Our campaign continues

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Health budget
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Students Celebrate Success
SPEAKING OUT!

NURSES AND MIDWIVES ARE IN PRIVILEGED POSITIONS HAVING THE GREATEST INTERACTION THROUGHOUT OUR COMMUNITY; SPANNING ALL AGES FROM BIRTH TO DEATH; IN THE COMMUNITY; IN HOSPITALS AND RURAL COMMUNITIES; IN AGED CARE NETWORKS; AND INVITED INTO CLIENT’S HOMES TO DELIVER NURSING CARE.

This privilege means that the thousands of nurses and care workers can ensure our community is well informed about their health care system.

ANF has been actively speaking out, but it is the power of one that will really make a difference if every nurse and care worker uses the opportunity to have a chat to their patients, residents, clients and their families.

An information brochure has been produced for the community, which will be letterboxed and distributed by members throughout this month. If you are able to assist, please collect some brochures from ANF and use the walk to improve your health and spread the message to our community.

Your right to speak out

ANF believes a recent DHHS memo to employees is potentially in breach of the Industrial Relations Act 1984 (Tas). In particular section 86(1)(b) of that Act which states:

(1) An employer shall not dismiss or threaten with dismissal an employee from his employment, or injure him in his employment, or alter his position to his prejudice, because the employee;

(b) has given information with regard to the conditions under which he is employed to an officer of an organization or association of employees to which he belongs.

ANF wishes to reassure members that threats of disciplinary action in this context are unlawful. Members should understand that they can freely disclose information (other than information covered by the Privacy Act) to ANF where it is directly relevant to their conditions of employment. ANF wants to hear of instances where ANY such threats have been made.

Thank you to all members for their contribution to recent ANF submissions; the ACTU Inquiry into Insecure Work in Australia; and the Upper House Inquiry into the Cost Reduction Strategies of the DHHS. Thank you to members Ros Gorrie, Tony Bradley and Julie Driver for appearing at the Upper House Inquiry hearing into the Cost Reduction Strategies of the DHHS. ANF has also lodged a State budget submission (see page 4) and will be taking part in the inquiry into insecure work.
On the Heartbeat for March, have you noticed any impact on service delivery in your area since budget cuts?

Jim Griffin - 4K LGH
Beds have been closed and less staff are on the roster. We are now relying on pool staff, who often have no orientation or paediatric experience.

Kim Pinner - Theatre LGH
The staff leaving is astronomical. We are now working with minimal staff, there is no leeway. Management are trying to work through how to accommodate all the changes. Everyone is working as a team and all trying their best. Management are keeping us in the loop. It is all very sad.

Anastasia Williams - Medical Ward NWRH
Yes. We are more rushed now and at the same time we have to deal with a wider range of cases that are outside our normal scope of practice, and that means we have to spend more time on research.

Leonie Connell - ICU NWRH
Staffing the unit with the appropriate skills mix is now a real challenge. We never really know what’s going to happen next. One minute they need us to do double shifts, the next we are being redeployed.

Juanita Mayne - Maternity Unit RHH
I have noticed many negative impacts from the budget cuts. One example is that, in Maternity, we are now unable to make referrals to the Mental Health Nurse for women at risk of post natal depression. This is due to position cutbacks. For these women it means that they are being sent home without the proper support they require and we, as midwives, are unable to provide preventative healthcare.

James Lloyd - Central Coordination Unit RHH
As an After Hours Nurse Unit Manager, I’m in a unique position to see how the health cuts have affected the RHH.

An issue that has particularly affected me is the loss of staff - young graduates in particular. Prior to Christmas, I met a number of grads whose contracts were not going to be renewed. Most of them were trying to find work and planning to leave the State. In their faces I saw despair and worry. Senior staff on each ward would comment about how much time and effort they had put into supporting their graduates, only to lose these young, skilled and enthusiastic workers to the mainland. We are sacrificing our young in the name of budget cuts, whilst politicians drive around in chauffeured cars. I find this hard to reconcile.

Another disparity that I see as I walk around the RHH are the building works. There are four areas in the RHH that are experiencing major building works. It’s paradoxical to have all of this money spent on new wards, buildings etc. but we have no money to retain or employ staff. Believe me, I’m not complaining about the new parts of the hospital we are creating but it’s certainly problematic.
2012/13 Health Budget

ANF has provided a submission to the Department of Treasury and Finance regarding the 2012/13 Health Budget. Below is an outline of ANF’s budget priorities.

1. **Funding to reinstate nursing positions to reopen acute In-Patient beds and community mental health services.**

   Bed closures across Tasmania have had a negative impact on timely access to service. Ambulance ramping is a most visible effect of a lack of In-Patient beds with ramping an entrenched phenomena across Tasmania’s three health regions.

   Funding for the reinstatement of nursing positions to reopen beds will prevent more adverse situations arising. Compromised patient care, reduced skill mix through a loss of specialised skills/qualifications and experience will all result if nursing positions to reopen beds are not funded.

2. **Funding for one Nurse Unit Manager and Clinical Nurse Educator for each Ward/Unit.**

   Nurse Unit Managers are pivotal in the successful coordination of all wards/units and services. NUMs accept accountability for clinical governance of up to 36 patients, multimillion dollar budget control, and performance management of around 50 staff and strategic leadership and clinical direction.

