

## Nursing and Midwifery Board of Australia public consultation: *Proposed Decision- making framework for nurses and midwives*

17 June 2019

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the Nursing and Midwifery Board (NMBA) consultation regarding the *Proposed Decision-making framework (DMF) for nurses and midwives*.

We are providing this submission on behalf of our membership, Australian primary health care nurses.

Primary health care nurses include nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs), who are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. In Australia, over 78 000 nurses work outside of the hospital setting in primary health care (Department of Health 2019) in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, custodial/detention settings, boarding houses and outreach to homeless people
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

Recognition of the nurse role in primary health care is increasing nationally and internationally, so that it is being seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader role for nurses enables health services to focus on the prevention of illness and health promotion, and offers an opportunity to improve the management of chronic disease as well as reduce demand on the acute hospital sector (ANF 2009).

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## APNA submission

### Written response questions for consideration

#### **1. Is the proposed DMF more helpful, clear and usable in practice when compared to the national framework?**

Yes, the *Proposed DMF* is more helpful, clear and usable in practice when compared to the current national framework.

However, we comment as follows:

- As the purpose of the *Proposed DMF* is to guide decision-making relating to scope of practice and delegation, it would provide more clarity (to practising nurses) that this is the purpose of the document if these terms were included in the title of the *Proposed DMF* – perhaps as a subtitle.
- There is some inconsistency in the definition of terms within the *Proposed DMF* and across other NMBA documents. It would be helpful if these could be addressed to improve useability of the *Proposed DMF*. In particular this includes:
  - Supervision – see below
  - Scope of practice – when referring to individual scope of practice, there is some inconsistency between the terms “knowledge”, “skills”, “competence” and “confidence” across the Definitions section of the *Proposed DMF* (p.15) and the *Decision-making framework: summary for nurses*. Whilst these are minor, APNA has found such discrepancies can cause confusion to practising nurses.
- For EN supervision, the *Proposed DMF* spells out that “enrolled nurses must work under the direct or indirect supervision of a registered nurse or midwife, and that this supervision cannot be replaced/substituted by another health professional (p.9). APNA welcomes this clarification and suggests that this should also be included in the *Enrolled Nurses Standards for Practice* document.

However, in the Definitions section of the *Proposed DMF*, the definition for enrolled nurse (p.13) omits this information that ENs are required to work under the direct or indirect supervision of a RN. This inconsistency can have consequences in private primary health care such as general practice and similar clinics where there is often confusion on the part of employers about the need to have formal supervision relationships for ENs by RNs. Such a lack of formal supervision arrangements means that an EN is not complying with registration standards, and it also does not comply with other government health incentive funding for nursing activity provided through Medicare.

A clear, consistent definition of supervision, and consistent application of that definition, would assist with the clarity and useability of the framework document.

- Again, in the Definitions section of the *Proposed DMF*, the definition for supervision (p.15) refers to “managerial supervision, professional supervision and clinically focused supervision” but does not define these. These are also not defined in the *Supervision guidelines for nursing and midwifery* which the definition references.

NB: Whilst the *Supervision guidelines for nursing and midwifery* document is not the subject of this consultation, we would like to comment here that this document is unclear in terms of who it applies to. It is assumed that because it is located on the “Re-entry to practice” page of the NMBA website that it relates to supervision of nurses in this scenario. However, given it is referenced by the *Proposed DMF*, this becomes unclear because the *Proposed DMF* applies to all nurses. APNA would like to see these guidelines developed to cover all supervision requirements and scenarios.

## **2. Does the proposed DMF adequately include the person/woman receiving care in the decision-making?**

Yes.

## **3. Does the ‘Guide to delegation decisions’ within the proposed DMF clearly identify the delegation roles and responsibilities of the registered nurse and midwife?**

Yes, it does, except for the comments as above in terms of the definition for supervision including the reference to the *Supervision guidelines for nursing and midwifery* document.

