

Information for Overseas Qualified Nurses

2010

Introduction - Why was this document developed?

A well accepted tradition in nursing is the ability for nurses to migrate and work around the globe. A total of 2154 nurses have entered NSW since 2005 on either a 457 temporary sponsorship visa or through permanent residency visa. Literature suggests that for Overseas Qualified Nurses to be recruited, retained, effective and safe they require a comprehensive induction program.

The Special Commission of Inquiry Report identified the need within NSW to review the induction programs for overseas qualified nurses and improve existing programs to make them more efficient and effective for the employment of Overseas Qualified Nurses.

In response to recommendation 22 of the Special Commission of Inquiry the NSW Government agreed to;

1. Conduct a review of Induction Programs for Overseas Qualified Nurses and
2. Develop education and training tools to support the best practice induction of Overseas Qualified Nurses.

Recommendation 22:

'NSW Health should review the current induction program which is undertaken for overseas trained nurses prior to them commencing employment in the NSW public hospital system, and enhance it so as to make more efficient and effective the employment of overseas trained nurses.'

The following document has been developed by the Nursing and Midwifery Office as part of the development of training tools to support the best practice induction of Overseas Qualified Nurses.

What is the Purpose of this Document?

The following document provides an additional resource for Area Health Services to utilise when developing induction programs for Overseas Qualified Nurses. Used in conjunction with the framework outlined in the Scott Brunero Report, the following information incorporated into Area Health Service existing programs reflects world's best practice in the recruitment and retention of Overseas Qualified Nurses.

Acknowledgments

The information contained within this document builds on and from, the extensive work, materials and ideas of NSW Area Health Services, from the Western Australia Department of Health publication *'Living and Working in Western Australia Orientation Manual for Overseas Trained Nurses'* and from the Scott Brunero *'Caring Together Action Plan for NSW – Response to Recommendation 22'* report. NSW Health gratefully acknowledges these contributions to the documents development.

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NURSING AND MIDWIFERY IN NSW

If you are seeking employment as a nurse or midwife, NSW Health has many wonderful work opportunities available. A career in nursing or midwifery in NSW Health means that no two days are ever the same. Each day is exciting, stimulating and diverse offering a variety of environments and areas in which to specialise. Better still, each day that passes presents the opportunity to develop new skills, take on further responsibilities and build your career.

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Obtaining Nursing Registration

Nurses and Midwives wanting to work in NSW must first register with the Nursing and Midwifery Board of Australia. An overseas nurse or midwife must also hold a visa that permits them to work in Australia.

From 1 July 2010 members of the Nursing and Midwifery professions across Australia will have to meet the same requirements to be registered and their registration will be recognised in all States and Territories. To find out more information on how to obtain Nursing and Midwifery Registration in Australia visit the Nursing and Midwifery Board of Australia website - <http://www.nursingmidwiferyboard.gov.au/index.php>

Another useful website to visit is the International Section of the Australian Nursing & Midwifery Council (ANMC) <http://www.anmc.org.au/home>. The ANMC is an assessing authority for the Australian Department of Immigration and Citizenship (DIAC). The ANMC conducts skills assessments of Registered Nurses and Midwives who intend to migrate to Australia under the *General Skilled Migration* category. Through the assessment process the ANMC determines whether nurses and midwives are suitable for migration or whether they need to undertake further education in order to be eligible for migration in the stated skill category (ANMC, 2010).

The ANMC itself has no legal authority to register nurses and or midwives. This is a function of the Nursing and Midwifery Board of Australia.

Functions of the Nursing and Midwifery Board of Australia

'The functions of the Nursing and Midwifery Board of Australia include overseeing

- > the registration of nursing and midwifery practitioners;*
- > the development of nursing and midwifery profession standards;*
- > the handling of notifications and complaints in relation to the profession; and*
- > the assessment of overseas trained practitioners who wish to practise in Australia.*

The Board will also approve accreditation standards and a list of accredited courses of study that meet the qualifications for registration and conduct investigations and disciplinary hearings.