   ANF submits that each unit/ward across the DHHS has funding for a Nurse Unit Manager and Clinical Nurse Educator.

3. **Funding to enable immediate implementation of Nurses and Midwives Heads of Agreement 2010 inclusive of the new career structure.**

   A new nursing career structure will reward nurses prepared to undertake additional qualifications and study in their chosen area. The additional expertise, knowledge and skill directly benefit the DHHS through a growing pool of specialist nurses.

4. **Funding for relief factor to meet Award entitlements per FTE for all nursing establishments across all service delivery areas.**

   ANF is aware that there exists a current liability of $6 million in unfunded leave entitlements. In 2011 there were 1189 double shifts worked by public sector nurses across Tasmania.

   Funding nursing establishments across Tasmania accurately will reduce the reliance on overtime and double shifts, reducing costs and enabling nurses to take their annual leave.

5. **Immediate implementation of workplace safety campaigns to reduce numbers of workplace injuries and violence affecting nurses.**

   Nurses as an occupational group are the most frequently injured at work within the DHHS. Efforts to reduce occupation injury for nurses have at best been piecemeal and poorly coordinated.

   ANF believes the Agency should commit funding to an ongoing and well planned program in collaboration with Workplace Standards Tasmania to reduce the number of workplace injuries suffered by nurses.

6. **Funding for an increase of 100 additional funded positions for Transition to Practice placements to be made available to Tasmanian UTAS graduates.**

   There exists clear evidence of a developing nursing workforce shortage. Over three hundred new nursing graduates will be available for recruitment in Tasmania in 2012. Despite this critical opportunity the message given to new graduates by the DHHS is ‘we don’t want you’.

   ANF argues that a fully funded and supported Transition to Practice program should be seen as both a recruitment strategy and a guarantee of ongoing employment to encourage skilled professional nurses to remain living in Tasmania.

7. **Funding for primary health hospitals and centres to ensure no ongoing cross subsidisation.**

   With the introduction of Tasmanian Health Organisations in each region, funding to maintain rural services must be increased to ensure the cessation of cross subsidisation from hospitals.

8. **Immediate action to access Commonwealth funding for partnership funding particularly in identified Mental Health projects.**

   Nurses have been requesting implementation of programs which attract additional Commonwealth funding such as credentialing, assessments and electronic systems.
The dinner was more than an occasion to celebrate with friends, it was also an opportunity for students to bid farewell to those who are leaving to take up graduate positions interstate. Many graduates are heading to various hospitals in Victoria, New South Wales, Queensland, Western Australia and the Northern Territory. A large number of these graduates have expressed a sense of sadness at having to leave their families and the support networks they have built up in Tasmania, but felt they had no choice but to leave due to the current uncertainty surrounding Transition to Practice positions within DHHS.

Despite the additional funds needed to move states, many students have commented that they feel they will receive better clinical support interstate as well as increased job security. This exodus of new graduates, many of whom are unlikely to return to the State, will impact greatly on the future of nursing in Tasmania, especially considering the ageing nursing workforce in Tasmania.

For those graduates who weren’t able to consider moving interstate the situation remains frustrating. A small number of Fast Track students were fortunate enough to secure graduate positions at private hospitals and aged care facilities in Tasmania, leaving the remainder to compete for the scarce graduate positions within DHHS.

At the time of writing, DHHS had offered 20 positions in the South, but as the starting date was for the end of January Fast Track students were left out in the cold. Fast Track students can only register once final academic results are released in mid February, and were therefore ineligible for this first round of offers. Students have expressed anger and disappointment at being disadvantaged for the sake of a few weeks, and have been very frustrated at the disorganised way the recruitment process has been handled by DHHS. Despite having such strong feelings, some students have admitted to being loathe to voice their feelings, as they feel it could further disadvantage them in the recruitment process. DHHS have indicated there ‘may’ be another intake in March/April 2012, but this is by no means confirmed.

Despite the uncertainty and disappointment surrounding the job situation, the new graduates deserve to celebrate their academic success and should rightly be proud of their achievement. The public can be confident that the men and women who graduated from the 2012 Fast Track Bachelor of Nursing are committed to providing the highest level of nursing care, and look forward to the opportunity to continually build on their nursing knowledge.
Industrial Disputes at the TIC

DISPUTES BETWEEN AN EMPLOYER AND EMPLOYEE CAN OCCUR ACROSS A WIDE RANGE OF WORKPLACE ISSUES.

If a dispute arises from the private sector then this will be referred to Fair Work Australia (as per Industrial Relations (Commonwealth Powers) Act (Tas) 2009); those within the public sector are lodged with the Tasmanian Industrial Commission (TIC).

The TIC is established under the jurisdiction of the Industrial Relations Act (Tas) 1984 and defines an industrial dispute as ‘a dispute in relation to an industrial matter’. An ‘industrial matter’ can include conditions or termination of employment or breach of an award (or an agreement).

Over a period of time, the ANF has lodged a number of disputes with the TIC. The current matters which remain in dispute are:

- **Public holiday payment:** Day working nurses on non-fixed and rotating rosters have not received payment for public holidays in accordance with the Public Sector Heads of Agreement and the Joint ANF/DHHS Fact Sheet. The DHHS continues to refuse to honour the Agreement and agreed conditions as summarised in the Joint Fact Sheet. This matter has now been referred to arbitration in order to reach a resolution.

