



# Australian College of Neonatal Nurses Inc.

PO Box 32 Camperdown NSW 1450

www.acnn.org.au ABN 62 075 234 048

# Newsletter

September 2017

## 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](mailto:newsletter@acnn.org.au)

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## Next deadline: 1 November 2017

### ACNN National Committee 2016 – 2017

#### Office-bearers

President	Karen Walker
Vice president	Jennifer Dawson
Secretary	Shelley Reid
Treasurer	Karen New

#### Committee members

Jane Roxburgh  
Samantha Lannan (Assistant Treasurer)  
Vivienne Whitehead  
Linda Ng

#### Professional Officer

Dr Linda Ng (acting)

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## President's report

I would like to welcome all new members to ACNN and am delighted to say that our membership continues to grow. Please continue to encourage your colleagues to join us as we head towards 900 members. I'm also really happy to say that our conference on Fraser Island has the most delegates for some time, with more than 200 registered and both the dinners already fully booked. We've been working with the resort to increase capacity for the dinners. We have a great program with excellent speakers, and the most abstracts submitted by our members for many years. I very much look forward to meeting you all on the island, for what I believe will be an educational and very social celebration of our 25 years.

I hope everyone celebrated International Nurses Day on 15 August. This was proclaimed by the Mayor of Vancouver at the Council for International Neonatal Nurses (COINN) meeting in Vancouver last year. Our unit had very nice cupcakes and pizza for lunch. For all new members, you are also members of COINN, so please check out their website <http://coinnurses.org/> and network with neonatal nurses around the world.

On networking, I travel to Honolulu at the end of September at the invitation of the Hawaiian neonatal nurses association where I am lucky enough to be on a leadership panel representing COINN, with leaders from the National Association of Neonatal Nurses (NANN) and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). I'm looking forward to the opportunity to meet and discuss collaborations between all our neonatal organisations.

It is important for us to work with other organisations and recently we have been working with the Australian College of Midwives (ACM) and our representative on their committee, Michelle Simmons, in the development of the neo-BFHI in Australia. It is very important that ACNN is involved in these discussions and I look forward to further collaborations with our midwifery colleagues at ACM.

We are looking for members to represent ACNN on the ever-increasing number of committees, so please consider this when expressions of interest are circulated. It is a great opportunity to become involved in the issues around neonatal nursing. A call for members for the ACNN national committee will also be sent in the next few weeks. The AGM will be held at the conference on Fraser Island, where as required by our

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## President's report (cont.)

constitution, all current positions on the national committee will become vacant. Applicants for the four office-bearing positions (President, Vice-President, Secretary, Treasurer), must have been on the committee for a year, however anyone can apply for the 'ordinary member' positions, which have no particular official role but undertake work for the committee as directed. Current members are most welcome to re-apply and I would ask everyone to consider this. This is a great leadership opportunity and provides the opportunity to guide and inform our organisation. For these positions we are looking for enthusiasm and commitment and will mentor those seeking to step up into leadership and governance roles, and will most definitely support new members on the committee.

Please also consider joining the operating committees of our branches and special interest groups.

The next few months are busy with many local, national and international conferences. For those that attend, you would be most welcome to share your experiences and knowledge by writing a short article for the newsletter.

I'm very much looking forward to meeting everyone on the island, for what I believe will be an educational and very social celebration of our 25 years.

Kind regards,

**Karen Walker**

## ACNN New South Wales Branch Report

The NSW branch has had a busy few months over the winter period. On 25 June we held our annual country seminar at Mount Panorama, Bathurst. This was a full day of education, updates and fantastic networking. We had a full room with around 66 delegates.

The program consisted of education in the use of respiratory support within the special care nursery with a particular focus on the rural setting. Following on from this, we heard some interesting case studies from the local area. Next, we learnt about developments in the approach to neonatal abstinence syndrome with an increased focus on working with families. We then had two presentations from the Newborn and Emergency Transport Service (NETS) with practical tips and advice for preparing for a NETS team arrival. Subsequent sessions included an update on the care of the late preterm infant, supporting feeding in the special care nursery, the role of nurse practitioners in the nursery and palliative care. A neurodevelopmental care workshop was held during the day. This provided novel insights and a sound evidence based structure to the care of all infants. There was a high degree of interest in this topic and for all those interested in pursuing this topic further I encourage you all to join the new ACNN

neurodevelopmental care special interest group.

