Australian College of Neonatal Nurses Inc.
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Newsletter

March 2019

About the newsletter

This newsletter is the official communication of the Australian College of Neonatal Nurses to its members, produced quarterly in March, June, September and December. It presents information on a range of professional issues and clinical topics of interest to neonatal nurses. Any member of ACNN may contribute.

Articles should be submitted by email as Word documents. Any images should be in jpg format. Referencing style should follow the Vancouver style. All content will be edited to newsletter standard.

Editor: Shelley Reid. Proofreader: Jan Polverino.

Please send correspondence to the newsletter team at newsletter@acnn.org.au

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Next deadline: 1 May 2019

ACNN National Executive Committee 2018 – 2019

Office-bearers

President	Karen Walker
Vice president	Anndrea Flint
Secretary	Shelley Reid
Treasurer	Samantha Lannan

Committee members

Jennifer Dawson
Amy Forbes-Coe - Assistant Secretary
Cassandra Prezioso
Jane Roxburgh - Conference Committee Chair

Professional Officer - Dr Linda Ng

Executive Support Officer - Karen New

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From the President

It's been a busy start to the year for the national executive committee and the operating committees for the branches and special interest groups. There is so much happening, both locally and nationally so keep checking the events page on the website. I'm delighted that the Victoria Branch recently held a meeting and elected a new operating committee and we look forward to working with them.

The national executive committee held a face to face meeting in early February, working on the strategic plan and objectives for ACNN, as well as planning scholarships, events and our visiting scholar event. The weekly email sent out will keep everyone up to date, however I'll just mention a couple of initiatives.

You may have seen the email asking who of our members is undertaking PhDs. We did this for two reasons, the first, it is good information for us to have, but mainly we wanted to know, as we would like to support the career development of our higher degree candidates. We have the great opportunity from our international colleagues for two students to be invited to speak at an international conference. This is really good for their CVs, thus ACNN will support them to attend and present on behalf of ACNN. Our eligibility criteria were all ACNN members in the final years of their PhD who have presented at previous ACNN meetings. The two successful candidates were Deanne August and Priya Govindaswamy – congratulations to both. We are constantly looking at ways to support our members and we welcome any suggestions.

Another initiative is the support for registration costs for COINN. We have put aside $20,000 in the budget to support ACNN members who are attending COINN. All who have responded to the treasurer with proof of registration went into the draw which closed on 15 March. I look forward to seeing the winners in New Zealand. The COINN conference sounds like it will be great with lots of nurses from Australia attending and more than 350 delegates so far from about 15 countries. Make sure you get your Australian scarves.

With Donna Hovey from the LRC, we are also having meetings with the Kokoda Track Foundation to discuss some further teaching opportunities for LRC members in Kokoda, Papua New Guinea. This is in the initial discussion stage but sounds really interesting.

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From the President (cont.)

I am sad to say that Dr Linda Ng will step down as Professional Officer in November (but happy that she plans to remain on the national executive committee). We will advertise for this position shortly, with the new PO planning to start in early June, allowing 5-6 months for handover. Please consider applying for this and speak to Linda theprofessionalofficer@acnn.org.au for more information. There will also be the opportunity to join the national executive committee at the AGM in November, when some current committee members plan to step down. This is a great committee with really passionate, clever neonatal nurses – I strongly recommend considering joining this committee.

Meanwhile, stay safe, healthy and happy.

With warm wishes,

A/Prof Karen Walker

Neonatal Nurse Practitioner SIG Update

What is the role of the NNP?

NNP Fact

The role uses an expert knowledge base, and an expanded level of clinical competence to assess, diagnose and provide therapeutic interventions in the safe management of neonates. Care is provided in partnership with the multi-disciplinary team. NNPs utilise their expertise to ensure appropriate referral to other health care professionals. NNPs in Australia work across the tertiary, regional and retrieval sectors in a variety of successful models.

