions, engender a continual learning culture which commences at university or college, embraces regulators and service, management and policy in order to provide person-centred care.

The future health of our society may well depend on this as health care provision slowly reforms and responds to the plethora of changes society now faces. We are two professions with the role of providing evidence based quality structured healthcare.

Q&A: SUPPORTING INDIGENOUS PEOPLES WITHIN THE WORLD OF NURSING AND MIDWIFERY

An interview with Janine Mohamed, Chief Executive Officer, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).



Janine, CATSINaM is very keen to support an increase in the number of Indigenous peoples to be found in the professions of nursing and midwifery. The strategic plan of CATSINaM sets out a number of strategies the organisation wishes to pursue, not only with regard to this goal but with regard to improving the health of all Australians with a specific focus on Indigenous peoples and ensuring that all health practitioners work from within a framework of cultural safety and historical awareness.

Would you like to comment on this?

CATSINAM believes that more activity needs to occur if we are to Close the Gap in Aboriginal people's life expectancy and achieve greater equity between non-Indigenous students and Indigenous students in the professions. This activity means more work on recruitment, retention and representation. We seek to inspire our youth to be nurses or midwives and establish better pathways into tertiary studies. Mentoring programs need to be established in order to role model, build resilience and cultural identity in our students. Programs of study must include the implementation of an Aboriginal health, culture, history and cultural safety curriculum framework that continues during the transition to practice. These and other considerations must be made if we are to achieve more appropriate representation for Indigenous peoples in the nursing and midwifery professions.

Janine, can you speak about the background to these strategies?

Well, the organisation began in 1998 and its core values were established then. These values support the view that Australia needs a culturally safe and respectful nursing and midwifery workforce that provides care within a health system that is culturally safe. To do that we have to work in a number of ways to ensure that Indigenous health culture and history is included into the undergraduate curriculum of nurses and midwives; that it includes a focus on cultural safety and is taught to a good standard to all students regardless of ethnicity. It is also important to ensure that the life-long learning of all practitioners, which is now expected, includes a continuation of such learning for the rest of a nurse or midwife's professional life! We are talking to AHPRA and ANMAC about these issues encouraging them to see the fundamental nature of our goal.

Would you like to say more on this aspect?

Only to add that the focus of our work must be to ensure that universities, the health system, in fact organisations such as the Nursing and Midwifery Council, and the other regulatory apparatus are culturally respectful and safe places for Indigenous peoples, be they students or qualified professionals. We have got to make it obligatory so that every nurse or midwife, including students, adopt this world view.

So, how big a task is this?

Well we make up only barely 1% of the nursing and midwifery workforce, so it's a pretty lonely space to find oneself in. It's important that we become better connected with each other within this space. Indigenous nurses and midwives and students too, need to be able to come together and connect, on a professional level, including with the regulatory bodies, in order to clarify their understandings and opinions of the world of health care and its many complexities. There are many world views. How do we regulate for appreciating difference?

What would you like the Nursing and Midwifery Council to be aware of whilst carrying out its role?

It's a little controversial, but I know registration is about protecting the public, and students and qualified staff need to realise that. But for Indigenous peoples, both as a patient or a practitioner, the statistics show that we don't access the health system very easily because often the system has not treated us very well, from a culturally safe perspective. Indigenous nurses too can often feel emotionally threatened and experience difficulty in relating to the non-indigenous world around them. That is why CATSINaM is promoting a total systems approach to its cultural safety strategy. Students, upon gaining their registration and being registered, require cultural and historical knowledge to be embedded in their scope of practice. It has to be something that is second nature, like taking a pulse or changing a dressing using an aseptic technique. We certainly believe not carrying out culturally safe care leads to detrimental health outcomes for Indigenous peoples and may affect an Indigenous student's self-esteem and sense of worth.

Janine, as we talk about these matters today we are aware of the parliamentary apology and the reconciliation processes, now being adopted by many organisations; not forgetting the current constitutional debate. What role do you see for the Nursing and Midwifery Council in response to these political objectives? Is it to play a part in your total systems approach?