The functions of the Board are supported by the national Australian Health Practitioner Regulation Agency. For information relating to the legislation governing the operations of the Nursing and Midwifery Board of Australia and matters relating to the Australian Health Practitioner Regulation Agency please refer to the Agency website: www.ahpra.gov.au'

Nursing and Midwifery Board of Australia (2010)
<http://www.nursingmidwiferyboard.gov.au/index.php>

Nursing Salaries and Grades-NSW Public Health System Nurses & Midwives (State) Awards

New South Wales has the highest paid nurses in Australia. Salary rates are determined by an **Industrial Award** <http://www.health.nsw.gov.au/nursing/employment/salary.asp> and are based on years of experience with increases each year up to the eighth year of experience for registered nurses and midwives.

In order for you to be paid your correct year of service you will need to provide a statement from your previous employer. The statement from your employer must be written on the organisations letter head and must clearly state your dates of employment and number of hours per week worked. Nurses need to obtain statements of service from their previous employers to be able to prove their grading and length of experience. If you do not provide this information you will be paid as a first year Registered Nurse/ Midwife.

Salaries are usually paid every two weeks into your bank account. Printed payslips are either sent to your clinical area or collected from nursing services or its equivalent department.

For more information about employment conditions, please refer to the following NSW Health websites:

- Nursing and Midwifery Employment Conditions - <http://www.health.nsw.gov.au/nursing/employment/salary.asp>

- NSW Nursing and Midwifery Award Rates http://www.health.nsw.gov.au/nursing/employment/nurse_award_wage_rates_09.asp

Overseas registered nurse/midwife employment

Nursing and midwifery in the New South Wales public health system offers excellent pay, job security and flexible working hours and conditions. We encourage you to come and see for yourself.

We are currently recruiting for nursing and midwifery positions. Employment is available in metropolitan and rural locations in midwifery and nursing clinical areas, such as generalist (rural locations), intensive care, emergency, operating suite and mental health.

It is your responsibility as the overseas registered nurse/midwife to obtain nursing and midwifery registration and to find employment.

Area Health Service Recruitment

Area Health Services each year sponsor nurses from overseas to work in NSW Public health facilities.

Area Health Services in New South Wales are currently recruiting into nursing and midwifery positions. To find out more visit the following Area Health service websites.

[Northern Sydney Central Coast](#)

[South Eastern Sydney Illawarra](#)

[Sydney South West](#)

[Sydney West](#)

[Greater Southern](#)

[Greater Western](#)

[Hunter New England](#)

[North Coast](#)

[Children's Hospital Westmead](#)

[Justice Health](#)

Area Health Services

The NSW Health system is comprised of the NSW Department of Health, eight Area Health Services, the Ambulance Service of NSW, Children's Hospital at Westmead and Justice Health

Area Health Services are responsible for providing health care in a wide range of settings, from metropolitan tertiary health centres to primary care posts in the remote outback. They plan, deliver and coordinate local health services, such as public and community health, public hospitals, mental health services, emergency transport, acute care, rehabilitation, counselling and many community support programs. Area Health Services in NSW can offer sponsorship opportunities to appropriately qualified and experienced registered nurses and midwives from overseas for up to four years.

In addition to Area Health Service recruitment the NSW Department of Health has contracts with five organisations for the recruitment of nurses and midwives from overseas to work in NSW public hospitals:

- [Healthstaff Recruitment](#)
- [ICE Group](#)
- [IPA](#)
- [Professional Connections](#)
- [Vital International Recruitment](#)

You may choose to contact one of the five listed organisations to assist you to find the right job that suits your qualifications and lifestyle needs. To find out more information about working as a registered nurse contact the **Australian Department of Immigration and Citizen** (DIAC) - <http://www.immi.gov.au/>.

Arrival Checklist

Once you have arrived in NSW, you will need to make time to open a bank account (that's if you don't have one already) and apply for a tax file number (TFN). To find out more information on how to apply for a tax file number visit the **Australian Taxation Office** website -

<http://www.ato.gov.au/default.asp?menu=4081>.