SCARF for COINN

The ACNN National Committee would like to encourage all ACNN members who are attending COINN—particularly for the opening ceremony—to be identified as an ACNN member to show our strength of attendance as a COINN affiliate member group. Each member is invited to purchase the pictured scarf to wear for the opening ceremony. The 'On Walkabout Blue Scarf' was selected as it is a beautiful blue colour and has little feet wondering all over it. The scarf is made in Australia, is traditional western desert work and depicts the journey of a young man searching for a partner. The scarf can be ordered from Bulurru. Once purchased, please send your receipt to treasurer@acnn.org.au as the executive committee has approved a subsidy of $20 per member.

On Walkabout Blue Scarf
$42.00 AUD

Research SIG Report

Meeting Research SIG members

Currently the Research SIG has over 500 members, and the SIG Committee would like to welcome all new members to ACNN. This year the Research SIG has plans for a several activities. In 2019 we would like to meet as many of our SIG members as possible. Several of our members are presenting at PSANZ and COINN, so if you are attending either conference please come and have a chat, we would love to meet you.

Mentoring members

All the committee remember being first time researchers. Personally, I remember how daunting it was for me when I started my first staff survey. If you think there is a clinical practice that needs updating, a topic you would like to ask other nurses about, or have had a great idea you would like to implement into practice, send the SIG an email. We are happy to give you some advice and help you get started (e.g. write a survey). We would also like to hear from you, if you have completed a great project and would like a guide to writing for publication.

Spotlight on Australian neonatal nursing researchers

To promote the outstanding research by Australian neonatal nursing researchers, this year we are planning to focus on one researcher in each newsletter. If we have lots of interest, we will send one out each month. Please send me an email if you would like to be included during 2019, we would like to hear from nurses just starting their first project up to senior researchers.

To start, one of the members in our committee, A/Professor Margo Prichard, has written a short outline of a project she is currently leading. Margo's main area of research is in understanding early life neuro-rehabilitation, including screening and surveillance, acute respiratory management and longitudinal family and infant psychology and health outcomes.

I look forward to meeting or hearing from you!

Margaret Broom

Research SIG Chair

researchsig@acnn.org.au

"Watch Me Grow": Developmental surveillance in the primary care setting

Researchers led by A/Professor Margo Pritchard (UQ) and Professor Valsamma Eapen (UNSW) have submitted a 2018 NHMRC Partnership Project grant which is designed to build partnerships among organisations to make sustained health improvements throughout Australia. Over the last year we have established a significant partnership group which includes: QLD Health (Queensland Child and Youth Network, Health Services Research Child Health Queensland, Integrated Care Child Health Queensland, Child Health Nurses Queensland), Brisbane South Primary Health Network, The University of Queensland, University of New South Wales, NSW Health (Sydney Children's Hospital, South West Sydney Local Health District) and My Health Medical Centre as partner organisations that have dedicated research funds to the project.

The proposed project is expected to enhance the universal child development surveillance in NSW and QLD through the Personal Health Record (PHR) program and the monitoring and referral pathway following participation in the surveillance program. We believe that this project will provide a much needed solution to the current inequity in access to early identification of developmental risk that will be of direct practice and policy relevance. The clinicians involved in the study will receive CPD points for undertaking the child health and development module that the research team has developed. This is in addition to the practices undertaking a quality improvement project to increase the proportion of children attending the clinics receiving the developmental surveillance.

We believe that this project will be of profound interest to healthcare organisations underpinned by a commitment to improving developmental surveillance, particularly of the most vulnerable members of our population. Babies admitted to neonatal units are one such vulnerable group and account for approximately 10 per cent of children born in Australia with about 3 per cent registered with ANZNN. Whilst some of these children will receive specialised developmental follow up for the first two to three years of life, most of these children will be co-shared with or transition to primary care developmental surveillance where uptake is reported to be low. Information from this study (and a neonatal unit subgroup of about 200 children) will help inform strategies and ongoing research to support neonatal unit follow-up.