I would like to express my warmest wishes to all new members, our membership to the NSW branch continues to increase steadily. In April of this year we had a total of 223 financial members, currently this has risen to 254. If you are on the lookout for some fabulous education and networking, our next evening seminar is being held on 19 September at Rydges Parramatta. I hope to see you at one of our events in the near future.

In mid-November, the NSW branch is holding an open meeting to discuss plans for the future year and the strategic direction of our branch. I would like to invite anyone interested in attending. Detailed information will be emailed out to NSW members closer to the time.

I for one am eagerly awaiting the island escape for ACNN's national conference in October. It will be great to catch up with many of you and hear about the fabulous work that is going on in NICUs and special care nurseries across our great country.

Kind Regards,

**Christine Jorgensen**



*Delegates at the Bathurst Country Seminar*

## ACNN Queensland Branch Report

The Qld branch of ACNN held their annual meeting on Saturday 29 July 2017 after an informative evening dinner seminar in Toowoomba. The theme for the night was *A multidisciplinary team approach to caring for preterm and sick neonates in a regional centre*. Thank you to Vicki Stevens and the Toowoomba team for organising an informative evening.

Our first speakers were Prue Smeaton and Katelyn Henning who are speech pathologists currently working at Toowoomba Base Hospital. Their topic was *Bottle feeding for premature infants: which teat?* Prue and Katelyn conducted a multidisciplinary quality project. Their first task was to conduct a literature review of the available evidence with regards to how infants suck, the differences between preterm and term infants, oral feeding choices and the wide variation between NICUs in terms of routine management of transitioning feeding issues in preterm infants.

Phase 2 of their project was to benchmark Toowoomba's practice against six other level 4 Special care nurseries. Phase 3 of their project was to ascertain the internal collective clinical knowledge of Toowoomba clinicians by conducting a survey. In this survey they wanted to ascertain the experience, perceptions, attitudes of staff to the variety of options of teats, clinical decision making of introducing bottles, changing teats, and oral feeding establishment.

While establishment of breastfeeding is their top priority, Phase 4 of the project was developing guidelines and principles which were evidence based for the introduction of bottle feeding for premature infants and to guide clinical decision making about teat choices and changes across the establishment of bottle feeding. Phase 5 of the project was evaluation through chart review and surveying the staff. The evidence shows that the pigeon peristaltic teat is the most suited to use.

The second topic of the night was *Supporting breastfeeding in the late preterm infant* presented by Cathy Krause. Cathy is a registered nurse/midwife and Lactation Consultant who currently works in the Special Care Nurseries of both St Vincent's Private and Toowoomba Base Hospitals.

The oral feeding guidelines for *Premature Babies in the Special Care Nursery* were developed to align with literature on current best practice and were developed after benchmarking with clinically similar SCN and internal staff survey. Cathy discussed the codes of BFHI, baby feeding cues and feeding

guidelines. The guidelines' three-tier approach with exclusive breastfeeding, combination breastfeeding and bottle feeding and exclusive bottle feeding clearly states the process to follow for clinicians while providing oral feeding safety.

The last speaker for the night was Chelsea Mobbs, a physiotherapist who also works at Toowoomba. Chelsea's topic was *What happens next? Developmental assessment and intervention for preterm infants as they transition out of the special care nursery: the state of evidence*. Chelsea is currently undertaking her PhD in this field and is developing a pathway for developmental follow-up for high risk infants.

Chelsea stated that preterm and term infants have different assessments to quantify if infants have developmental delays or disabilities. This can range across the autism spectrum disorders to cognitive, behavioural, receptive, and physical issues. It is stated that 49 per cent of infants with cerebral palsy (CP) were born at term with 10 per cent having a history of HIE. Other risk factors were babies with different grades of IVH, IUGR, prolonged hypoglycaemia, hyperbilirubinemia, FASD, NAS, prolonged transition to oral feeding. The diagnosis of CP is usually around 19 months corrected age for an infant.

