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**ANMF (Vic
Branch)
Submission to
The Nursing and
Midwifery Board
of Australia's
Public
Consultation:**

**Draft Enrolled
Nurse Standards
for Practice**

October 2014

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Introduction

The Australian Nursing and Midwifery Federation (ANMF) was established in 1924. The ANMF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The ANMF (Victorian Branch) represents in excess of 70,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Of that number ANMF (Victorian Branch) has in excess of 12,000 enrolled nurse members, consequently we welcome the opportunity provide comments in relation to the proposed new enrolled nurse standards for practice to the Nursing and Midwifery Board of Australia (NMBA).

The ANMF nationally represents in excess of 240,000 members and we are the largest union in Australia representing workers in the health sector. Our members are employed in a wide range of enterprises in urban, rural and community care locations in both the public and private health and aged care sectors.

The ANMF participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The core business for the ANMF is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery. Additionally, the ANMF (Victorian Branch) is a registered training organisation and contributes to vocational education and training of enrolled nurses, and professional development for registered and enrolled nurses and registered midwives.

Opening Remarks

The ANMF (Victorian Branch) acknowledges that the enrolled nurse workforce is an important component of both the Australian and Victorian nursing workforce. Furthermore, there has been a significant change to enrolled nurse education and practice since their original development and implementation into the Australian health care context from hospital *ward attendants* post world war 1 in 1917, to the development of the industrial classifications of *female attendants* to comfort the sick in 1943, that remained in place until 1950, when the Victorian Hospitals and Charities Commission introduced a 12 month training course for *Certified Aids*, morphing into *Certified Hospital Aids*, and *Hospital Aids in Training*. In 1963 these workers became known as *Registered Nursing Aids* (RNA). In 1970 it was recommended that RNA's title be changed to *State Enrolled Nurse*¹; however it was not until 1981 that the title actually changed to *State Enrolled Nurse*¹, later changing to Registered Nurses Division 2 in Victorian with the Nurses Board of Victoria and back to Enrolled Nurse under the National Law in 2010. Over the same period health care service delivery

¹ Research & Advocacy Services. 1987. *RANF (Victorian Branch) and State Enrolled Nurses: Background to SEN Classifications*.

has also changed, which has led to the development of change to the enrolled nurse educational preparation for state hospital based programs to the development of the national Training Packages. Changes to enrolled nurse education in relation to the inclusion medication administration into enrolled nurse educational qualifications has resulted in advancement in one area of the enrolled nurses scope of practice.

We appreciate that the National Competency Standards for the Enrolled Nurse were first released in 2002. Since 2002 there have been a plethora of changes to the way health services operate and are funded nationally, similarly there have some changes in the range of the work practises that are performed by the enrolled nurse and within the settings in which they work; due largely to the changes made to the educational preparation of beginning enrolled nurses as a result to changes to the former Certificate IV in nursing qualification and the evolution of the Diploma of Nursing and Advanced Diploma of Nursing programs.

Throughout all the changes to enrolled nurse educational preparation over the decades, the enrolled nurse remains Australia's second level nurse and continues works under the direction and supervision of the registered Nurse and/or the nurse/midwife, albeit, in some work situations an enrolled nurse maybe involved in the provision of nursing care that involve a higher degree of skill, knowledge and competence to undertake a range of delegated nursing responsibilities that have increased complexity, than those traditionally performed by the enrolled nurses in the past.

The ANMF supports and continues to advocate for, expanded work roles and broad scopes of practice for enrolled nurses both locally and nationally. Accordingly, we agree that it is important for the NMBA to revise the National Competency Standards for the Enrolled Nurse (2002) to reflect enrolled nursing practice in a contemporary health care context, provided that changes made are in accordance with professional safety responsibilities to the public and not to placate schemes pertaining to national workforce issues.

Interestingly, within the Australian context, the national enrolled nurse workforce is just 18.2% of the total nursing workforce and number 59,934 Ninety-four per cent of them are working, mainly in clinical roles (75.2%) and in the public sector (58.6%)².