Currently there is considerable investment in paediatric disability services in Australia with state and federal programs available for supporting children with developmental disorders. However, there is poor uptake for the current

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Research SIG report (cont.)

state based developmental surveillance programs due to access and equity issues. Further, there is poor integration between state and federal services with a significant proportion of children accessing the federal services for health-related needs including immunisation, but missing out on accessing the state based developmental services and programs as a consequence. This proposal aims to engage parents and clinicians during the 18-month immunization contact with training provided to primary health clinicians on developmental assessments.

In addition, we propose to evaluate a new integrated care pathway involving both the primary care GP setting and the community child health services. The current proposal seeks to recruit 2,000 18-month-old children and follow them up until they start school at five years of age in order to determine the uptake of the child health and developmental surveillance; evaluate the risk factors for adverse school readiness and socio-emotional behavioural outcomes at five years; evaluate practice around developmental and behavioural assessments in primary care; and develop and evaluate an integrated model of care for child developmental and behavioural surveillance between primary care GP settings and community child health services.

A/Professor Margo Pritchard

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Neurodevelopmental Care SIG Report

Reflection on the Family and Infant Neuro-developmental Education level two (FINE2) program

After completing FINE1, I commenced the FINE 2 program in August 2018. This level incorporated a 12-week continuous education program requiring observations of the behaviour of the preterm and sick babies in the NICU. The observations were based on autonomic, motor, state and self -regulatory cues given by the babies. Each section required the reading of relevant articles and the finalisation and submission of reflections, worksheets and self-assessment forms. A great focus is given to parental involvement throughout the observations and reflections.

The worksheets and self-assessment forms gave me an opportunity to evaluate my unit and my own work in terms of neuroprotective developmental care, finding strengths and weaknesses alike. The work with parents was very rewarding for me. The parents were very appreciative of the conversations I had with them in regard to strategies in supporting their baby's neurodevelopment throughout their NICU stay. I found that parents were often very tuned in to their baby's behaviour and therefore they could tell me a lot about their child's likes and dislikes. Most rewarding was the realisation that the observations can make a difference to the baby and their family. By standing back and looking at the environment, the ongoing activity and the subsequent interaction between carer and baby, I learned over time to identify what needed to be adjusted for the individual patient to provide age appropriate Neuro Protective Developmental Care. However, being an observer proved to be challenging at times. Limitations became obvious, some of which were in regards to NICU culture, resources, staffing, and education.

I had great support from my mentor, Nadine Griffiths, who was always available when I needed clarification and who gave me very valuable feedback. I was also very lucky to have great support from my colleagues at Royal North Shore Hospital, throughout the observations and in the discussions thereafter.

Through the program I have learned to become more vigilant in observing the babies I care for and responding in an appropriate manner. I appreciate parents and their input and can't imagine the NICU without them. Mostly, I fully acknowledge that having a cooperative team, inclusive of all people looking after the babies, is essential in providing consistent strategies and care, and promoting positive neurodevelopmental outcomes for these little babies. It became clear to me that there is a need for a neurodevelopmental care specialist in each NICU team. I can think of several projects for the future.

I thoroughly enjoyed this program. I can wholeheartedly recommend participation in the program by everyone who looks after preterm and sick babies and their families. I almost think it's a must.

Ursula Haack

Chair, NDC SIG

Low Resource Countries SIG Report

LRC goes to South Pacific Nurses Forum 2018

The South Pacific Nurses Forum (SPNF) is a Conference held every two years, held throughout the islands of the South Pacific. In October 2018 the wonderful nurses and midwives of the Cook Islands hosted the 4-day Forum in Rarotonga.