You will also need to arrange a pre-employment appointment with the Hospital before starting work to let the appropriate person know your details. It would be useful to find out whether your department wears uniforms and which days and where the uniform fittings are held. To find out what size you are in Australia, either Google clothing/shoe conversion chart or go to the following website - http://www.onlineconversion.com/clothing_womens.htm. Some nurses have recommended that it may be helpful for you to bring navy blue skirt/trousers, dark shoes and a white shirt/top with you to wear.

At the pre-employment appointment you will need to take the following documents;

- ✓ Tax File Number
- ✓ Bank account details
- ✓ Passport
- ✓ Your Australian Nurses and Midwives Registration
- ✓ Statement of service.
- ✓ Original practicing certificate for Nurses and Midwives registration.
- ✓ Original or certified copy of your nursing certificate or degree.

A helpful checklist for your arrival:

Ensure you are registered to work NSW - nursing registration

Arrange an Australian bank account

Arrange a Tax File Number (TFN)

Arrange a Medicare number, if applicable/eligible.

Arrange a Private Health Fund (if applicable), locate your nearest general practitioner and medical centre

Obtain overseas phone card, organise mobile phone SIM card [if applicable] Make a pre-employment appointment and complete your employer's paperwork

Contact your hospital employer about hospital orientation dates

Uniform fittings (if required). A navy blue skirt/pants and white top is generally accepted until your uniform arrives.

Professional and Personal Support

Australian Overseas Nurses Allied Health Forum

The Australian Overseas Nurses and Allied Health Forum (AONAHF) is a self supportive discussion group for overseas nurses and allied health professionals. The AONNAHF aims to provide support and advice on the ups and downs of working and living in Australia.

The group want to hear from nurses and allied health professionals, whether you've just arrived or been here for years. Everything you wished someone had told you when you first arrived: top tips, culture shocks, home sickness, academic and professional updates, useful websites, links, recourses, reading lists and practical advice. For example you could ask how to get decent accommodation? A second hand fridge or cheap furniture? Who is selling what? Can you drive on an overseas licence? Visa issues, clothing sizes, and what is the Medicare Levy? Is there anyone working in your health service from the same country as you? Do you need support from peers or just want to talk to someone who is going through the same experience? For more information go to the **Australian Overseas Nurses Allied Health Forum** <http://groups.yahoo.com/group/australianoverseasnursesandalliedhealthforum>

WORKING IN A NSW HEALTH FACILITY

There are a wide range of things to familiarise yourself within a new hospital or a new country. Paperwork, equipment terminology, and abbreviations may vary. The information contained within this e- learning module combined with your facility orientation will assist you to work confidently in a NSW Health Facility.

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Organisational Structure

Facilities throughout NSW Health have varied organisational structures you will be given a copy of your areas organisational structure when you commence work. Generally the following people are involved in the nursing /midwifery organisational structure;

- **Area Director Nursing and Midwifery** –At an area health service level has overarching professional responsibility for nursing and midwifery
- **Director of Nursing and Midwifery**- Responsibility for nurses and midwives at a hospital level
- **Nurse/ Midwifery Managers** – Responsible for a cluster of wards
- **Nursing/ Midwifery Unit Manager** - responsible for nurses and midwives at a ward or unit level.

As a nurse or midwife you will be interacting with a range of people including,

- Patients
- Carers/relatives
- Nursing/ Midwifery staff
- Clinical Nurse Consultants (CNC/CMC)
- Clinical Nurse Educators (CNE)
- Nurse Educators (NE)
- Medical Officers including Visiting Medical Officers (VMO's), Registrars, Residents and Interns, General Practitioners
- Allied Health – Physiotherapists, pharmacists, occupational therapists, speech pathologists

The Team - Nursing and Midwifery Roles and Responsibilities

The experience of nursing in a new state or country can broaden your opportunities and skills extensively. Nursing in Australia can be quite different to nursing in your own state or country, although there will be many similarities.