The ANMF (Victorian Branch) acknowledges that the proposed new Enrolled Nurse Standards for Practice have been through a preliminary consultation with key stakeholders (including the ANMF) and have been marginally amended based on the feedback to the NMBA. We acknowledge and support the NMBA's determination that the registered nurse is required to provide the enrolled nurse with oversight, support and guidance, however urge the NMBA to insist on the use of vernacular that is widely understood by the nursing and midwifery professions, being – supervision and delegation.

The ANMF (Victorian Branch) notes the summary of issues provided in the background paper to the public consultation by the NMBA, it is noted the Board has:

² Health Workforce Australia (2013) http://www.hwa.gov.au/sites/uploads/HWA_Health-Workforce-by-Numbers_Issue-2_LR.pdf
Accessed September 30, 2014.

Determined that there is a need for the registered nurse to provide oversight, support and guidance to the enrolled nurse.

The ANMF (Victorian Branch) concurs with the view of the NMBA as this position postulates a supervisory role of the registered nurse in relation to enrolled nurse practice, however, we maintain our position that the language in the proposed new Standards is not consistently clear and in its current format is ambiguous to the reader.

Because of the inconsistent use of language in the proposed new Standard, there are conflicting overarching issues in relation to inconsistent language and descriptors used throughout the document. For example:

- Use of the term 'others' in some indicators and 'appropriate others' used elsewhere.
- The definition for 'appropriate others' is provided in indicator

5.3 (2) *Appropriate others include those in direct association with the person receiving care (with his/her consent) such as family, unpaid and paid carers, volunteers and clergy. This is our preferred option to the use of the non-descriptive term 'others'.*

- We do not support the use of the terminology that the registered nurse is *a point of reference* for the enrolled nurse, rather than stating the registered nurses supervisory role within their relationship with the enrolled nurse. Specifically, we highlight the inconsistency in terminology between the relationship described for the registered nurse/enrolled nurse and the midwife/enrolled nurse.

Indicator 3.3 states: *Recognises the registered nurse as 'a point of reference' to assist the enrolled nurse decision making and provision of care.*

The accompanying explanatory note to that statement is:

Where an enrolled nurse is working in a maternity services setting, it is expected that they will be supervised by a midwife.

The supervisory role of the registered nurse should be just as clearly articulated in Standard 3.3.

- The language within the standards and preamble should be more reflective of client/consumer directed care principles. For example, within the Domains set out on page 2 Provision of Care dot point 5 should include reference to a collaboration between the registered nurse in the development of plans of care
- Cultural and linguistic diversity is not evident in the Domains which we strongly recommend is included by expanding Domain point 2 under Professional and Collaborative Practice to read: *Practises nursing in a way that ensures care is person centred, sensitive to cultural and linguistic diversity, and the rights of people are upheld.*

- We are concerned at the lack of robust international information regarding the parameters of the literature review and the narrow scope of literature included was specific to the United Kingdom (UK) and New Zealand.

Maintaining the Registered Nurse/Midwife Supervisory Role

The ANMF (Victorian Branch) and its members have serious concerns where there is a proposal to alter or remove protections for the public, and for nurses. Specifically, the premise suggested in (Standard 3.3) that proposes utilising registered nurses only as a *point of reference* [sic to the enrolled nurse] implies collaboration and consultation with the registered nurse is purely an option for the enrolled nurse.

The concept of the registered nurses only as a point of reference is a major deviation from the existing National Competency Standards for the Enrolled Nurse, which articulates the requirement for enrolled nurses to practice under the direction and supervision of the registered nurse. Therefore, we argue that the new Standards must ensure a process for enrolled nurses to have explicit lines of professional accountability and subsequent responsibility that does not imply any paralleled and/or independent practice from the supervising registered nurse. Furthermore, the removal of lines of responsibility in the Standards will leave the way open, for interpretation that enrolled nurses can work in isolation of a supervising registered nurse; and that other health practitioners can direct the clinical practice and work of the enrolled nurse.

It is the view of the ANMF (Victorian Branch) and its members that such practice does not provide the appropriate level of protection for the public, which must be, the principle aim of the new Standards. Additionally, we do not accept as true, that nurses or midwives assume professional responsibility for other health professionals; rather nurses and midwives respect the body of knowledge, research, education and practice relating to other health professions.

In the same regard, it is an ignominy to our profession, to suggest that enrolled nurses will be subject to the *direction of other health professionals*, when functioning in clinical practice. In the absence of any clear evidence of the benefits to the profession and the safety of the public, the ANMF concludes that any move to sever existing professional accountability is driven by ideology and perceived workforce factors.

