

Enrolled nurse standards for practice

Consultation report

February 2016

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Foreword

The Nursing and Midwifery Board of Australia (NMBA) works in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) in the regulation of nurses and midwives in Australia.

The NMBA sets the national standards, codes and guidelines that nurses and midwives must meet to be registered in Australia. The standards include five core registration standards, required under the Health Practitioner National Law, as in force in each state and territory (the National Law) and other profession specific standards. These standards, codes and guidelines provide nurses, midwives, employers and the public with information about the minimum standards required to practice as a registered nurse and/or registered midwife in Australia.

Since the commencement of the National Registration and Accreditation Scheme (the National Scheme) in 2010, the NMBA has established a systematic process to review, consult on and develop national standards. This includes the review of the *National competency standards for the enrolled nurse* and the development of the *Enrolled nurses standards for practice* (EN standards). The EN standards provide nurses, midwives, employers and the public with information about the minimum practice standards for enrolled nurses (ENs) in Australia.

The *National competency standards for the enrolled nurse* were last reviewed in 2002 and in recent years there have been substantial developments in both the role and scope of practice of the EN across Australia.

The move to a national system of regulation of health practitioners and accreditation of programs of study provided the catalyst for the development of the EN standards. This included a review of the enrolled nurse competency standards, to ensure they reflected contemporary practice and to inform appropriate educational preparation.

The primary purpose in developing the EN standards was to evaluate the *National competency standards for the enrolled nurse* for relevance and currency against the contemporary role and scope of practice of ENs. AHPRA on behalf of the NMBA contracted Monash University to manage the development of the EN standards.

The EN standards have been consulted on extensively. This included a period of open public consultation between 7 August 2014 and 2 October 2014 via an online survey accessed from the NMBA website.

A total of 2235 responses were received via the online survey with 702 valid responses. Eight organisations chose to provide written submissions. All complete responses were collated which included online narrative responses and a content analysis was carried out.

The feedback received in the consultation helped inform the development of the new EN standards.

From 1 January 2016, the EN standards will come into effect, replacing the previous enrolled nurse competency standards.

The NMBA and AHPRA would like to thank all those who were involved in the project and responded through the consultation process. Responses to the consultation are published on the NMBA [website](#).

1. Introduction

The primary purpose of the project was to review the current NMBA-approved *National competency standards for the enrolled nurse*, develop and consult on the *Enrolled nurse standards for practice* (EN standards) using the best available evidence, to ensure a strong foundation for the education and assessment of enrolled nurses (ENs) into the future.

The EN standards replace the NMBA's current *National competency standards for the enrolled nurse*. The EN standards will be used across a wide range of areas including:

- establishing the minimum standards for practice for the enrolled nurse
- development of curricula for Diploma of Nursing
- assessment of enrolled nurse practice, and
- assessment of enrolled nurses who are subject to notification.

1.1 The main issues

Since the *National competency standards for the enrolled nurse* were released in 2002, there have been significant changes in the way in which ENs work. The biggest changes have been in the range of the tasks they perform and in the settings in which they work. Although the majority of ENs are providing direct patient care working alongside registered nurses (RNs) and midwives, there has been an increase in the number and complexity of the tasks that ENs perform. In addition, in some contexts they are supervising other workers providing direct care and instructing students.

There were a number of clear gaps identified between the 2002 competency standards and current practice. Most notable was the absence of a reference to quality, safety and risk, and the EN's associated responsibilities. The EN standards now include references to quality, safety and risk, to clarify the expectation that ENs need to practice according to national quality and safety guidelines, in association with any organisational policies and procedures that underpin their individual work.

1.2 Consultation process

The National Law requires National Boards to carry out wide-ranging consultation on the content of any proposed registration standard, code or guideline. To develop the standards the NMBA followed the agreed process set out in the [Consultation process](#) document which is published on the AHPRA website.

From 7 August 2014 to October 2014, the NMBA consulted on the draft *Enrolled nurse standards for practice* through an online survey on the NMBA website. The NMBA also publicised the consultation through a media release, in communiqués and newsletters.

1.3 Breakdown of responses

A total of 2,235 respondents visited the site, 702 completed either all or part of the online survey, and an additional eight written responses were received from key stakeholders. This contributed to a response rate of 31.4 per cent. The majority of stakeholders who responded were female aged 51 years of age and over. There were equal numbers of registered nurses and ENs that responded to the survey and the majority of the respondents worked in acute care, aged care, and educational settings (see [Table 1](#) for demographic data).