Your role will predominately be in the day to day management of your patients. Working as part of the multidisciplinary team you will be expected to perform your duties in a person centred way. This involves ensuring the individual needs of the patient and their carers are met, communicating and documenting effectively and planning for the patients discharge on arrival to hospital.

In NSW there are different levels of nursing staff that as part of the multidisciplinary team care for patients. Team member roles and responsibilities maybe slightly different from other countries.

The **Nursing Unit Manager (NUM)**, **Midwifery Unit Manager (MUM)** is the nurse who manages the clinical area (ward or unit) and is responsible for ensuring that patients receive safe, competent and compassionate care.

The **Registered Nurse (RN)**, practices independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and other health care workers. The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individual/s and the multidisciplinary health care team¹.

In NSW the Registered Nurse is generally responsible for the coordination of patient care undertaking a wide variety of tasks including medication administration, wound care and personal care. If you would like to know more about the roles and responsibilities of a registered nurse you can download a copy of the **National Registered Nurse Competency Standards** from the Australian Nursing and Midwifery Council webpage - .
http://www.anmc.org.au/professional_standards.

¹ ANMC Registered Nurse Competency Standards, : 2006: 1

The Registered Midwife (RM) is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. The work of midwives also involves antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

Midwives practise in a variety of settings including the home, community, hospitals, clinics or health units². If you would like to know more about the roles and responsibilities of a registered nurse you can download a copy of the **National Competency Standards for the Registered Midwife** from the Australian Nursing and Midwifery Council webpage - http://www.anmc.org.au/professional_standards.

Nurse Practitioners (NP) or **Midwife Practitioners (MP)** are Registered Nurses (RN) or Registered Midwives (RM) who in accordance with the **Nurses and Midwives Act 1991** have satisfied the requirements of the Nurses and Midwives Board of NSW (NMB) to be authorised. NPs provide expert nursing care by working with a high level of clinical decision making expertise based on their wide range of extensive skills and knowledge. Working collaboratively within a multidisciplinary team and having a clearly defined expert scope of practice NPs deliver high quality, effective, patient care that ultimately improves client health outcomes. Once authorisation has taken place the NP or MP may whilst operating within approved scope of practice/clinical practice guidelines prescribe medications, order diagnostic tests and make limited referrals.

Nurses and Midwives Act 1991

The Nurse and Midwives Act is the primary piece of legislation relating to nurses and midwives in NSW. The objects of the [Nurses and Midwives Act 1991](#) are:

1. To protect the health and safety of the public by providing mechanisms to ensure that nurses and midwives are fit to practise
2. To provide mechanisms to enable the public and employers to readily identify nurses and midwives who are registered or enrolled

To find out more information about NP's in NSW visit NSW Health website http://www.health.nsw.gov.au/nursing/practitioner/become_np.asp

² ANMC Midwifery Competency Standards : 2006: 1

The **Enrolled Nurse (EN)** responsibility in the provision of patient centred nursing care includes recognition of normal and abnormal in assessment, intervention and evaluation of individual health and functional status. The enrolled nurse monitors the impact of nursing care and maintains ongoing communication with the registered nurse regarding the health and functional status of individuals. Core enrolled nurse responsibilities also include providing support and comfort, assisting with activities of daily living to achieve an optimal level of independence, and providing for emotional needs of individuals. Where state law and organisational policy allows, Endorsed enrolled nurses (EEN's) may administer prescribed medicines or maintain intravenous fluids, in accordance with their educational preparation³.

If you would like to know more about the roles and responsibilities of an Enrolled nurse you can download a copy of the **National Competency Standards for the Enrolled Nurse** from the Australian Nursing and Midwifery Council webpage - http://www.anmc.org.au/professional_standards

³ ANMC Enrolled Nurse Competency Standards : 2006:
http://www.anmc.org.au/professional_standards

Professional Behaviour⁴

This section provides guidance on professional behaviour expected of nurses/ midwives working in Australia.