- **Fixed term contracts:** ANF continues to refer all members on ongoing fixed term contracts who we believe meet the criteria for ‘Industrial Permanency’ to the TIC. Good outcomes have been achieved for members to date, with examples being agreement to additional permanent hours, ongoing extension of fixed term contracts and employment and severance pay. Arbitration has been set for some cases in order to reach a resolution.

- **Heads of Agreement and Career Structure implementation:** ANF has sought the assistance of the TIC to ensure the Career Structure and other outstanding matters arising from the Heads of Agreement are implemented as a matter of urgency. The Commission will act in a conciliatory role on this issue.

- **Grade 3/4 progression:** This relates to nurses who have either applied for or have been placed against previous Level 2 positions, yet have only been paid as a Grade 3 and not a Grade 4. The ANF has lodged a dispute at the TIC on behalf of affected members in order to obtain payments which we consider they are entitled to. Additionally, the implementation of Grade 3/4 progression should have commenced by the time of printing.

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North West

**A lack of resources on Spencer Clinic**

Spencer Clinic’s lack of resources was recently highlighted by a rapidly deteriorating patient who was admitted to Spencer Clinic with a psychiatric illness as well as physical co-morbidities.

- **Nurses are put at risk** - when they are working out of their scope of practice. MHS has one Clinical Nurse Educator for the whole of the North West.

- **Nurses are put at risk** - when the beds we use are inappropriate for the immobile patient.

- **Nurses are put at risk** - if a patient dies and the coroner is not satisfied that we have done all that we possibly can, to ensure the best outcome for patients in our care.

- **Nurses are put at risk** - when due to budget cuts we have not enough staff on duty to deal with patient acuity.

- **Nurses are put at risk** - working double shifts, being called in on their days off to cover sickness or shortages.

**Patients are put at risk** - when nurses have not the equipment, they work out of their scope of practice and they are tired.

Nurses on Spencer Clinic need the resources to care for our patients or an understanding from the North West Regional Hospital that we do our best under difficult circumstances, but there are times that we need help because of the lack of resources to ensure the best possible outcome for our patients.
Left to right: North West MWRH Grad Nurse TPP Celebration, LGH 3R, Calvary St Vincent’s - Helen Turner, Geraldine McRoach and Ruth King, Aldersgate Nursing Home - Rep Maggie Yates, Northern Renal Unit - Tania Battaglini, Smithton Hospital, LGH QV Outpatients, ANF Aged Care Conference and LGH 5B
North

Nursing Hours per Patient Day (NHpPD)

Categorising a ward, based on acuity and how many hours per day a patient requires nursing care, is the basis of Nursing Hours per Patient Day (NHpPD). NHpPD is a useful tool to calculate a ward’s Full Time Equivalent (FTE). NHpPD incorporates a leave factor to ensure that there is enough nursing establishment to enable all nurses to take leave, including professional development, each year.

Over the past months the LGH NUMs and the Management team has been reviewing the NHpPD benchmarking for the general wards. The NHpPD have been agreed by Management and this will now enable the NUMs to accurately allocate staff numbers for each shift in accordance with occupancy levels and patient acuity. DEM, ICU, 4K and QVH have yet to be benchmarked and the AMU may still require re-benchmarking as the new model of care in this area evolves.

It is not only the acute medical and surgical areas where NHpPD can be used to determine the required number of nursing hours per year. Occupancy levels and patient acuity in the last six months has been used to benchmark the required FTE to staff Northside (MHS). When more patient data is collected, the NHpPD will be reviewed.

The Launceston Reception Prison’s establishment has also been benchmarked recently. Nurses provide nursing care to inmates and although the inmates are not grouped into NHpPD categories or acuity and occupancy are not incorporated, the NHpPD model was able to be used to determine an establishment, including a leave factor. When appropriate leave factors are not included in the NHpPD, overtime or backfilling from other areas may be required to enable nurses to take leave.

South

Respecting the Whole Nursing Team

Ken Harriss, ANF Organiser

I can recall sitting in the back of a lecture many years ago listening to the presentation by a consultant intensivist to a new group of interns and residents.

During that presentation he spoke of the respect that should be shown by the medical staff to the nurses working with them. He clearly indicated that, in his role as a doctor, he only had perhaps a few minutes each day to see, and if necessary review patients under his care, and that it was the nurses not his colleagues who had saved his ‘bacon’ on more than a few occasions.

He went on to indicate that it was the nursing staff who knew the patients so much better than he did. They knew when something wasn’t quite right, as they had spent an entire shift or multiple shifts looking after these individuals. As a result if a nurse called him and said something wasn’t right with Mr X then he should, out of respect for the nurses’ knowledge, skill and ability, take the time to listen to the nurse’s concerns, then review the patient - as more often than not the nurse’s were right and something needed to be done.

Moving forward with time, as nurses we see the way in which care is being delivered to residents, patients or clients change. It is not necessarily a Registered or Enrolled Nurse who is delivering the care to those who are under our care, it is the Extended Care Assistant (ECA), Personal Care Assistant (PCA) and Assistant in Nursing (AIN), or however the relevant position is titled.