Absolutely. I guess it's all about human rights, understanding them and what they mean. Perhaps students need to see their role as advocates for human rights and put what we have been talking about into that context. Perhaps the Nursing and Midwifery Council needs to see itself in that context too. Aboriginal health is not only an Aboriginal issue. We must not miss the opportunity that the reconciliation agenda provides. It provides us with the prospect of starting a series of conversations which I would like students to be part of. Organisations, such as the Nursing and Midwifery Council and CATSINaM need to have these conversations about human rights and cultural safety aimed at ensuring we are enabling patient care in all its aspects, not just medical ones!

At this moment in time I'm not sure of how many Indigenous nurses and midwives, let alone Indigenous students, know about the Nursing and Midwifery Council in New South Wales and its purpose and role. We need to start a conversation together so that this is better understood. Are Indigenous peoples involved in its systems and governance arrangements, for example? If an Indigenous person, be they qualified or not, came before its committees, would they know they are coming to a culturally safe place where trust can be established? Does the aim and values of the Nursing and Midwifery Council concur with Indigenous values?

On the topic of constitutional recognition, it is one of those conversations that should be had. In a nut shell, what Indigenous people are seeking is acknowledgement as first nations people within the constitution, which speaks on so many other topics but does not mention us, along with seeking to remove negative discrimination.

So they may see it as an alien and potentially threatening organisation?

Potentially yes, particularly given the history of Indigenous peoples living and working in systems built within a larger more dominant culture. That legal control, discrimination and prejudice have been the experience of many Indigenous peoples whilst dealing with regulation of any kind.

Experience with the judicial system is not always positive.

It is all about human rights, respect and tolerance. This requires openness, communication and commitment to work at things, where Aboriginal people feel a part of the decision-making, a simple strategy to address this is to examine governance structures and the presence of Aboriginal voices.

So your concluding comments are?

We want to see more Indigenous peoples come into nursing and midwifery. They need to understand their professional responsibility and learn about it through attending classes that promote all the things I have been referring to. We continue to work with ANMAC and universities to ensure cultural safety is included in each set of standards. We believe that it's incumbent on all of us, universities, the health system, the professional bodies and the regulators, to come together and make cultural safety and Indigenous history a cornerstone to all our work, here in Australia.

I spoke earlier about differing world views. I'll try to explain it this way. People do have differing world views, and they socialise in particular ways. So students and others need to be made aware and reminded of this, perhaps daily. Reflective practice is it not? But when dealing with Indigenous peoples, many forget this difference and the consequences become dire with students leaving their courses or practitioners not complying with any conditions placed on their registrations. At the end of the day it is about suspending your views and trying to make a call in as empathic way as possible. CATSINaM is going to do its best to help Indigenous peoples do their best in the provision of healthcare and is happy to work with the Nursing and Midwifery Council and others to achieve this.

The Council recognises that maintaining professional standards and protecting the public is a shared responsibility and promotes collaboration and stronger engagement with the profession, co-regulatory bodies, universities and students to achieve this.

The Australian Nursing and Midwifery Accreditation Council (ANMAC) also plays a crucial role in promoting high quality standards for nursing and midwifery education to maintain professional standards. This article showcases their work.

THE AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL

by Clinical Professor Fiona Stoker, C.E.O ANMAC

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for the nursing and midwifery professions in Australia. ANMAC ensures that programs leading to registration and endorsement of nurses and midwives in Australia meet the Nursing and Midwifery Board of Australia (NMBA) approved standards for accreditation. Similar to the Nursing and Midwifery Council of New South Wales ANMAC functions under the National Registration and Accreditation Scheme, which was introduced across Australia on 1 July 2010.



A national approach

Prior to 1 July 2010, the Nursing and Midwifery Board in each state and territory was responsible for accreditation under the National Accreditation Framework. To streamline the approach the Australian Government put accreditation of nursing and midwifery programs of study under a single authority – ANMAC.

What this means for student nurses and midwives is that to be able to apply for registration as a nurse or midwife in Australia you must complete a program of study that has been accredited by ANMAC and approved by the NMBA.