Professional Conduct

Professional conduct according to the Australian Nursing and Midwifery Council (2008) refers to the manner in which a person behaves while acting in a professional capacity. The **Code of Professional Conduct for Nurses in Australia** is supported by the **Code of Ethics for Nurses in Australia** -

The Code of Professional Conduct for Nurses sets the minimum standards for practice a professional person is expected to uphold both within and outside of professional domains in order to ensure the 'good standing' of the nursing profession⁵. If a nurse breaches the Code of Professional Conduct the individual may be de-registered.

Code of Professional Conduct for Nurses can be accessed by the following link http://www.anmc.org.au/professional_standards

- Code of Ethics for Nurses in Australia can be accessed by the following link - http://www.anmc.org.au/professional_standards

Cultural Awareness

Australia is made up of people from a variety of cultures many of which hold different values and beliefs about health and medical treatment. In the health care environment cultural differences take on a greater significance. Proficiency in English may not always be enough to remove any cultural barriers between the nurse/midwife and patient.

Different beliefs and values may impact on patient's perceptions of treatment and behaviour. Determining what is appropriate, given the various cultures, beliefs

⁴ Department of Health Western Australia () "*Living and Working in Western Australia*" pp18-21

⁵ ANMC () Code of Professional Conduct for Nurses in Australia

and expectations within your working environment may not be easy. Your own training and background may lead you to have different expectations to those of your patients. If in doubt, ask the patient whether they understand and accept your proposed actions. If you are still unsure seek advice from the patient and or one of your colleagues. How you communicate with patients and their carers ultimately impact's on the patient's experience of their hospital stay!

Checklist for communicating with a person from a different culture

- Check your assumptions in a culturally sensitive way
- Emphasise description rather than interpretation or evaluation
- Delay judgement until you have had sufficient time to observe and interpret the situation
- See the situation from the patients/carers point of view
- Be aware of your own cultural beliefs and prejudices

English as a Second Language

Bilingual Employees

Many staff who have migrated from other states and countries may speak languages other than English. If you speak a language other than English you may find you can use this skill in the course of your work. Bilingual employees may use their language skills in the provision of direct care in the normal course of their work. However, bilingual employees must not be used as interpreters for colleagues or other health personnel.

This is because bilingual employees:

- do not have professional skills in interpreting
- may not be proficient enough in either English or their other language
- may not be familiar with medical terminology in English or their community
- language
- are not bound by professional interpreter ethics

Bilingual staff should not be taken off their normal duties to be used as an interpreter for other employees. Employees, who would like more information on how they can have their language proficiency officially assessed by the National Accreditation Authority of Translators and Interpreters (NAATI), should contact a Diversity Health Coordinator on telephone: (02) 9382 3306. NAATI contact details (02) 6255 1888, Hotline: 1300 557 470, E-mail: info@naati.com.au and website: [http:// www.naati.com.au](http://www.naati.com.au)

Informal Language

Informal or colloquial language is used in everyday conversation. Becoming familiar and gaining an understanding of the informal language used in Australia will help you communicate with your patients and care for them more effectively. If you hear a term that you are unfamiliar with, ask a colleague for the meaning and write the word and the meaning down in a note book. This exercise may help you both understand and remember unfamiliar words. Some examples of phrases commonly used in Australia can be found in Table 1. If you would like more examples of Phrasal verbs you may wish to purchase one of the many available language books.

Table 1: Phrasal Verbs⁶

Phrasal verb	Meaning	Example
Bring on, Brought on	Induced	What do you think brought on your asthma attack?
Bring up	Vomit To mention in conversation	He brought up his lunch This morning Mr Jones brought up that he wanted to go home
Came down with	Contract	I came down with the Flu (influenza/ cold)
Come around	Regained consciousness	It's taking a long time for Mr Jones to come around after the anaesthetic.
Cut down	Reduce	Mr Jones will need to cut down the amount of salt in his diet
Get hold of	Contact	I've been trying to get hold of the relatives all morning
Fill in	complete	I just need to fill in the Fluid Balance Chart before I go to lunch
Handover	To communicate information	Jane, can you come to the bedside so we can do handover our patient's please
Pick up	Improve	The patient picked up a bit after he had something for the pain
Put in	Insert	You will need to put in a cannula before we can start some fluids
Run down	Exhausted, at risk of becoming unwell, lacking energy	My Mum was pretty run down before she came into hospital.