Why is protection important?

It is essential that we have clear Standards that define practice and guide all nurses. Like the NMBA, the ANMF (Victorian Branch) holds that the public has a right to expect professional, high quality nursing care from registered and enrolled nurses and midwives. The safety issue is embedded in the premise of having a clear structure, for all nurses, with well understood responsibilities, accountabilities and delegations is fundamentally in order to protect the public, but it also protect the enrolled nurse and the nursing profession itself.

The ANMF (Victorian Branch) considers that the public may be even more confused about the different *nursing* roles that are already in place in relation to registered and non-registered/regulated care providers (i.e. assistants in nursing (however titled)). The notion that a registered nurse is just a point of reference for the enrolled nurse, suggests there is no obligation

upon enrolled nurse have oversight of their practice by the registered nurse. Consequently, there is no visibility of the registered nurse, which potentially creates even more role confusion for the public and other health practitioners.

It is our considered view, that using the words *a point of reference*, rather than supervising registered nurse, exposes the enrolled nurse to the vulnerable position of having little or no professional support. Such a position will allow enrolled nurses to be potentially directed by other health practitioners, that is, non-nurses, who have little or no understanding of the specialised practises embedded in nursing work, and who may well direct an enrolled nurse to undertake (nursing) work which is outside of the scope of practice, creating a situation which is completely unacceptable to the profession as it potentially puts the enrolled nurse in a precarious situation ethically and legally and fails to protect the public.

The ANMF (Victorian Branch) does not see any evidence to support a changed line of responsibility and authority between the registered nurse and the enrolled nurse. Rather, we support keeping the safe professional nursing relationship for both the registered and the enrolled nurse, whereby the enrolled nurse functions as an *associate/delegate* to the registered nurse, assisting the registered nurse in the provision of nursing care. As this established relationship is widely understood by the nursing and midwifery professions, as well as the public and other health practitioners, we cannot accept any exploitation of enrolled nurses and a diminution relationship such that the registered nurse becomes just *a point of reference* for the enrolled nurse.

For good reason, registered nurses and enrolled nurses have distinct roles and a legally sanctioned relationship, based on their preparation for practice and qualifications. We do not support economic and fiscal rationalities by employers of nurses as reason to make this type of change to the Standards for enrolled nurse practice in Australia.

Overwhelmingly, it must be the role of the Standards to provide clarity in the interests of protection for the public. For that reason, it is surely it is the role of the NMBA and the nursing and midwifery professions to protect the enrolled nurse from potentially gross misconduct by acting outside of their educationally prepared scope of practice.

TEXT IN THIS COLOUR INDICATES SUGGESTED AMENDMENTS AND COMMENTS BY THE ANMF (VICTORIAN BRANCH)

Professional and Collaborative Practice

This domain relates to the legal, ethical and professional foundations from which all competent enrolled Nurses respond to their environment. The domain reflects the responsibilities of the enrolled nurse to maintain currency and to demonstrate best practice. The standards are:

1. Functions in accordance with the law, policies and procedures affecting enrolled nurse practice.

ANMF (Victorian Branch) suggested re-wording of Standard 1:

Functions in accordance with the applicable law, Professional Standards and guidelines affecting enrolled nurse practice.

2. Practises nursing in a way that ensures the rights of people are upheld.

ANMF (Victorian Branch) suggested re-wording of Standard 2:

Practises enrolled nursing in a way that ensures care is person centred, sensitive to cultural and linguistic diversity, and the rights of people are upheld

3. Accepts accountability and responsibility for own actions.

Provision of Care

This domain relates to the intrinsic care of individuals or groups entrusted to the enrolled nurse. It encompasses all aspects of care from assessment to engaging in care, and includes health education and evaluation of outcomes.

ANMF (Victorian Branch) suggested re-wording:

This domain relates to the intrinsic care of individuals or groups for whom the enrolled nurse is providing aspects of delegated nursing care. It encompasses all aspects of nursing care from assessment to engaging in care, and includes health education and evaluation of outcomes, in consultation with the supervising registered nurse.