The national approach involves a close working relationship between ANMAC and the NMBA. The accreditation process is extensive, methodical and rigorous to ensure the obligations of the organisation meet the highest standards and helps us protect the integrity of the outcomes. It also ensures we fulfil our responsibility to help protect the health and safety of the community by promoting high quality standards for nursing and midwifery education.

What does ANMAC assess?

ANMAC assesses and accredits hundreds of programs of study leading to qualifications for entry to practice registration and endorsement as a:

- Registered nurse
- Enrolled nurse
- Nurse practitioner
- Midwife

ANMAC also assesses and accredits programs for re-entry to the register and entry programs for internationally qualified nurses and midwives. An ANMAC assessment team will generally be formed for each program requiring accreditation or the assessment of a modification to an accredited program.

The individuals appointed to the team will have specific knowledge and skills relevant to the type of program being accredited and are drawn from the ANMAC Register of Assessors. An assessment team will usually consist of an ANMAC Associate Director, two persons with relevant academic/educational expertise and one person with clinical expertise or clinical

management expertise relevant to the program being accredited. An extensive review of the submission for accreditation is undertaken by the assessment team members individually and then as a team, usually by teleconference prior to a site visit. The site visit provides the opportunity for the assessment team to consult with the education provider and visit relevant delivery sites. The assessment team may also conduct interviews with staff, students and stakeholders. Once the assessment team has completed the review, the submission is presented to the relevant Accreditation Committee. Further information may be sought by the Committee or the Committee may agree to make a recommendation to ANMAC that accreditation be granted. Following accreditation by ANMAC, ANMAC informs the Nursing and Midwifery Board of Australia who make the final decision.

Goals

The goals of accreditation at ANMAC are to:

- Ensure the principles guiding the national accreditation scheme are reflected in our work
- Work in partnership with the NMBA and other relevant stakeholders
- Develop and implement a monitoring and quality assurance framework to support the national accreditation scheme
- Continue to ensure that the accreditation standards remain contemporary
- Communicate the content of the accreditation standards to the community.

Scope

The work of the ANMAC accreditation team is governed by robust operational policy and standard operating procedures and includes:

- Undertaking assessment of programs of study to be accredited, including full assessments and modifications to existing accredited programs
- Monitoring accredited programs and managing complaints and concerns where these have been identified and relate directly to the accreditation standards
- Working with all stakeholders to ensure the success of the national scheme

Key stakeholders and ANMAC

The ANMAC accreditation team works with two main groups of stakeholders:

- Education providers who deliver programs of study leading to registration or endorsement as a nurse or midwife. These programs are delivered in both higher education and vocational education sectors.
- Accreditation assessors who work as members of assessment teams to assess programs of study for accreditation and significant modifications to accredited programs. The assessors are selected for their knowledge, expertise and commitment to the nursing and midwifery professions.

The registration and accreditation system for health professions in Australia has most certainly been strengthened by the removal of the patchwork of duplication across the professions and the establishment of a national scheme that has the support of all Australian governments – ideally, the foundations laid by this National Scheme should continue into the next decade. ANMAC believes the national accreditation and assessment of programs of study by independent Accreditation Authorities offers a means of enhancing public safety and quality of programs, and ensuring consistency in education for the health professions to promote seamless transitions between jurisdictions for the protection of the health and safety of the Australian public.

A CAUTIONARY TALE FROM A MATURE STUDENT

A patient from a nursing home was transferred to a hospital emergency department for treatment for a urinary tract infection.

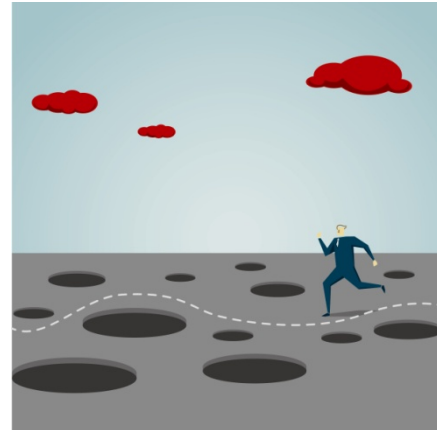
The registered nurse (RN) on duty was a graduate registered nurse who, after a gap in practice, had started working in the emergency department eight months previously.