The focus of the Forum was Transforming Leadership: Nurses as Change Agents for Non- Communicable Diseases (NCD's) in the Pacific. Sessions included: Celebrating Nursing, Breaking the Cycle of NCD, and Extending the Boundaries – nursing and midwifery leadership, management and education. Our own Dr Karen New spoke on Preconception Health and Primary Prevention - A challenge for all. This was a new concept for the audience and provided great food for thought.

The entertainment provided each night was amazing. The Cook Island dancers were spectacular and their traditional dress so colourful, everyone got up to dance and we enjoyed the nights immensely.

Great friends were made, beautiful views were seen. We had the opportunity to visit the local hospital and even met Elizabeth Iro, a Cook Island Nurse who is currently the World Health Organisation's Chief Nursing Officer.

Donna Hovey and Karen New

Cook Islands

SPNF 2018

Rarotonga Hospital

NSW Neonatal Breastfeeding Column

Pasteurised Donor Human Milk at Liverpool NICU, NSW

Liverpool NICU saw the launch of Pasteurised Donor Human Milk (PDHM) on 2 December 2018. Members of the Hospital Executive, Ministry of Health, Members of Parliament, the Australian Red Cross Blood Service, Miracle Babies Foundation and NICU staff were part of the inaugural NSW launch.

PDHM has been a long-term goal for many within the NICU world due to increasing knowledge of the benefits of breastmilk compared to other available alternatives. Mother's own Milk (MOM) remains the 'Gold Standard' and always the preferred form of nutrition. PDHM allows for nutrition to start earlier while the mothers are provided with ongoing lactation support to establish and maintain their own lactation. Having PDHM available in our NICU may also relieve the stress for mothers who are unable to see their milk supply rising in those first few days.

However, due to not having a designated lactation position, support in increasing and maintain supply is often delayed and not always maintained. The ideal NICU has at least one International Board Certified Lactation Consultant (IBCLC), where they support mothers in establishing and maintain enough supply.

Our current way of supporting mothers within the NICU is by ensuring all staff are educated on how to hand express and maintain supply. We do this through weekly mandatory education sessions which will have all staff empowered to educate the mothers by June 2019.

When a preterm baby is born, enteral feeding has usually been delayed until mothers' own milk is available. With the commencement of the Australian Red Cross Blood Service Milk Bank, feeds may be able to commence as early as 6 hours. Only eligible babies, the most vulnerable, receive PDHM. According to the Pasteurised Donor Human Milk (PDHM) for Vulnerable Infants – NSW Health and Australian Red Cross Blood Service Partnership Service Protocol, the eligible criteria are: born at less than 32 weeks gestation; less than 1500 grams birthweight; recovering from necrotising enterocolitis; or at the discretion of a neonatologist.

Consent for PDHM is required and only obtainable by a neonatologist or IBCLC. NSW Health introduced a consent form that must be signed by the parents, neonatologist or IBCLC. This form is used by any NICU with access to Australian Red Cross Blood Service Milk Bank milk. Therefore, if a baby is transferred from one NICU to another NICU, the form can be photocopied and sent with the baby for continued use of PHDM.

The Australian Red Cross Blood Service Milk Bank supplies frozen PDHM in 30ml and 120ml bottles. At Liverpool, we have the freezer storage for approximately 10 Litres. Once PDHM has been received, we use the Neonatal Database PDHM

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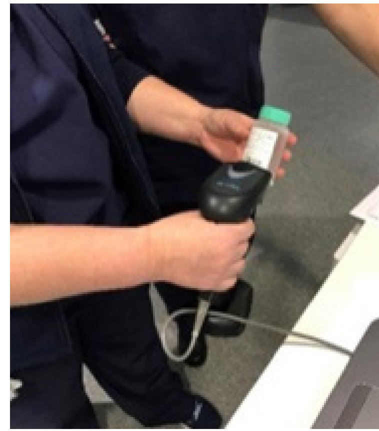
NSW Neonatal Breastfeeding Column (cont.)