If we acknowledge that this is the case then shouldn’t the example presented by the Consultant Intensivist also apply to us?

I have had the privilege to work in nursing since 1987 and during that time I have worked, not just in the acute care setting but also in aged care and rural hospitals. During that time I have been fortunate to work with many skilled ECAs delivering quality aged and community care. When an ECA comes to me and says that something is not right with Mrs Y, I have learnt that I should take the time to go and see Mrs Y - because nine times out of ten they are right.

I have also encouraged ECAs to ask me questions about the care for a resident/patient that I have delegated to them if it doesn’t make sense. It triggers me to reflect on my decision, there may be things that I haven’t considered or things may have changed since I last saw the resident/patient.

It may make you a better nurse. It’s a case of respect.
Because We Care Campaign

THE BECAUSE WE CARE CAMPAIGN IS BEGINNING TO BUILD MOMENTUM AGAIN IN THE LEAD UP TO THE 2012 FEDERAL BUDGET.

ANF Tasmanian Branch has identified the Federal Seat of Denison, with Mr Andrew Wilkie as the sitting member, to be a significant force in our work to maintain pressure on the Gillard Government to keep its promises to Aged Care.

Mr Wilkie was a key signatory to the Because We Care Pledge in support of improving aged care in Australia, and we believe it is time to remind him of his commitment.

ANF is therefore calling on all members (especially members who live and work in the seat of Denison) to write to Mr Wilkie and remind him of his pledge and therefore his commitment to Aged Care.

Andrew Wilkie - Independent MP for the Federal seat of Denison
Postal address: 188 Collins St Hobart 7000
Phone: 6234 5255
Email: andrew.wilkie.mp@aph.gov.au

ANF is confident that the following Because We Care supporters who also signed our Pledge will continue to assist our campaign:

- Minister Nick McKim - Leader of the Tasmanian Greens
- Senator Carol Brown
- Jacqui Petrusma - State Liberal Member for Franklin
- Paul O’Halloran - Greens Shadow Spokesperson Health and Human Services
- Richard James - Tasmanian President, Australian Independent Retirees.

We also ask members to continue to contact the above supporters if you live in their areas, and encourage them to apply pressure on their Federal counterparts.

ANF appreciates the ongoing support of members with this long-term campaign.

Juanita Mayne - RN, RHH Maternity

IN NOVEMBER I TRAVELLED TO BANGLADESH TO PARTAKE IN A FIELD TRIP AS PART OF A MASTERS IN PUBLIC HEALTH THROUGH JAMES COOK UNIVERSITY TO GAIN REAL LIFE EXPOSURE TO BOTH TROPICAL CHILDREN’S DISEASES AND HUMANITARIAN AID WORK.

The trip consisted of just over two weeks of clinical placement both in hospitals and remote villages. The 17 person group was led by three lecturers with students who were nurses, doctors, a midwife (me!), a public health officer and a social worker.

The experience was amazing from the moment we arrived. At the Dhaka airport the local men were returning from Mecca with all white outfits with dyed red beards and their possessions packed in a red and white checked tea towel tied to a stick.

We spent three days in the capital city of Dhaka visiting hospitals. The first patient I saw was an 11 year old boy dying from tetanus. Not only do hospitals in Bangladesh not have ICU facilities, they do not have access to appropriate analgesia, antibiotics, pathology or diagnostic equipments. We saw many tropical diseases such as Malaria, TB, Pneumonia, Leprosy, Kala-azar and Marasmus (severe malnutrition). It felt like we had stepped back in time 200 years.

The group then travelled to Mymensingh situated in the north of the country. Here we stayed with a smaller aid organisation Symbiosis and again visited children’s wards. Through Symbiosis we were taken into slum and remote villages to be shown adult literacy programs, women only community savings groups, slum kindergartens, arsenic water decontamination and fish farming programs. I also participated in the antenatal clinics, a project funded by the Tasmanian Branch of the Australian College of Midwives.

The people of Bangladesh were wonderful however we also gained an insight to many of the obstacles and problems associated with providing aid within a third world country.
The Salvation Army – Barrington Lodge Nurses Agreement 2011
The Salvation Army – Barrington Lodge Nurses Agreement 2011 has been approved by FWA and came into effect on 30 December 2011.

- **Wage increases:** 5% - 1/7/2011, 2.5% - 1/7/2012
- **Allowances:** % increase in line with wage % increases
  - In-Charge Allowance - $25/shift
- **Casual Loadings:** Transitioning: 21% - 1/7/10, 22% - 1/7/11, 23% - 1/7/12, 24% - 1/7/13, 25% - 1/7/14
- **Additional Entitlements:**
  - Paid meal break for day workers and shift workers who work in excess of four continuous hours
  - Annual Influenza vaccinations paid by employer

Island Care (Tasmania) Limited Enterprise Agreement 2011
The Island Care (Tasmania) Limited Enterprise Agreement has been approved by FWA and came into effect on 30 December 2011.