The standards are:

4. Synthesises information from a range of sources in order to plan appropriate care

ANMF (Victorian Branch) suggested re-wording:

Synthesises information from a range of sources, in order to plan appropriate enrolled nursing care in consultation with the supervisory registered nurse.

5. Collaborates with the healthcare team when developing plans of care.

ANMF (Victorian Branch) suggested re-wording:

Practices enrolled nursing in collaboration with the registered nurse when developing plans of care.

6. Provides skilled and timely care to people receiving care and others whilst promoting their independence and involvement in care decision-making.

ANMF (Victorian Branch) suggested re-wording:

Define who “others” are; or delete reference to them.

7. Uses documentation to inform and report care.

ANMF (Victorian Branch) suggested re-wording:

Uses documentation to inform and report care to the **registered nurse**.

Reflective and Analytical Practice

This domain relates to the ability of the enrolled nurse to reflect on evidence-based practice and ensure currency of essential knowledge and skills, to care for the personal, physical and psychological needs of themselves and others.

The standards are:

8. Provides nursing care that is informed by evidence.
9. Practises within safety and quality assurance guidelines.
10. Engages in ongoing development of self as a professional.

ENROLLED NURSE STANDARDS

PROFESSIONAL AND COLLABORATIVE PRACTICE

STANDARD 1: FUNCTIONS IN ACCORDANCE WITH THE APPLICABLE LAW, PROFESSIONAL STANDARDS/GUIDELINES AFFECTING ENROLLED NURSE PRACTICE

Indicators

- 1.1. Demonstrates knowledge and understanding of commonwealth, state and /or territory legislation and common law pertinent to enrolled nursing practice.
- 1.2. Fulfils the duty of care in the undertaking of enrolled nursing practice.
- 1.3. Demonstrates knowledge of and implications for the NMBA Professional Practice Framework, standards, workplace policies and procedural guidelines applicable to enrolled nursing practice.
- 1.4. Practices enrolled nursing according to the Australian Health Practitioner Regulation Agency National Law, Professional Standards/guidelines, in association with operational policies and procedural guidelines.
- 1.5. Identifies and clarifies enrolled nurse responsibilities and accepts accountability within own scope of practice for all aspects of delegated care working in collaboration with the supervising registered nurse.
- 1.6. Recognises own limitations in practice and acknowledges that delegated nursing care from the registered nurse cannot be re-delegated by the enrolled nurse and therefore seeks guidance from the registered nurse and direction as necessary.
- 1.7. Practices enrolled nursing activities only where competence has been demonstrated and appropriate education, training and experience has been undertaken whilst ensuring the outstanding required care needs are communicated to the supervising registered nurse for reallocation.
- 1.8. Practices enrolled nursing in a safe and respectful way to protect people and reporting the risk of potential for harm to the supervising registered nurse
- 1.9. When incidents of unsafe practice occur, reports immediately to the supervisory registered nurse and, where appropriate, explores ways to prevent recurrence.
- 1.10. Practices enrolled nursing in collaboration with the registered nurse to ensure that needs and rights of people in receipt of care are central to nursing decision making.

STANDARD 2: ~~PRACTISES NURSING IN A WAY THAT ENSURES THE RIGHTS OF THE PEOPLE ARE UPHELD.~~

ANMF (Victorian Branch) suggested re-wording of Standard 2:

Practises enrolled nursing in a way that ensures care is person centred, sensitive to cultural and linguistic diversity, and the rights of people are upheld.

Indicators

- 2.1. Practices in a manner that has the people receiving care at the centre of their care and supports care recipients decision making, through informed choices.
- 2.2. Practises in accordance with the NMBA Professional Practice Framework and other codes and protocols.
- 2.3. Practices in a culturally safe and sensitive manner inclusive of demonstrating respect for others to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs.
- 2.4. Practises culturally safe and respectful care for Aboriginal and Torres Strait Islander peoples.
- 2.5. Forms a therapeutic relationship with people receiving care and others. **Covered as a professional standard already - Delete**
- 2.6 Maintains equitable care when addressing people's differing values and beliefs. **Both 2.5 and 2.6 are elements of the Code of Conduct, no need to say again as already expected - Delete.**
- 2.7. Practices in a manner that ensures privacy and confidentiality when providing nursing care in accordance with professional guidelines, organisational policy and the use of social media pertaining to consumer confidentiality.
- 2.7. Ensures privacy and confidentiality at all times. **Captured above recommend delete.**
- 2.8. Clarifies elements of prescribed or delegated care with registered nurse when unclear or inappropriate.
- 2.9. Reports incidents of unethical behaviour immediately to the supervising registered nurse
ANMF Rationale: as an associate to the registered nurse the person 'in authority' for the enrolled nurse should always be the registered nurse. Other health professionals or employers cannot give clinical guidance to the enrolled nurse as they do not have knowledge of the legal scope of practice parameters for the enrolled nurse. As outlined previously this has the potential to place the enrolled nurse in a vulnerable position and risks safety for the public receiving care.
- 2.10. Where possible acknowledges and accommodates preferences of people receiving care in the provision of nursing care.