Module to record the delivery of donor milk. Scanning the milk is completed by two nurses as we check the condition of each bottle on arrival (see picture, right).

If a baby is identified as being eligible to receive PDHM, a neonatologist or IBCLC will counsel the mother prior to gaining consent. Once consent is obtained, PDHM is allocated through the PDHM Module with two nurses. When the milk is allocated, it is labelled and defrosted, ready for use. We treat the PDHM in the same way mothers' own milk is used, recording it on the observation chart with approved acronyms.

Staff education was vital for the accurate implementation of PDHM. In-servicing of all staff was conducted quite early on as the launch of PDHM was expected prior to 2 December. Therefore, in-servicing was repeated, which proved valuable as a refresher for all staff. In-servicing was conducted by our Clinical Midwifery Consultant – Lactation and Infant Feeding, Clinical Nurse Educators and Neonatal Family Support Nurses. They all remain available for individual education and support for all aspects of PDHM.

Weekly audits are conducted, accounting for each bottle of PDHM. This ensures accurate data to show our usage and cost. It also allows appropriate ordering of PDHM from the Australian Red Cross Milk Bank. Ordering of PDHM usually occurs fortnightly depending on the demand in our NICU.



Other considerations are the available room in the freezer and shipping configuration of PDHM.

PDHM is 10 times more expensive than infant formula however the benefits and cost reductions in preventing life threatening events is worth it. At the time of writing this article, we have had 20 babies who have received PDHM which equal to over 31 Litres used. For babies who have received PHDM, all have met the criteria of being born at less than 32 weeks or birthweight of less than 1500 grams.

Leah Winder and Jeanne Faraday

Neonatal Family Support Nurses
Liverpool Hospital - NICU

Representing the national interests of nurses and midwives in all sectors of the health profession

COMMUNIQUE

CoNNMO Member Meeting – Friday 5 October 2018

Nursing and Midwifery Board of Australia

Petrina Halloran, Policy Manager provided an update. The Nursing and Midwifery Board of Australia (NMBA) has been consulting on a proposed new prescribing endorsement for registered nurses (prescribing in partnership). The Board conducted stakeholder forums, received 30 written submissions and 2,000 people responded to the online survey. The NMBA is transitioning to a new outcomes-based assessment model for international qualified nurses and midwives. The revised English Language Skills Registration Standard has been approved by Ministers and will be published next week. The preliminary consultation on the proposed minor revision to the *Registration Standard: Endorsement as a Nurse Practitioner* is currently being conducted. This revision is a change to the definition of advanced practice in the standard. The public consultation will occur early next year. The NMBA has just approved new fact sheets for those who will hold dual registration as a registered nurse and a paramedic or as a midwife and paramedic. These fact sheets will be published on the Board's website next week. The new *NMBA Midwife Standards for Practice* came into effect on 1 October 2018. The Board is in the process of reviewing the re-entry to practice policy, providing greater clarity around the requirements for supervised practice, provisional registration and re-entry programs. The Board has commenced work on reviewing the Decision Making Framework (DMF). Public consultation will occur early in 2019. AHPRA has moved to a new system for graduate registrations to address the problems and delays encountered last year. Please visit the NMBA website for further information: www.nursingmidwiferyboard.gov.au

Australian Nursing and Midwifery Accreditation Council

Margaret Gatling, Director Accreditation Services, provided an update. ANMAC have more than 100 education providers delivering just under 200 education programs in Australia. These programs include: the Bachelor of Nursing, Diploma of Nursing, Postgraduate Diploma in Midwifery, Bachelor of Midwifery, Masters of Nurse Practitioner, Re-entry and Bridging programs. There has been a reduction of approved

programs and education providers as some providers could not meet new Enrolled Nurse accreditation standards released in 2014. ANMAC has completed the second round of consultation of the review of the Registered Nurse accreditation standards. The re-entry standards for enrolled nurses are also being reviewed. The review of the Midwife accreditation standards will begin next year. ANMAC are rolling out a new model of risk based accreditation. Currently, there are some education providers delivering the Diploma of Nursing who have not been approved by ANMAC. These programs will not lead to registration. Please visit the ANMAC website for further information: www.anmac.org.au