## **4. Does the ‘Guide to delegation decisions’ within the proposed DMF clearly define the relationship and responsibilities of the enrolled nurse?**

The ‘Guide to delegation decisions’ within the *Proposed DMF* **does not** clearly define the relationship and responsibilities of the enrolled nurse.

Whilst the document indicates that “registered nurses and midwives are responsible and accountable for the coordination, delegation and supervision of enrolled nurses and others who assist them in the provision of care”, and one could assume from this that ENs are not to delegate to other health workers such as Aboriginal Health Workers, Medical Practice Assistants, and Assistants in Nursing. It would be beneficial for the safety and quality of health care delivery to explicitly state this, especially

in the context of increasing use of non-regulated health workers in some health care settings, including general practice.

Further, not all registered nurses have experience of delegation to ENs or have an understanding of the scope of practice of the EN. Some case studies of how delegation might work would be helpful.

**5. Does the 'Guide to nursing practice decisions' within the proposed DMF provide clear direction when making decisions about nursing practice?**

Yes it does. We comment as follows:

- Statement 1 is supportive of person-centred care
- Statement 2 reaffirms the individual's need to make a judgement about their own scope of practice and addresses staff numbers, compliance and other risks in a concise way
- Statement 3 gives guidance to nurses about expanding scope of practice, setting out the assessment that needs to be done before undertaking the expanded role. The statement talks about contemporary scope of practice. It would be helpful to have this defined within the definition for scope of practice on p.14.
- Statement 4 provides some framework for practice decisions
- Statement 5 is well worded to support the team-based approach

**6. Does the 'Guide to midwifery practice decisions' within the proposed DMF provide clear direction when making decisions about midwifery practice?**

Yes it does. We comment similarly to the above:

- Statement 1 is supportive of person-centred care and asks that consideration be made for the woman/newborn's health and cultural needs which is a very important point, even if it is a work in progress for remote and rural services
- Statement 2 reaffirms the individual's need to make a judgement about their own scope of practice and addresses staff numbers, compliance and other risks in a concise way
- Statement 3 gives guidance to midwives about expanding scope of practice, setting out the assessment that needs to be done before undertaking the expanded role
- Statement 4 provides some framework for practice decisions, though we note that rural and remote maternity patients will not have a choice in some cases and evacuation to a regional or city facility is often required
- Statement 5 is well worded to support the team-based approach

**7. Is the proposed *Decision-making framework: summary for nurses* more helpful, clear and usable in practice compared to the current nursing practice summary guide?**

Yes, it is more helpful, clear and usable in practice compared to the current nursing practice summary guide.

However:

- As with the *Proposed DMF* document, it would provide more clarity (to practising nurses) as to the purpose of the document if the terms scope of practice and delegation were included as part of the summary guide, either in the title or subtitle, or alternatively as an introductory statement at the top of the guide underneath the title.
- Whilst it is assumed that this document applies to both RNs and ENs (as the document cross references to the *Proposed DMF* which states that the DMF applies to RNs, ENs and midwives), it would be helpful to explicitly state this on this document as well. This is especially so as the first box stipulates that one of the first steps is to ask “has there been a comprehensive assessment by a registered nurse to establish the person’s health and cultural needs”, which may lead to questioning of its applicability to ENs.
- The purpose of the document might be further enhanced if the title of the first box was “Identify need/benefit of the new activity”.

**8. Is the proposed *Decision-making framework: summary for midwives* more helpful, clear and usable in practice compared to the current midwifery practice summary guide?**

Yes, it is more helpful, clear and usable in practice compared to the current midwifery practice summary guide, and easier for all nurse team members to follow.

**9. Are the essential components from the national framework practice decision flowcharts captured in the proposed DMF summaries?**

Yes.

**10. Please share any other comments you have on the proposed DMF and DMF summaries.**

We emphasise the need for definitions to line up with other NMBA documents, to avoid confusion for practising nurses and for organisations such as APNA to provide clear guidance based on the documents.

\*\* This document is frequently used by APNA when providing training to primary health care nurses about scope of practice issues, and as such, APNA advises we would be interested to meet with the NMBA to further discuss our response to the consultation on the *Proposed DMF*.