Table 1 – Demographic data of survey respondents:

Demographics	No. of responses	% of responses
Professional groups		
Enrolled nurse	245	38.4
Registered nurse	261	40.9
Registered midwife	12	1.9
Registered nurse / registered midwife	44	6.9
Patient/Client/Consumer	10	1.6
Other	66	10.3
Gender		
Male	57	10.0
Female	511	90.0
Age (years)		
20 or under	1	0.2
21-30	20	3.6
31-40	65	11.4
41-50	182	32.0
50 or over	301	52.9
Nurse		
Yes	448	99.1
No	4	0.9
Nursing qualification completed in Australia		
Yes	516	92.8
No	40	7.2
Employment type		
Full-time	317	55.8
Part-time	206	36.3
Casual	39	6.9

2. Overview of responses

The consultation responses demonstrated that in general the proposed standards were:

well on track with being in line with current enrolled nurse workplace requirements and it reflects contemporary EN practice well, taking into account the changing workforce (e.g. assistants in nursing), professional accountability and requirements (e.g. continuing professional development) and emerging technologies.

There was significant engagement in the public consultation process on the draft EN standards, with many respondents making suggestions about the standards and indicators. The main concerns raised by respondents to the public consultation phase were in relation to the relationship between the EN and the RN, EN capabilities, and their independence.

Overall the respondents believed that the revised domains and standards were reflective of contemporary EN practice, were able to be used across the variety of settings in which ENs work, and were useful for nurses, educators, regulators and employers. The feedback received from public consultation confirmed the overarching domains and resulted in some amendments being made to the wording of the standards.

2.1 Summary of responses

Two key areas of the draft EN standards were consulted on in the survey: the domains and the standards.

The domains

The majority of respondents indicated that the three domains of practice could be applied to any EN practice setting (average 86.9% across all domains), reflect contemporary EN practice (average 80.2% across all domains), and are useful for educators, regulators and employers (average 87.4% across all domains). There were very few respondents that considered the domains to be completely inappropriate.

The standards

The majority of respondents indicated that the ten standards could to be applied to any EN practice setting (average 90.1% across all standards), reflect contemporary EN practice (average 83.9% across all standards), and are useful for educators, regulators and employers (average 90.4% across all standards). There were very few respondents that considered the standards to be completely inappropriate.

3. Summary of changes and other decisions

Following the public consultation a number of changes were made to the draft EN standards to improve clarity.

The EN standards now include reference to quality, safety and risk, to clearly set the expectation that ENs need to practice according to national quality and safety guidelines and the organisational policies and procedures that underpin their individual work.

Respondents to the consultation also suggested clearer wording regarding supervision, delegation, and role relationships. The changes in the standards reflect a strengthening of the relationship between the RN and the EN. Other healthcare professionals are referred to as part of the multidisciplinary team, including midwives. Following feedback, the standards and indicators throughout the document were generally reviewed and there is now greater continuity and consistency.

In finalising the changes, the NMBA took into consideration the experience with the existing competency standards and feedback received from the both preliminary and public consultation on the draft EN standards.

3.1 Changes to the consultation draft standards

The EN standards have revised the current *National competency standards for the enrolled nurse* using the best available evidence to ensure a strong foundation for the education and assessment of ENs into

the future. The EN standards provide clearer wording regarding supervision, delegation, and role relationships than the current *National competency standards for the enrolled nurse*.

The EN standards have the following domains:

- professional and collaborative practice
- provision of care, and
- reflective and analytical practice.

Table 2 sets out the key changes and comparison of the domains and standards from the *National competency standards for the enrolled nurse* to the new EN standards.

Table 2 – Description of key changes to the domains and standards

2002 Standards	2015 Standards	Rationale
<p>Domain:</p> <p>Professional and ethical practice</p> <p>Standards:</p> <p><i>Functions in accordance with legislation, policies and procedures affecting enrolled nursing practice.</i></p> <p><i>Conducts nursing practice in a way that can be ethically justified.</i></p> <p><i>Conducts nursing practice in a way that respects the rights of individuals and groups.</i></p> <ul style="list-style-type: none"> • <i>Accepts accountability and responsibility for own actions within enrolled nursing practice.</i> 	<p>Domain:</p> <p>Professional and collaborative practice</p> <p>Standards:</p> <p><i>Functions in accordance with the law, policies and procedures affecting enrolled nurse practice.</i></p> <p><i>Practises nursing in a way that ensures the rights of the people are upheld.</i></p> <p><i>Accepts accountability and responsibility for own actions.</i></p>	<p>The changes to this domain and standards relate to the concept that professional practice is also ethical and collaborative. Although collaboration is central to this domain it is also reflected in the other domains as specific indicators.</p> <p>'Law' has replaced legislation to denote both statutes and common law.</p> <p>Ethical care was not measurable due to its subjective nature. Therefore, the reference to ethical care has been removed. It was also felt that ethical care would be subsumed the Standard 2 that ensure the rights, dignity and respect of people are upheld and places people receiving care at the centre of care. .</p>
<p>Domain:</p> <p>Critical thinking and analysis</p>	<p>Domain:</p> <p>Reflective and analytical practice</p>	<p>The 2002 domain (Critical thinking and analysis) was not demonstrated in the initial observations of EN practice against the current <i>National competency standards for the enrolled nurse</i>.</p> <p>Feedback to consultation indicated that there was a 'reflective' component to practice. Therefore the domain was changed to Reflective and analytical practice, which better described the educational preparation of ENs.</p>