⁶ The Phrasal verbs outlined in this document were adapted from Hally, B. (2009) "A Guide for International Nurses", Elsevier, Sydney, pp127- 130)

Clinical Handover

Clinical handover is the effective transfer of professional responsibility and accountability for some or all aspects of patient care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis⁷. As poor communication risks patient safety NSW Health has adopted the ISBAR communication mnemonic to ensure that conversations are clear, focussed and relevant. If you would like to read more about the Principles of NSW Health Safe Clinical Handover click on the following NSW Department of Health link;

http://www.health.nsw.gov.au/policies/pd/2009/PD2009_060.html.

I – Introduction

“I am (state name and role)”

“I am calling from (state ward or unit) “

“I am calling because (state the reason why you are calling, identify the patient)”

S – Situation

“I have a (insert age and gender) patient who is

- a) Stable but I have concerns
- b) Unstable with rapid/slow deterioration”

“The presenting symptoms are ...”

B – Background

Give pertinent information which may include date of admission, presenting symptoms, medications, recent vital signs/test results/ status changes.

A – Assessment

“On the basis of the above

- a) The patient’s condition is ...
- b) And they are at risk of
- c) And in need of

R – Recommendation

Be clear about what you are requesting. e.g. ‘This patient needs transfer to ... / review, under the care of ..., in the following timeframe

⁷ NSW Health (2009) Standard Key Principles for Clinical Handover, http://www.health.nsw.gov.au/policies/pd/2009/PD2009_060.html.

Documentation

Australian nurses are required to write in numerous healthcare documents. Whilst documentation will be covered in your local orientation included below is the following table adapted from Hally⁸ which outlines the types of documents used in Australia.

Type of Document	Document Description
Medical Record/ Patient Notes, Patient File	A file (electronic or paper) where a set of documents are stored. Examples of documents contained within the medical record include Progress notes, Test results, Operation reports etc.
Bedside chart	A set of documents that are used frequently by health professionals when caring for the patient. Examples include Observation charts, Medication charts Fluid Balance charts, and the Nursing Care Plan.
Nursing Admission Form	A form that documents information from the nursing admission interview and outlines the patient current and past medical history.
Progress Notes	A sheet of paper used to contemporaneously document the patients, condition, plan of care and discharge.
Nursing Care Plan	Outlines the individual's needs of the patient and their plan of care.
Observation Chart	A chart to record the patient's TPR, BP , weight, urinalysis results
Fluid Balance Chart	A chart that monitors the fluid intake and output over a 24 hour period.
Medication Chart	A chart that documents patients prescribed medications and the administration of those medications

⁸ Hally, B. (2009) " A Guide for International Nurses" , Elsevier, Sydney , pp157- 162)

Privacy and Dignity

NSW Health is committed to ensuring that the privacy and dignity of patients is respected at all times during their health care experience. In order to deliver greater privacy and dignity to our patients we have identified eight simple steps:

1. Make patients and carers welcome
2. Communicate frequently with patients and carers
3. Protect patient privacy during consultation and treatment
4. Respect the needs of dying patients and their carers
5. Respect culture and beliefs
6. Manage noise for patient comfort
7. Avoid mixed gender accommodation
8. Provide single sex bathrooms

If you would like to know more visit the following web site;

http://www.health.nsw.gov.au/pubs/2010/ct_8ways_booklet.html

Patient Consent

The importance of ensuring that patients are provided with adequate information to enable them to make informed decisions as to whether to undergo medical or other treatment in health organisations is the responsibility of all health professionals.