- **Wage increases:** Nursing and Non Nursing Staff: 2.5% - 1/7/11, 2.5% - 1/7/12, 2.5% - 1/7/13
- **Shift penalties:** Afternoon shift increase to 15%
- **Allowances:** Buddy Allowance - $1.00 p/hr for up to 3 shifts
- **Leave Entitlements:**
  - 3 days paid Compassionate Leave
  - 4 weeks paid maternity leave in addition to Federal Government PPL scheme
  - FTE entitled to three paid Continuing Professional Development leave per calendar year pro rata for part time

Hobart Day Surgery Pty Ltd Nurses Agreement 2011
The Hobart Day Surgery Pty Ltd Nurses Agreement 2011 has been approved by FWA and came into effect on 30 December 2011.

- **Wage increases:** 5% - 1/5/11, 5% - 1/5/12, 5% - 1/5/13
- **Shift penalties:** Afternoon shift maintained at 12.5%
- **Allowances:** Post Grad Allowance
- **Leave:** 3 days paid Compassionate Leave
- **Casual Loadings:** Transitioning: 21% - 14/12/11, 23% - 1/7/12, 24% - 1/7/13, 25% - 1/7/14
- **Additional Entitlements:** Part time prepayment increase to 21%

Royal District Nursing Service - Tasmania - Nurses Enterprise Agreement 2011
The Royal District Nursing Service – Tasmania – Nurses Enterprise Agreement 2011 has been approved by FWA and came into effect on 30 December 2011.

- **Wage increases:** 3% - 30/12/2011, 3% - 1/8/2012
- **Allowances:** % increases in line with wage % increases
- **Leave:** 4 weeks paid maternity leave
- **Casual Loadings:** Transitioning: 21% - 1/7/10, 22% - 1/7/11, 23% - 1/7/12, 24% - 1/7/13, 25% - 1/7/14
- **Additional Entitlements:**
  - Annual Influenza vaccination paid by employer
  - Preceptor Allowance - $2/hr
  - In-Charge Allowance - $22.50/shift
  - Post Graduate Allowance
- **Casual Loadings:** Transitioning: 22% - 14/12/11, 23% - 1/7/12, 24% - 1/7/13, 25% - 1/7/14
- **Leave:** 14 wks paid maternity leave and one week paid paternity leave
  - LSL entitlement after 10 years service

The Queen Victoria Home Inc Nurses Agreement 2011
The Queen Victoria Home Inc Nurses Agreement 2011 has been approved by FWA and came into effect on 17 January 2012.

- **Wage increases:** 3.25% - 14/12/11, 3.25% - 1/7/12, 3.25% - 1/7/13
- **Shift penalties:**
  - Afternoon Shift – 15%
  - Night Shift – 17.5%
- **Allowances:** Post Graduate Allowance
- **Leave:** 3 days paid Compassionate/ Bereavement Leave
- **Casual Loadings:** Transitioning: 22% - 14/12/11, 23% - 1/7/12, 24% - 1/7/13, 25% - 1/7/14

The Gardens Nursing Enterprise Agreement 2011
The Gardens Nursing Enterprise Agreement 2011 has been approved by FWA and came into effect on 17 January 2012.

- **Wage increases:** 7% - 7/12/2011, 4.5% - 7/12/12, 4.5% - 7/12/13
- **Allowances:** Preceptor Allowance - $2/hr
- **Leave:** 3 days paid Compassionate Leave
- **Casual Loadings:** Transitioning: 21% - 1/7/10, 22% - 1/7/11, 23% - 1/7/12, 24% - 1/7/13, 25% - 1/7/14
- **Additional Entitlements:**
  - Annual Influenza vaccination paid by employer
  - Preceptor Allowance - $2/hr
  - In-Charge Allowance - $22.50/shift
  - Post Graduate Allowance
- **Casual Loadings:** Transitioning: 22% - 1/7/10, 22% - 1/7/11, 23% - 1/7/12, 24% - 1/7/13, 25% - 1/7/14
- **Leave:** 14 wks paid maternity leave and one week paid paternity leave
  - LSL entitlement after 10 years service
I HAVE HEARD THAT AHPRA HAVE RECENTLY PUBLISHED SOME NEW GUIDELINES ON PROFESSIONAL INDEMNITY. PLEASE COULD YOU PROVIDE ME WITH SOME INFORMATION ON THIS?

The Nursing and Midwifery Board have recently released two new publications on the issue of professional indemnity. They are:

I. Nursing and Professional Indemnity Insurance Arrangements Registration Standard and;
II. Guidelines for Professional Indemnity Insurance Arrangements for Midwives.

Both of these documents came into effect on 10 January 2012 and are available to download from the AHPRA website.

Professional Indemnity Insurance (PII) refers to protection against claims for loss, injury or damage to a third party arising from an act, error or omission in the performance of a nurse/midwife’s professional services. The Registration Standard states a nurse must not practice without suitable professional indemnity cover; a nurse is defined as a registered or enrolled nurse (which includes nurse practitioners) and a registered midwife.

The type of cover required will vary according to each nurse’s professional work. However, the recommendation is that the following types of PII be considered:

- **Civil Liability Cover:** protection against claims for loss, injury or damage arising from an act, error or omission in the professional conduct of a nurse and/or midwife.
- **Retroactive cover:** PII for claims arising out of or as a consequence of conduct undertaken by a nurse and/or midwife in their professional practice.
- **Run-off cover:** PII for those practitioners who have ceased the professional practice of nursing and/or midwifery for claims that may arise as a result of the activities undertaken by them when they were practicing. Also applies to self employed nurses and midwives.