Infants normally have multiple assessments over time from a gestational age of 35 weeks to 4 months corrected age with the general movements assessments called Prechtl's general movements. This assessment can assist as a predictor for detection of some sort of developmental delay and for the infant to have closer follow-up which may include developmental monitoring, physiotherapy, and interventional strategies which can start prior to 4 months.

Lastly, if anyone has anything to add to the newsletter or has some pressing issues they want to discuss please feel free to contact us.

Hope you enjoy your day.

**Judy Macey**



Delegates at the Toowoomba meeting

## Wanted

Items of interest to ACNN members everywhere

Please consider contributing to this newsletter

Send contributions to [newsletter@acnn.org.au](mailto:newsletter@acnn.org.au)



# Queensland Branch Raffle

2017

**\*\* All proceeds support the purchase of essential resuscitation and basic equipment for the LRC SIG work in PNG\*\***

## \$1000\*

Redeemable towards



Full Conference Registration



Accommodation & Travel Expenses



## TO ATTEND ACNN 2018

## OR



Tickets available for purchase at [www.acnn.org.au](http://www.acnn.org.au) or at ACNN2017 Conference

**Tickets: \$5 each; 3 for \$10; 7 for \$20**

**DRAWN: Friday 20 October 2017 at ACNN2017 on Fraser Island**

**\*Conditions:**

- Redeemable against full conference registration, travel and accommodation expenses to attend ACNN 2018 or COINN 2019 up to a maximum of \$1000.
- Must register as a full conference delegate; day registration not accepted.
- Proof of full conference registration & additional expenses (e.g. Travel /Accommodation) to be supplied to the ACNN Qld branch prior to receiving payment.
- Tickets on sale online until 1 October 2017; and at ACNN 2017 ACNN conference until 12.30pm on 20 October 2017.

**Further details:** Karen New, Qld Branch Chair on 0435 748 660 or at [gldbranch@acnn.org.au](mailto:gldbranch@acnn.org.au)

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## Research SIG Update

During the last three months, the Research SIG has been focussed on building a larger Committee. As the SIG Chair, I would like welcome all our new members: Annie Chang, Linda Crowe, Suza Trajkovski, Lori Grlj, Carole Scaife, Laurene Aydon, Sheeja Pathrose and Margo Pritchard. Each newsletter will profile some of our new Committee members. Over the next 6 months we are planning to profile Researchers and their research interests on our webpage. In this issue, I would like to introduce Linda Crowe.

The Research SIG Committee is currently planning for the ACNN Conference. Our meeting will include an informative session, titled *Conducting a SMART Audit in Clinical Practice*. We are excited to present Professor Linda Johnson as our guest speaker and we would like to invite all members to join us for our annual meeting.

On Saturday November 25, the Research SIG is holding a workshop at the Western Sydney University from 9.30 am to 5pm. The workshop will cover all the aspects on *How to conduct a survey from protocol to publication*. It will provide an opportunity for nurses or midwives to learn about conducting surveys. We also hope to give the day a social feel with networking opportunity for nurses and midwives interested in research.



Dr Linda Crowe is a neonatal nurse and midwife. She currently works in the Evidence in Practice Unit at Mater Health in Brisbane which includes the Queensland Centre for Evidence Based Nursing and Midwifery. Her main research interest areas are preterm infant feeding and family integrated care. She enjoys working with clinical staff to assist them to complete research or evidence-based implementation projects. Linda also does some sessional teaching for midwifery students at Southern Cross University.

## Neurodevelopmental Care Special Interest Group Report

### **Nadine Griffiths**

Clinical Nurse Consultant, NIDCAP Trainer

**W**e are thrilled to highlight to members that in July this year the ACNN National Committee endorsed a 12-month trial of a new Special Interest Group that focuses on neurodevelopmental care. For the initial 12-month period I will be chairing the SIG supported by Melissah Burnett (secretary), Carol Hua (treasurer liaison) and Ursula Haack.

The NDC SIG aims to raise awareness of developmental care in the neonatal setting as a conscious individualised practice that is considered a minimum standard of care. We plan to do this by:

- Promoting evidenced based developmental care practices to the members of ACNN
- Providing resources to ACNN members that support the application of developmentally supportive practices
- Evaluating developmental care practices in neonatal units across Australia

Our first teleconference meeting is scheduled for the Monday 11 September 7.00pm.