Australian Digital Health Agency

Genevieve Donnelly, Acting General Manager, Clinical and Community Partnerships and Insights and Clinical and Community Use and Education Support provided an update. The main focus of work has been on the My Health Record expansion program and the consumer opt-out campaign. At present the ADHA is in the middle of the opt-out campaign where every Australian will be given the opportunity to let the agency know if they don't want a My Health Record. The opt-out campaign commenced on the 16 July 2018 and is closing on 15 November 2018. There has been an extension of one month from the original planned closing date. During the four-month opt-out period there has been, and continues to be, an extensive consumer awareness campaign across a broad range of communication channels. The agency have partnered with Primary Health Networks, community and consumer peak bodies, as well as the media, for the campaign. Aimed at reaching consumers in a variety of ways, activities will continue right up until the last day of the campaign. By the end of 2018, all Australians will have been given an opportunity to opt-out of a My Health Record but will still be able to create one at a later stage if they choose. Consumers will also be able to opt-out later and erase their record. In excess of 100,000 Australians have opted-in creating 6.1 million records. More females than males have opted-in with the largest cohort the under 19 age group. Approximately 14,000 health care organisations have registered, and there are 7.7 million clinical documents and over 24 million prescriptions in the records. The ADHA expects this to increase. Statistics are available on the ADHA website and are updated weekly. The campaign is at the first stage which is awareness. Stage two is enablement and stage three, participation. Genevieve Donnelly's presentation is available on the CoNNMO website. Please visit the ADHA website for further information: www.digitalhealth.gov.au

Office of the Commonwealth Chief Nursing and Midwifery Officer

Karen Cook, Senior Nursing Advisor, provided an update. The Commonwealth is leading a project to develop a new approach to maternity services. This will replace the National Maternity Services Plan 2010-2015. The consultation paper for the National Strategic Approach to Maternity Services is now available, with submissions closing on 19 November 2018. There is also an online survey, webinars and consultation workshops open to all to attend around the country. Please visit the website for further information: https://consultations.health.gov.au/office-of-the-chief-nursing-and-midwifery-officer/national- strategic-approach-to-maternity-services-1/
The 2018 National Health Workforce Data Set Fact sheets have been developed and will be released soon. Australia's Future Health Workforce – Midwives Report will be available by the end of the year. A Nurse Practitioner Reference Group and Eligible Midwives Reference Group have been convened as part of the MBS Taskforce review. Both of these groups have finished their work and presented their reports and recommendations to the Taskforce. The National Nursing and Midwifery Education Advisory Network (NNMEAN) will be reconstituted and will oversee the nursing education review announced in the Federal budget.

Nurses and Midwives Health

Jane Stower, National Manager Nurses and Midwives Health, provided a brief presentation on their new insurance fund. The Nurses and Midwives Health fund commenced in January 2017. This is the largest industry based health fund in Australia and is specifically for nurses, midwives and their families. Nurses and Midwives Health is a not-for-profit organisation, with profits going back to member benefits (90 cents in the dollar). The fund has 3,500 members, 82 per cent female, and over 13,000 followers on Facebook. Ninety-six per cent of those that join, remain in the fund. Fifty-five per cent of members have top hospital cover. The fund has an award-winning contact centre based in Sydney. The Nurses and Midwives Health fund staff are happy to visit CoNNMO organisations and workplaces and to provide more information. Please visit the website for further information: https://www.nmhealth.com.au/