It is the responsibility of the nurse and/or midwife to ensure they have adequate PII cover and they understand the nature of the cover under which they are practicing. It is a requirement at the time of registration or renewal to affirm they will only practice with sufficient cover.

The Guidelines for Professional Indemnity Insurance Arrangements for Midwives provides a more in depth focus on the PII requirements for midwives. It is also worth noting that guidelines focusing on PII for nurses are currently be developed.

All ANF members have full PII arrangements which meet the new standards included in your membership. A certificate confirming your PII arrangements can be obtained from the ANF Office.

ANF does not believe that public sector workers in Tasmania have the appropriate level of insurance cover from their employer (DHHS) due to the discretionary nature of the application of professional indemnity under Ministerial Direction Number 8.

If you have any queries regarding your PII cover please do not hesitate to contact the Information Line either on 6223 6777, 1800 001 241 (outside Hobart) or info@anftas.org

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Vale David Perry

ANF WOULD LIKE TO ACKNOWLEDGE LONG TERM MEMBER, DAVID PERRY WHO RECENTLY PASSED AWAY.

David was a Registered Nurse with many years of experience. He started his nursing career in Victoria and has spent the last 25 years working in Tasmania. Whilst in Tassie he worked mainly in the Public Sector and had recently been working in aged care, in the north of the state.

David’s involvement in the ANF started in Victoria during the 80’s when there was much industrial unrest and nurses were not being valued. He was actively involved in the industrial campaigns to improve nurses’ wages and conditions.

David’s passion for fairness and equity resulted in him becoming an ANF Workplace Representative when he came to Tasmania. He nominated and was elected as a Branch Councillor. During his period as an Official of the ANF (Tas) Branch Council, he was elected as a member of the Executive Committee and also held the position of Vice-President. David also represented the Branch at the ANF National Biannual Delegates Conference.

David Perry will be missed by his nursing colleagues and friends in the various places he had worked.
I WAS FORTUNATE TO BE PROVIDED WITH AN ANF EDUCATIONAL GRANT WHICH I USED TO ATTEND THE ABOVE CONFERENCE BROUGHT TO TASMANIA BY THE TASMANIAN EARLY YEARS.

I am a Child and Family Health Nurse and the conference provided the opportunity to hear from nationally recognised speakers on the topic of Infant Mental Health and the importance of intervening early in a child’s life to support healthy development. The Child Health and Parenting Service support families to promote secure attachment and works with families to address issues that may interrupt the establishment of healthy family dynamics, therefore the topics discussed at the conference were highly relevant to my practice.

Associate Professor Campbell Paul, the first keynote speaker, spoke about *The Baby’s Right to be Heard: Who Should Engage with the Troubled Infant and Her Parents?* The key message of this session was that we need to listen to infants, be attuned and responsive. Infants are born into the world in a vulnerable state, but with a very strong and sophisticated capacity to engage with caregivers. If things go wrong in the process of forming attachment relationships infants may experience problems with development and emotional health. Infants are born without a voice therefore caregivers need the capacity to respond to the non-verbal communication of babies. A DVD shown by Professor Paul powerfully portrayed the dismay, despair and disengagement an infant displays very rapidly when a caregiver does not respond to the infant’s attempts to engage with the caregiver, and many in the audience were moved by the infant’s confusion.

Professor Bryanne Barnett spoke about how crucial antenatal care is and how difficult it is to separate mental and physical health. Many families face a number of issues that can have a detrimental affect on their health and their baby’s health such as substance abuse, family violence, homelessness, lack of money, food and lack of supportive friends and family in combination with reluctance to access services. Many people experience anxiety and the time from conception to 12 months postnatally is the time many mental health issues will emerge or relapse. It is critical services work together to address issues when they are identified.

The second day commenced with a keynote address by Dr Fiona Wagg on a project entitled Circle of Security conducted by a colleague in Perth. From the project a *Joining together Playgroup* was developed. The group is delivered by multidisciplinary staff and is run over a number of weeks in an attempt to engage families with dysregulated infants and toddlers. Dr Wagg and her colleagues are now working on the development of early intervention services for the 0 – 5 years age group in Southern Tasmania.

Dr Anne Sved Williams gave a very amusing and relevant presentation on *Everything I have Learned to Guide me in Working with Mothers and Infants*. Dr Williams spoke about the difference between boys and girls and the kinds of protective factors children possess and how 1:2 mothers fall in love with their babies at first sight. A good mother tunes in 30% of the time to their baby, and Dr Williams explained the concept of rupture and repair of relationship. In fact guilt is a good emotion only as long as it lasts 5 minutes and leads to positive change!!

The conference concluded with a panel discussion on where to from here and how to improve services for children and families in Tasmania. Many interesting ideas were put forward at the conference and learning’s willingly shared by all of the Speakers. There is a shared understanding that intervening to support healthy development early in a child’s life, prenatally, in infancy and early childhood is paramount to promote the health and well being of individuals throughout their life. At the same time Tasmania is facing many challenges due to the demands of budget restraints and high levels of demand for service. It will become evident over the next few years how well services can work together.