2002 Standards	2015 Standards	Rationale
<p>Standards:</p> <p><i>Demonstrates critical thinking in the conduct of enrolled nursing practice.</i></p>	<p>Standards:</p> <p><i>Provides care that is informed by evidence.</i></p> <p><i>Practices within safety and quality assurance guidelines.</i></p> <p><i>Engages in ongoing development of self as a professional.</i></p>	<p>As indicated above the initial observation phase of EN practice against the current <i>National competency standards for the enrolled nurse</i> demonstrated that there was limited evidence of critical thinking and decision-making. .</p> <p>Therefore a standard referencing use of evidence and quality was included in this domain to better reflect the use of evidence and a level of analytical thinking and processing.</p> <p>Also included is professional development which supports the reflective element of the domain.</p>
<p>Domain:</p> <p>Management of care</p> <p>Standards:</p> <p><i>Contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups.</i></p> <p><i>Manages nursing care of individuals and groups within the scope of enrolled nursing practice.</i></p>	<p>Domain:</p> <p>Provision of care</p> <p>Standards:</p> <p><i>Synthesises information from a range of sources in order to plan appropriate care.</i></p> <p><i>Collaborates with the healthcare team when developing plans of care.</i></p> <p><i>Provides skilled and timely care to people receiving care and others while promoting their independence and involvement in care decision-making.</i></p>	<p>It was observed in both of the observations rounds that most ENs provide care under the direction and supervision of an RN. However, some ENs, working in areas with limited access to RNs, were observed to be managing care themselves (e.g. in some aged care, primary care and rural facilities).</p> <p>As the evidence and the observations undertaken demonstrated that the majority of ENs provide care under the direction and supervision of an RN, the term 'provision' has been used to instead of management to reflect current contemporary practice.</p> <p>The wording of the current competency standards were not contemporary in focus. The language in the new EN standards reflects contemporary usage - 'care plan' becomes 'plan of care' putting the focus on the patient rather than the nurse.</p> <p>Reference to 'scope' has been removed as scope differs according to specific contexts of practice.</p> <p>The new EN standards take a more holistic view of provision of care by the EN- combining the EN's observed data with a range of</p>

2002 Standards	2015 Standards	Rationale
	<i>Utilises documentation to inform and report care</i>	information from other sources, the need to work collaboratively with other health professionals, and the patient in the provision of care. The EN standards also emphasise the need for accurate documentation and reporting.
Domain: Enabling Standards: <i>Contributes to the promotion of safety, security and personal integrity of individuals and groups within the scope of enrolled nursing practice.</i> <i>Provides support and care to individuals and groups within the scope of enrolled nursing practice.</i> <i>Collaborates with members of the healthcare team to achieve effective care outcomes.</i>	Removed Removed	This domain is removed as the intent was not clear. The standards are now reflected in other domains within the EN standards.

4. Conclusion

The NMBA has finalised the project to revise the current *National competency standards for the enrolled nurse* and develop the EN standards. This report describes the project and provides a summary of the feedback to the consultation undertaken.

The NMBA received and considered carefully a wide range of views in developing the EN standards. The EN standards better describe the entry level standard expected of an EN, and reflect the contemporary roles of the EN with attention to leadership, safety, quality, risk and self-development. They also highlight the importance of relationship between ENs and RNs and the multidisciplinary team.

In revising standards, codes and guidelines, the NMBA must balance its statutory duty to protect the public with the other objectives of the National Law and their underlying regulatory principles, such as proportionality and fairness for those subject to their regulation. The NMBA believes that this balance has been achieved in the EN standards. The NMBA will also continue to monitor the effectiveness of the EN standards and the emergence of any new evidence in this area. Further reviews of the EN standards will be conducted in future, incorporating new research and any information gathered about how the revised standards are working in practice.

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The NMBA and AHPRA thank all those who contributed to the review process and provided valuable feedback on these important issues.

Glossary

Enrolled nurse (EN) means a person with appropriate educational preparation and competence for practice, who is registered under the National Law as an enrolled nurse.

National Law means the Health Practitioner Regulation National Law Act, as in force in all states and territories.

National Scheme means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at www.ahpra.gov.au

Nursing and Midwifery Board of Australia (NMBA) means the national body responsible for the regulation of nurses and midwives in Australia

Registered nurse (RN) means a person with appropriate educational preparation and competence for practice, who is registered under the National Law as a registered nurse.