If you are interested in joining the SIG please email: [ndcsig@acnn.org.au](mailto:ndcsig@acnn.org.au)



## National Nurse Education Special Interest Group

The NNE SIG has had a productive last few months, holding regular meetings, completing necessary documentation for the National Committee and trying to keep members of the SIG updated. Our next meeting will be held on Tuesday 12 September 2017 at 7.30pm and will be discussing the assessment of the deteriorating patient. Please look out for the Zoom meeting circulating to all SIG members.

Currently we have locked in Fiona Bogossian as a key speaker for the 2017 National Conference which will be held on Thursday 19 October from 3.30 to 5pm. Fiona is an Associate Professor at the University of Queensland in the School of Nursing, Midwifery and Social Work. Fiona is a Registered Nurse/Midwife, with clinical, policy, education and research experience in midwifery and neonatal nursing. She is highly recognised in the field of research and education within



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

### **Australian Government Department of Health**

Deb Thoms, Commonwealth Chief Nurse and Midwifery Officer gave an update on the Biosimilar Awareness Initiative. The Initiative was announced in May 2015 as part of the Pharmaceutical Benefits Scheme Access and Sustainability Package. In accordance with the National Medicines Policy, the aim of the Initiative is to support awareness of, and confidence in, the use of biosimilar medicines for healthcare professionals and consumers. A biosimilar medicine is highly similar to a 'reference biological medicine'. The reference biological medicine is the first brand to market. The introduction of biosimilar medicines encourages competition in the Australian market which will lead to a reduction in the cost of medicines, resulting in savings to the health care system. These lower prices improve affordability of, and access to medicines. This initiative will give people more medicines brand options and reduce the cost to the PBS.

For more information, visit the Australian Government website at [www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars) Additional information at [www.tga.gov.au/publication/evaluation-biosimilars](http://www.tga.gov.au/publication/evaluation-biosimilars)

### **Nursing and Midwifery Board of Australia**

An update was provided by Tanya Vogt, Executive Officer.

There is an update on the NMBA website on the outcome based assessment for internationally qualified nurses and midwives. A request for tender will be released soon for the development of an objective structured clinical examination for overseas trained nurses and midwives. The public consultation on the Codes of Conduct has concluded and the team is now collating the feedback and revising the final

nursing and midwifery. We are looking forward to hearing about her experiences at the annual NNE SIG meeting at the conference in October.

This year at the National Conference NNE SIG meeting, the focus is on the role of simulation in education and we will also be conducting a panel to discuss current education HOT TOPICS. Please look out for the flyer circulating to all SIG members. This year there is no cost to attend the SIG meeting. The content will also assist NNE SIG members to gain hours towards their professional development.

We have an exciting 12 months planned ahead, and we are looking forward to sharing it with you in the coming weeks.

If you wish to contact the NNE SIG or enquire about the role of NNE please email [nnesig@acnn.org.au](mailto:nnesig@acnn.org.au)

## COMMUNIQUE

### **CoNNMO Member Meeting – Friday 19 May 2017**

document for consideration by the Board in July. Once the Board approval process is completed, work will commence on the roll out of the new Codes. The NMBA is keen to work with CoNNMO on this process. The start date for the new Codes will be 2018. The NMBA is working with the ANMF, ACN and ACM on reviewing the Codes of Ethics for nurses and midwives. Public consultation on the Midwife Standards for Practice will commence in July 2017. CoNNMO member organisations were encouraged to engage with this consultation process. Work on the review of the Board's Decision Making Framework (DMF) will begin later this year. The NMBA will be conducting targeted focus groups for this review. Members were reminded that renewal of registration closes 31 May 2017. The NMBA is trying to move forward with the removal of the Rural and Isolated Practice Registered Nurse (RIPRN) endorsement model. There will need to be a replacement prescribing model. See <http://www.nursingmidwiferyboard.gov.au>

### **Australian Nursing and Midwifery Accreditation Council**

An update was provided by Margaret Gatling, Director of Accreditation Services.