I left the conference with a feeling of optimism in relation to the level of professionalism and goodwill there is in Tasmania to making things work to improve the trajectory for many infants and their families.

Thank you to ANF for assisting with my expenses towards this conference. I am very pleased to have been able to attend.
During 2012 the Education Centre will be posting updates related to funding opportunities and scholarships when they become available.

In the 2010/11 Budget the Australian Government provided $59.9 million over four years for a national incentive program that will provide payments to eligible aged care workers who undertake further studies to enhance their career as a Personal Care Worker, an Enrolled Nurse or a Registered Nurse.

The Aged Care Education and Training Incentive (ACETI) Program will provide incentive payments to eligible aged care workers who undertake specified education and training programs.

This program builds on current workplace training programs that support people working in the aged care sector by providing financial incentives to existing aged care workers who undertake further studies to upgrade qualifications and build their career in aged care.

In order to view the list of eligible courses and find out if you are eligible to receive an incentive payment go to http://www.health.gov.au/aceti

Keep an eye on the ANF website and articles in Infusion for further opportunities.

Know Your CPD Requirements

Attend the ANF CPD session Know Your CPD Requirements, and receive a FREE ANF CPD Portfolio.

The ANF CPD Portfolio is your companion guide in meeting your legal professional development hours. The Portfolio contains Professional Practice Guidelines from the ANMC and AHPRA, along with Professional Portfolio Templates and a section for you to build your own Professional Portfolio.

Available to members for $20 ($40 for non members) Please note a $10 postage fee per folder applies to posted items

Portfolios can be purchased from the ANF Office or www.anftas.org

ANF Education Centre

ANF is pleased to announce that Macquarie Builders have won the tender for construction of the ANF Education Centre. Macquarie Builders is Tasmanian owned and operated and was founded over 20 years ago. Macquarie Builders is one of Tasmania’s leading construction companies with experience in both commercial and residential applications as well as large development projects.

Recent successful projects completed by Macquarie Builders include:

- Mt St Canice - Stage 7
- Hockey Centre
- DJ Motors (Mitsubishi Showroom)
- Pier One Restaurant and Sports Bar, Wrest Point Casino

This is a very exciting project for ANF and we are looking forward to the expansion to our professional education services. Works have commenced and will take approximately 8 months to complete.

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More people in health and community services choose HESTA than any other fund

Your super fund can make a lifetime of difference

✔ Run only to benefit members
✔ No commissions
✔ Low fees

MEMBER BENEFIT
Receive the following amazing deal from Anytime Fitness Launceston:
• $0 joining fee
• $40.00 fob fee
• $8.95 per week ($38.78 per month)
• **No Joining fees **No contract/minimum term
• Saving you $174 over a year.
Members can use all other Anytime Fitness clubs around the world for free, anytime. Anytime Fitness has over 140 clubs currently across Australia with 200+ clubs open by the end of 2012. Over 1800 clubs worldwide.

Enhancing Your Financial Security
The Tasmanian Association of State Superannuants (TASS) seeks to enhance the financial security of State superannuants and their families. TASS is a voluntary non-political body serving the interests of members.

The major campaign of the TASS is to obtain from the State Government a more equitable method of indexing pensions, and moving this indexation in line with the Commonwealth Government’s Aged Pension.

If you are receiving, or will be eligible to receive, a superannuation pension from the defined benefits contributory scheme administered by RBF, or are the partner or widow of a member of TASS, you are eligible to join. Application forms are available in the ANF Hobart office, or by visiting the TASS website, www.tass.org.au.

Newly Elected Reps
Sally Cole - King Island District Hospital
Gregg Llewellyn - Meercroft
Margaret Maclaine - Snug Village

Jane Addison - RHH 5A
Meredith Taylor - RHH 2A
Daniel McCarthy - NWRH Ambulatory Care
MARCH

ASTHMA MANAGEMENT AND TREATMENT

How to manage asthma and advice on the latest methods of treating asthma and its symptoms. 2 CPD hours

Hobart
Thursday 8 March, 10:00am - 12:00pm
Venue CCAMLR, 181 Macquarie Street, Hobart
Presenter Asthma Foundation Tasmania

UNDERSTANDING ORGAN AND TISSUE DONATION

To Donate Life – Discover the facts about organ and tissue donation. 1 CPD hour

Hobart
Thursday 15 March 6:00pm - 7:00pm
Venue CCAMLR, 181 Macquarie Street, Hobart
Presenter Clare Robinson, CNC, Organ and Tissue Donation, RHH

Launceston
Tuesday 6 March, 6:00pm - 7:00pm
Venue The Tramsheds, 4 Invermay Rd, Inveresk
Presenter Melinda Hay, ACNC, Organ and Tissue Donation, LGH

Ulverstone
Tuesday 6 March, 6:00pm - 7:00pm
Venue Beachway Motel, 1 Heathcote Street, Ulverstone
Presenter Karine Menzies, CNC, Organ and Tissue Donation, RHH

KNOWING YOUR CPD REQUIREMENTS

Attendees receive a free ANF CPD Portfolio.