Requirements for the provision of information to patients and obtaining consent to medical treatment can be found within **NSW Health Policy Directive 2005_406 Consent to Medical Treatment Patient Information** - <http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005-406.pdf> .

The Policy Directive outlines

- How to obtain consent
- Who should obtain consent
- What patients are incapable of giving consent
- Consent for specific treatments

Access to Information

NSW Health is committed to safeguarding the privacy of patient information, and has implemented measures to comply with its obligations under the Health records and Information Privacy Act 2002.

Under the NSW Health Freedom of Information Act individuals can legally access documents held by NSW Government agencies, Ministers, local governments and other public bodies. Individuals under this act also have the right to amend inaccuracies in their personal records, which may be incomplete, incorrect, misleading or out of date.

A great resource for you to find out more about dealing with personal health information, including collection, storage, security, use, disclosure, access, transfer and linkage of records can be found in the **NSW Health Privacy Manual** - http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_593.pdf

Consumer Complaints

Health is an important issue in the community and NSW Health is committed to ensuring that it provides the best care possible to consumers. It is important for consumers to say what they think about the health services they receive in New South Wales - especially if they were not satisfied with them.

There are four ways a consumer can raise a questions or concern about their treatment in hospital or community health service. Find out more about how a consumer can raise their concerns at;

- http://www.health.nsw.gov.au/hospitals/healthcare/index.asp#para_3
- <http://www.hccc.nsw.gov.au/>

Child Protection

NSW Health has a number of policies that relate to Child Protection. These policies can be found by accessing the NSW Health Publications and Resources webpage at http://www.health.nsw.gov.au/pubs/main_index.asp or accessing the **NSW Health Child Protection webpage** - <http://www.health.nsw.gov.au/child-protection/>.

NSW Mental Health Act 2007

Involuntary treatment for a mental illness or disorder is governed by the NSW Mental Health act 2007. This legislation outlines the legal frameworks of how patients can and can't be treated for a mental illness involuntarily See the following web pages;

- http://www.austlii.edu.au/au/legis/nsw/consol_act/mha2007128/
- <http://www.legalaid.nsw.gov.au/asp/index.asp?pgid=612>
- <http://www.mhrt.nsw.gov.au/>

Guardianship Act

The Guardianship Tribunal is a legal tribunal established under the Guardianship Act 1987. The Tribunal has a key role in the protection and empowerment of people living with a decision making disability. It exercises a protective jurisdiction and facilitates substitute decision making by hearing and determining applications for the appointment of guardians and financial managers for adults with decision making disabilities.

To find out more about the Guardianship Act and **Guardianship Tribunal** go to <http://www.gt.nsw.gov.au/>

Facility Orientation

Each facility has an orientation program designed to support your transition and familiarise you with your new work environment. When you are appointed to a new position or location you will be provided with information on matters that are essential for you to care for your patients. Examples of information that will be covered in your orientation include,

- Your organisations structure
- Your position description
- What the Emergency Procedures are for your facility and how to initiate them
- Where the Policy and Procedure manuals are kept
- Handover processes
- Discharge Planning

To help you develop a clear understanding of how your area works speak with other nurse/midwives. You are encouraged to ask questions if you are unsure of how to do something, want clarification or just want to discuss your patient's care.

USEFUL WEBSITES

- Australian Federation Nursing (AFN) <http://www.anf.org.au/>
- Australian Nursing and Midwifery Council (ANMC)
<http://www.anmc.org.au/home>
- Branch Trade Union - NSW Nurses Association
<http://www.nswnurses.asn.au>
- Nursing and Midwifery Board of Australia
<http://www.nursingmidwiferyboard.gov.au/index.php>
- NSW Government. <http://www.health.nsw.gov.au/>
- NSW Health Department. <http://www.health.nsw.gov.au/>
- NSW Department of Aging, Disability and Home Care.
<http://www.dadhc.nsw.gov.au/dadhc/>

REFERENCES

1. Australian Nursing and Midwifery Council (ANMC)
<http://www.anmc.org.au/home>
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