In February 2017, ANMAC launched a new risk-based approach to accreditation. A targeted survey of education providers and key stakeholders found that they felt the accreditation process needed to be shorter, less onerous and less cost. ANMAC currently provide oversight of 220 programs. Programs accredited for a 5 year period will be required to report once assessed against a risk matrix which will include: whether there are any conditions on the program; whether there are a large number of campuses (which poses a risk to consistency);

whether there is a complaint against the program. The external NRAS review is taking place at the same time as the ANMAC internal review. It is anticipated that the NRAS review will focus on Accreditation being more fit for purpose and user friendly. The new Enrolled Nurse Accreditation Standards are currently awaiting NMBA approval. The Registered Nurse Accreditation Standards are being reviewed this year. This work will commence with an Issues Paper to seek feedback on the key matters for review which will include clinical placement hours and the use of simulation. ANMAC will be looking at ICN and RCN positions on these issues. The Issues Paper will be circulated in July and will be sent to CoNNMO member organisations for feedback.

For further information at <http://www.anmac.org.au/>

### **Nurse and Midwife Support Program**

Mark Aitken, Consultant and Stakeholder Engagement Officer presented on the new national service, Nurse and Midwife Support. The service was launched in Melbourne by the Commonwealth Chief Nurse and Midwifery Officer, Debra Thoms on 8 March 2017. Nurses, midwives or students experiencing a health issue or at risk of a health issue, have access to national 24 hour 7 days a week support. Important elements of the service include phone support, brief intervention counselling and referral pathways. Support is anonymous, confidential and free. Nurse and Midwife Support is funded by the Nursing and Midwifery Board of Australia and run independently by Turning Point. AHPRA commissioned a review to look at referral, notifications, assessment, treatment, monitoring and rehabilitation for health practitioners with a health impairment. The report found that nurses and midwives don't have a clear understanding of the impairment process. It also found that nurses and midwives are uncertain about where and how to seek support when they self-identify they have an impairment, identify an impairment of their colleague or are notified that they have been reported as having an impairment. AHPRA then undertook an extensive tender process for an organisation to provide a service to support nurses and midwives around Australia, with Turning Point the successful candidate.

For further information, visit [www.nmsupport.org.au](http://www.nmsupport.org.au)

### **Australian Digital Health Agency**

Angela Ryan, General Manager, Clinical Programs addressed CoNNMO members on the role of the Australian Digital Health Agency. Angela spoke about the agency work program and the particular impacts going forward for the nursing and midwifery professions. The agency was established 1 July 2017 and is continuing the work of NEHTA including the My Health Record. As of 14 May 2017 there are 4.8 million people registered with a My Health Record. The Agency has been funded to move to an opt-out process for the My Health Record in 2018. Once your record is created, individuals will have 3 months

to opt-out. The ability to opt-out continues to be available at any time. The My Health Record Mobile app is called Healthi. One of the initial tasks of the Agency is developing a national digital health strategy for Australia in collaboration with states and territories and other stakeholders. Following consultations, the Agency has identified that the top 5 ways that health professionals want to use digital technology is for: sharing health records with the person receiving care; transferring prescriptions to a pharmacy; interactive support with colleagues; communicating with people before or after consultation; and sharing health records with other practitioners. Themes from the consultations include support for making the right health care choices and the provision of options, access, security and control.

For further information, visit [www.digitalhealth.gov.au](http://www.digitalhealth.gov.au)

### **NMBA Midwife Standards for Practice Project**

Associate Professor Cate Nagle, Deakin University provided an update on the progress of the project to date. A literature review, key stakeholder interviews and the first round of observations have been completed. The preliminary consultation with selected stakeholders has also been conducted. The amended draft standards were then reviewed by the Expert Advisory Group and the NMBA. The second draft of the standards will go to an 8 week public consultation in July/August 2017. A second round of observations will then be undertaken in November/December 2017 to validate the standards.

### **National Aged Care Staffing and Skills Mix Project**

Annie Butler, Assistant Federal Secretary, Australian Nursing and Midwifery Federation provided a brief presentation to CoNNMO on the Australian Nursing and Midwifery Federation (ANMF) National Aged Care Staffing and Skills Mix Project. The Project was commissioned by the ANMF and developed by the ANMF South Australian Branch, Flinders University and the University of South Australia.