Discuss the progress of nursing and midwifery and impact of this on practitioners, explore the NMBA endorsed benchmarks for practice, explore the role of reflective practice in continuing competence, and define the term Professional Portfolio and the relationship to practice. 2 CPD hours

Hobart
Wednesday 4 April, 9:00am - 11:00am
Venue ANF Office, 182 Macquarie Street, Hobart
Presenter ANF Education Team

DEMENTIA

Referrals relating to depression/dementia/delirium. 2 CPD hours

Hobart
Monday 23 March, 6:00pm - 8:00pm
Venue CCAMLR, 181 Macquarie Street, Hobart

Launceston
Tuesday 17 April, 6:00pm – 8:00pm
Venue The Tramsheds, 4 Invermay Rd, Inveresk

Ulverstone
Thursday 12 April, 6:00pm – 8:00pm
Venue Civic Centre, 19 King Edward Street, Ulverstone

TREATMENT AND SUPPORT FOR MS

An overview of client services, treatment and support. 2 CPD hours

Hobart
Tuesday 20 March, 4:00pm - 6:00pm
Venue CCAMLR, 181 Macquarie Street, Hobart
Presenter MS Tasmania

APRIL

NURSING HOURS PER PATIENT DAY (NHiPPD)

The NHiPPD model is a systematic nursing workload monitoring and measuring system. The aim of this session is to engage nurses in the process and articulate the guiding principles. 2 CPD hours

Hobart
Monday 2 April, 5:30pm - 7:30pm
Venue ANF Office, 182 Macquarie Street, Hobart
Presenter ANF Organiser

KNOWING YOUR CPD REQUIREMENTS

Attendees receive a free ANF CPD Portfolio.

Discuss the progress of nursing and midwifery and impact of this on practitioners, explore the NMBA endorsed benchmarks for practice, explore the role of reflective practice in continuing competence, and define the term Professional Portfolio and the relationship to practice. 2 CPD hours

Hobart
Wednesday 4 April, 9:00am - 11:00am
Venue ANF Office, 182 Macquarie Street, Hobart
Presenter ANF Education Team

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Referrals relating to depression/dementia/delirium. 2 CPD hours

Hobart
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Venue The Tramsheds, 4 Invermay Rd, Inveresk

Ulverstone
Thursday 12 April, 6:00pm – 8:00pm
Venue Civic Centre, 19 King Edward Street, Ulverstone

VALUE OF ADVICE

What is financial advice and when should you seek advice, Benefits of seeking advice (incl case studies). FREE – ANF Members only

Hobart
Thursday 19 April, 6:00pm - 7:30pm
Venue RBF Office, 39 Sandy Bay Rd, Hobart

Launceston
Wednesday 18 April, 6:00pm – 7:30pm
Venue RBF Office, Level 1, 87 George Street, Launceston

Ulverstone
Tuesday 17 April, 6:00pm – 7:30pm
Venue Civic Centre, 19 King Edward Street, Ulverstone

Launceston
Monday 19 March, 4:00pm - 6:00pm
Monday 19 March, 6:30pm - 8:30pm
Tuesday 20 March, 9:00am - 11:00am
Venue ANF Office, 76 York Street, Launceston
Presenter: ANF Education Team

REGISTER AND PAY FOR EDUCATION SESSIONS ONLINE AT WWW.ANFTAS.ORG

PAYMENTS ARE THROUGH PAYPAL. SAFER. SIMPLER. SMARTER.

Presenter Louise Pybus, RBF Business Relationship Officer

UNDERSTANDING HUNTINGTON’S DISEASE

Living with Huntington’s Disease – Support and management of symptoms. 2 CPD hours

Hobart
Tuesday 17 April, 6:00pm - 8:00pm
Venue CCAMLR, 181 Macquarie Street, Hobart

Launceston
Tuesday 24 April, 6:00pm – 8:00pm
Venue The Tramsheds, 4 Invermay Rd, Inveresk

Ulverstone
Thursday 26 April, 6:00pm – 8:00pm
Venue Civic Centre, 19 King Edward Street, Ulverstone

Presenter Huntington’s Tasmania

COST

ANF now offers courses over a range of CPD hours. Cost varies depending on the length of the course and CPD hours accrued. Please refer to the CPD hours for each course to the pricing below.

1 CPD hour
$25 ANF Members $50 Non Members*
$15 ANF Student Members $35 Student Non Members*

2 CPD hours
$45 ANF Members $90 Non Members*
$35 ANF Student Members $55 Student Non Members*

* If places available

Register and pay online for ANF education sessions in 4 easy steps:
1. Log in to the member area of the ANF website
2. Select the education session you would like to attend
3. Click on Register. Your Order will appear. Click on Checkout and submit your details
4. Proceed through to PayPal* and pay online

Without your payment your place is not confirmed.

CONTINUING PROFESSIONAL EDUCATION ONLINE

www.anftas.org

Just one click and you’re on your way.
$7.70 per topic – ANF Members
$30.00 per topic – Non Members

ANF Members can record continuing professional education portfolio online, which can be printed for your records.
Professional Indemnity Insurance

New AHPRA PII Standards have been released

As of 10 January 2012 a nurse or midwife must not practice without suitable Professional Indemnity arrangements

ANF has you covered

join now

ANF members have full PII arrangements which meet the new standard *

* Some conditions apply.