Although the RN observed that the patient was “incontinent of black tarry faeces” on two occasions at 13:30 and 16:30 on the same day, there was no evidence on record. Due to incomplete notes and technological difficulties, the RN had not reported these events with an estimate of stool volume and current vital signs to the RN in charge of the shift and the medical officer.

Accordingly, rather than administering urgent medical attention, the medical officer on duty assessed the patient in the emergency department as safe to transfer back to the care of the patient’s General Practitioner at the Nursing Home. Later that evening the patient’s condition deteriorated and the patient was transported back to the Emergency Department. The patient was unconscious on arrival to the Emergency Department and later died that evening.

Following a complaint by the deceased patient’s husband, the Health Care Complaints Commission’s investigation report found that the RN’s knowledge, judgment and care exercised was below the standard reasonably expected of a registered nurse employed in an emergency department.

The RN was asked to attend Performance Interviews with the Nursing and Midwifery Council of New South Wales (Council). The Council found that the RN, who was a mature aged student, was assumed by others to have greater experience and competence, encouraging the RN to work outside their actual scope of practice. The Council observed the seriousness of failing to keep accurate records and counselled the RN on the importance of working within their true (not perceived) scope of practice, according to the RN’s experience, knowledge and skills.



CHOOSING THE RIGHT WORKPLACE SETTING WITH THE APPROPRIATE LEVEL OF SUPPORT



A RN commenced working as a new graduate in a mental health inpatient unit of a New South Wales hospital. After nine months, the RN was offered a placement working on the emergency department in the acute hospital, which they accepted. After four months working in the emergency department, the Nursing and Midwifery Council of New South Wales (Council) received a complaint alleging that the RN was below the standard of a registered nurse and was a significant risk to patients due to poor clinical knowledge and nursing care.

The matter was referred to the Council to manage and the RN was sent for a performance assessment to assess whether the knowledge skill or judgment applied by the RN in practice met the standard reasonably expected of a practitioner of an equivalent level of training or experience.

The RN was initially assessed by the Council in a simulated acute emergency department environment as that was the context in which the complaint was made. The assessment report was referred to a Performance Review Panel, which recommended to the Council that the practitioner be referred to the Health Care Complaints Commission (Commission) for investigation as the RN lacked capacity to practise safely as a nurse.

The Council also considered whether it was necessary to take immediate action for the safety of the public. The Council noted that the RN:

- was no longer working in the emergency department
- had been extremely stressed in this placement as a new graduate, having not worked in such a setting before;
- preferred working in mental health and would like to specialise in this area; and
- had returned to working in a mental health setting.

As part of the immediate action process, the RN's nursing manager provided a report on the RN's performance. The report indicated that the RN was practising safely at the level expected of a new graduate across all the competency standards. The Council determined that no immediate action was required for the safety of the public

After further consultation with the Commission, the Council decided to conduct a further performance assessment in a clinical mental health setting (i.e. the RN's current work place) to independently confirm the report of the RN's nursing manager.

The second performance assessment found that the RN:

- did meet the standard required *in a non-acute setting*.
- *demonstrated* a genuine concern for the welfare of patients
- communicated courteously and professionally.
- Was competent in medication administration.

The assessor also noted that the RN lacked confidence working with more acute aggressive patients but also noted that the RN had little experience in this area. The assessor concluded that the RN was practising at the level of a novice practitioner and required the relevant level of supervision and mentoring. The Council noted that the RN was receiving such support in her current workplace.

To gain confidence and increase competency, the assessor recommended that the RN undertake education (either through in services and/or one-to-one sessions with a hospital

educator) on de-escalation of aggressive patients and re-enforcement of boundaries and nurse-patient relationships to feel more at ease with interactions with aggressive clients.

Recognising weaknesses in competencies and discussing strategies with managers and/or supervisors to address these can help develop capabilities, maintain professional standards and ensure patient safety.

INAPPROPRIATE USE OF SOCIAL MEDIA

The Nursing and Midwifery Council of New South Wales received a complaint from an employer concerning a casual assistant in nursing undergraduate, who had been using their personal facebook account to make derogatory remarks about patients. The student identified both their workplace and full names of patients.