The Project's findings revealed two urgent priorities for residential aged care: the need for more nursing and care hours and a skills mix with a guaranteed ratio of registered nurses (RNs), enrolled nurses (ENs) and assistants in nursing/ personal care workers (AINs/PCWs). The Project found that current staffing levels in residential aged care are seriously inadequate: residents, on average, need 4.3 hours of care per day but typically receive only 2.84 hours. This shortfall means that residents miss out on essential care and treatment, a finding confirmed by the Project's survey of more than 3,000 RNs, ENs and AINs/PCWs investigating 'missed care'. The Project also found that a mandated staffing skills mix in aged care needs to be introduced to ensure the right number of RNs, ENs and AINs/PCWs are available to provide adequate care. It recommends a skills mix of 30% registered nurses, 20% enrolled nurses and 50% AINs/PCWs. The ANMF is seeking

*Cont. on page 8*

## CoNNMO Communique cont.

support from CoNNMO member organisations for the project recommendations.

Full report is available at: [http://www.anmf.org.au/documents/reports/National\\_Aged\\_Care\\_Staffing\\_Skills\\_Mix\\_Project\\_Report\\_2016.pdf](http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf)

### **Panel Discussion: Certification, Credentialing and Endorsement – What does it all mean?**

A panel discussion was held on the use of the terms credentialing, certification and endorsement in Australia. The panel consisted of: Tracy Aylen, Past President of the Australian Diabetes Educators Association; Di Chamberlain, National President of the Australia College of Critical

Care Nurses; Christopher Cliffe, Chief Executive Officer of CRANAP<sub>plus</sub>; Julianne Bryce, Senior Federal Professional Officer of the Australian Nursing and Midwifery Federation; and Tanya Vogt, Executive Officer of the Nursing and Midwifery Board of Australia. Following a brief presentation from each of the panel members, CoNNMO member representatives debated at length the definitions, understanding, merits and risks of these processes.

### **New member organisation**

The Australian Association of Nurse Surgical Assistants (AANSA) was welcomed to CoNNMO as the 55th member organisation.

## CoNNMO National Priorities

The Coalition of National Nursing & Midwifery Organisations (CoNNMO) comprises fifty-five national nursing and midwifery organisations. These bodies reflect the diverse generalist and specialist contexts of practice in which the nursing and midwifery workforce undertakes their essential roles. CoNNMO is unique in its reach and extensive magnitude of numbers of the combined organisational memberships. It advocates for the health and wellbeing of the Australian population, through empowered, focused and skilled nursing and midwifery workforces. The coalition supports and enhances the leadership, capacity and impact of the goals of the member bodies.

The following CoNNMO national priorities were established through a rigorous process of collaboration and consultation with our member organisations. They guide contemporary practice and education for our professions.

1. All consumers of healthcare have the right to accessible, safe, high quality care provided by competent, well-educated nurses and midwives.
2. Nurses and midwives lead their professions to improve public awareness of their essential role in the health care system and drive collaborative improvements with other health professionals.
3. Caring, compassion and empathy delivered within a regulated professional framework is an essential element of all aspects of nursing and midwifery practice.
4. Nurses and midwives are integral to a sustainable, affordable and accessible Australian healthcare system and are essential voices to be included in local, State, Territory and Federal health policy discussions and decision making.
5. Aboriginal and Torres Strait Islander health, history and culture is a core element of nursing and midwifery practice. A National Aboriginal and Torres Strait Islander Health Workforce Strategy involving the nursing and midwifery professions is urgently required.
6. Nurses and midwives must adopt a zero tolerance approach to bullying, racism, harassment, sexism and all other forms of discrimination that have no place in nursing and midwifery practice.
7. Embedding mentoring and reflective practice into the growth and development of all nurses and midwives is essential.
8. Work must be undertaken to remove legislative, regulatory and administrative barriers that prevent nurses and midwives from practicing to their full scope of practice.
9. Collaborating and working in partnership with nursing and midwifery professional organisations is essential to progressing evidence informed practice.
10. Nurses and midwives need to be literate in digital health, to communicate, collaborate and provide optimal healthcare.
11. Nurses and midwives must be supported and resourced to lead research and innovation.
12. Nurses and midwives must use their considerable, informed and united voices to advocate for improvements in health and wellbeing for all.

*Endorsed October 2016. Reviewed March 2017*