Nursing Now Campaign

Professor Jill White presented on the Nursing Now Campaign. In collaboration with the World Health Organisation and International Council of Nurses, the Nursing Now Campaign aims to raise the status and profile of nursing. The Triple Impact Report, released in October 2016, showed that developing nursing will improve health, promote gender equity and support economic growth. The findings of the review resonated with the work of the UN High-Level Commission on Health Employment and Economic Growth, which demonstrated the links between investments in the health workforce and economic growth. This report argues that the employment of nurses will also generate benefits in health and gender equality. It again highlighted the fact that without a healthy population there will not be economic growth and that nursing and nurses are fundamental to

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CoNNMO Communique (cont.)

having a healthy population. According to the Triple Impact Report, universal health coverage cannot be achieved without strengthening nursing globally. It is crucial that nurses' contributions are understood and that nurses are able to work to their full potential. This is not possible with nurses' voice alone. The Nursing Now Campaign is trying to engage people of significant influence to give profile to, and advocate for, nursing. The Duchess of Cambridge is the patron of this global campaign. There is a 30-day challenge which asks nurses to do a range of simple activities such as: saying you are a registered nurse when you introduce yourself; organising to meet your local member; signing your name with RN; and discussing contemporary nursing with your friends and family. Any suggestions for the campaign are welcome and should be sent through to the campaign secretariat. There will be an Australian Nursing Now Reference Group. This group will be seeking to engage with nurses, in particular young nurses, and also to engage with influential non-nurses. Jill White's presentation is available on the CoNNMO website. Please visit the website for further information www.nursingnow.org

National Rural Health Commissioner
Professor Paul Worley, Commonwealth Rural Health Commissioner, provided a presentation on his role and the challenges facing the rural health workforce. Paul is a rural medical generalist and resides in Yankalilla in South Australia. He shared his experiences of working with nurses and midwives throughout his career. He has found the availability of health care varies inversely with health need. Mal-distribution is not the primary issue for nurses and midwives but rather an overall shortage. There is a need to support full scope of practice for all health practitioners. The role of Rural Health Commissioner is an independent statutory appointment to provide advice to the Minister for Rural Health on rural health matters. The term will finish in June 2020. The initial priority for his role is rural health workforce, commencing with the national rural medical generalist pathway and then looking at how rural generalist principles apply to other professions across rural Australia. He is planning to consult with rural communities about their priorities. Paul believes if we are to change the outcomes of care we need to change the systems of care. A key element of rural generalism is the link between primary care and secondary/ tertiary care. In small rural communities there isn't the scale to have separate teams in primary care and secondary/tertiary care. To have scale, there needs to be training that crosses the boundaries of primary and secondary/tertiary care. It is necessary to look at a biopsychosocial spiritual model of health. Rural generalism is an example of using this Aboriginal model of health. Government has been relying on post-training incentives to assist health practitioners to develop and maintain a broad scope of practice. There needs to be training for rural and remote practitioners in rural and remote communities. In rural health services, the entire focus is on clinical services rather than research, education and continuing professional development, as they do in tertiary teaching hospitals. Most clinical guidelines are developed for an urban rather than a rural environment. In his role, Paul will be considering how to develop rural and remote teams and a collaborative health workforce. He believes it is essential to look at the scope of opportunity rather than the scope of limitation, to allow health practitioners to do the work for which they are educated and trained. There is a need to reverse the model so that where there's greatest need, there's also greatest opportunity. There also needs to be a professional rather than a transactional approach to education and training. Paul looks forward to working with CoNNMO to advance health care together.

Advocacy
Janine Mohamed, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) CEO and Kim Ryan, Australian College of Mental Health Nurses CEO, presented on political advocacy. Following the presentation, Janine and Kim led discussion and responded to questions on the approach that can be taken to lobbying and advocacy in the lead up to the Federal election. Janine Mohamed's advocacy presentation is available on the CoNNMO website.

Council report by the CoNNMO Chair and Secretariat is available on the CoNNMO website www.connmo.org.au

Member reports and speaker presentations are available on the CoNNMO website www.connmo.org.au