The student's employer conducted an internal review and immediately stopped offering shifts to the student as an assistant in nursing. The student, after initially denying the claims, admitted to comments stating that it was done in a light-hearted manner and ignoring the seriousness of breaching patient confidentiality.

As the student was not yet a registered health practitioner, the Council did not have sufficient jurisdiction regarding the student's conduct and use of social media. However, the Council retains all records of complaints, which can be considered in the event of future notifications.

Also, students can still face disciplinary action from universities and their employers. In this particular case, the student's name was placed on the Service Check Register for New South Wales Health (SCR). Employers have a mandatory requirement to search the SCR to check whether preferred applicants for positions across NSW Health are subject to current enquiries into alleged misconduct or have been found to have engaged in alleged misconduct.

As future registered health practitioners, students need to be aware of and familiarise themselves with the [National Board's Social Media Policy for Registered Health Practitioners](#) and [Professional Codes of Conduct](#).

A FOND FAREWELL TO OUR RETIRING COUNCIL MEMBERS



Marie Clarke retires from Council as the Deputy President of the Council. She has been with the Board/Council since 2007. Marie has been a strong advocate for the role of the Council within the nursing and midwifery professions, and has provided a voice for public sector employers within the Council, as well as representing the College of Nursing.

Marie has been an ongoing member of all of the Council's committees at some stage. The Council will continue to draw on Marie's expertise to assist us with our committee work.



Margo Gill has been a member of all the Council's committees – with the exception of the Strategic Management Committee. Margo is one of a few Council members who is an expert in counselling, and with Marie Clarke and Bethne Hart, she has pioneered the Performance Interview Committee process in the Nursing and Midwifery Council.

Margo is also an incredibly experienced member of the Section 150 Committee, and provided invaluable support as the numbers of Section 150s each year grew from the 56 we held three years ago to the 119 that were conducted last year.

Margo has been a Council or Board member for ten years, as well as being a member of the Pharmacy Council during that time. The Council will continue to draw on Margo's expertise to assist us with our committee work.



Sue Hendy has been a champion of the midwifery profession in particular in her time with the Council. Sue has been with the Board and Council since 2007.

Sue has been a member of the Education and Quality Committee and Notifications Committee, and contributed to regulation as a member of the State Board. Sue has provided an important link to the Health Education and Training Institute as it has developed and expanded over recent years, and has been an advocate for the Council's education programs.

We wish Sue well as Chair of the NSW State Board.



Steve Jeffs has been a member of the Council since its inception in 2010, and was a member of the Board for a year before that.

Steve has been a member of the Council's first Monitoring and Review Committee for two years, overcoming the challenges of distance and telecommunications to support the committees meetings in Sydney.



Ian Linwood has been the legal member of the Council since July 2010, and was a member of the Board from 2005.

Ian has been a member of the Strategic Management Committee since its inception, and has been a member of a range of working groups on legal matters. Ian has also taken an interest in the Council's communications, and provided expert advice on the content of the website and championed the plain English correspondence project which is currently underway.

The Council continues to draw on Ian's expertise in relation to proposed changes to the legislation.



Moira Williamson has been with the Council for three years, and has continued to make a significant contribution despite the challenges of now living interstate.

Moira has been one of two education appointments to the Council and has also provided midwifery specific advice to the Council.

Moira has been an ongoing member of the Education and Quality Committee and the Newsletter Editorial Group. She has also contributed to the Notifications Committee, and occasional Section 150 and counselling committee members.



Margaret Winn has been a Council and Board member for eight years. She has chaired the Education and Quality Committee since its inception in 2011, supporting the online program through its development and implementation.

Margaret has provided the Council with an important link in her role as a member of the National Board.

She has also been a member of the Strategic Management Committee, reviewed countless Impaired Registrants Panel reports as a Council delegate and been a member of the Section 150 Committee, and Notifications Committee.

MEET OUR NEW COUNCIL

From 1 July, we welcomed 8 new Council members to join our remaining 7 experienced Council members. To meet our current Council members, please click the link below:

<http://www.hpcansw.gov.au/Nursing-and-Midwifery-Council/About-Us/Overview---About-Us/Members-and-Staff/default.aspx>