STANDARD 3: ACCEPTS ACCOUNTABILITY AND RESPONSIBILITY FOR OWN ACTIONS.

Indicators

- 3.1. Practises within the enrolled nurse scope of practice relevant to the context of practice, legislations, own educational preparation and experience.
- 3.2. Demonstrates accountability and responsibility for enrolled nursing care provided.
- 3.3. Practices enrolled nursing under the supervision and delegation of the registered nurse to assist in enrolled nurse decision-making and provision of nursing care. Or alternatively, Recognises the supervisory role of the registered nurse to guide enrolled nurse decision-making and provision of nursing care.
- 3.4. Works in collaboration with the supervising registered nurse to ensure delegated nursing responsibilities are commensurate with enrolled nurse scope of practice.
Or Alternatively, Collaborates with the supervisory registered nurse to ensure delegated responsibilities are commensurate with enrolled nurse scope of practice.
- 3.5. Practices as a second level (associate) nurse to the supervising registered nurse within own scope of practice.
- 3.6. Consults with the supervising registered nurse to facilitate the provision of accurate information, and enable informed decisions by others.
- 3.7 Delete as covered in amended 3.5
- 3.8 Provides support and supervision to assistants in nursing (however titled) and to others providing care, such as students or allied health assistants to ensure care is provided as outlined within the plan of care and according to institutional policies, protocols and guidelines.

ANMF (Victorian Branch) Comment:

3.8 is not a practice standard; An EN cannot supervise as they are already working under supervision and delegation of the RN, they can perhaps support and guide, rather than supervise. It would be preferable to leave this out altogether as creates high degree of confusion and is open to wide interpretation.

- 3.9. Promotes the safety of self and others in all aspects of nursing practice.

ANMF (Victorian Branch) Comment:

This is not a measurable Standard and is already covered in the EN qualification WHS Unit of Competence. Recommend deleting or amending to a measurable Standard.

Provision of Care

STANDARD 4. COLLABORATIVELY ASSISTS THE SUPERVISING REGISTERED NURSE IN PLANNING NURSING CARE AND THERAPEUTIC NURSING INTERVENTIONS

Indicators

- 4.1. Practices using enrolled nurse competency skills including observation, interview, physical examination and measurement in the application of therapeutic interventions
- 4.2. Practices in a way that accurately collects, interprets, utilizes, monitors, records and reports information regarding the health and functional status of people receiving care to achieve identified plan of care for optimal health care outcomes.
- 4.3 **Develops, monitors and maintains a plan of care in collaboration with the multidisciplinary team and others.** Recommend moving to standard 5 or re-wording to read:
Assists with the development, monitoring and maintenance of a plan of care in collaboration with the supervisory registered nurse.
- 4.4. Uses health care technology appropriately according to workplace guidelines.

ANMF (Victorian Branch) Comment:

4.4 belongs in the organisational position description as not an applicable national standard if making reference to the workplace.

STANDARD 5. COLLABORATES WITH THE REGISTERED NURSE AND THE HEALTHCARE TEAM WHEN DEVELOPING PLANS OF CARE

ANMF (Victorian Branch) Comment:

Re-wording of Standard 5: Collaborates with the registered nurse, the healthcare team and the person receiving care, when developing plans of care.

Indicators

- 5.1 Contributes to the development of positive professional working relationships in association with the supervising registered nurse in formulating individual nursing care plans to promote optimal health care outcomes.
- 5.2 Contributes and participates in the development, monitoring and maintenance of the nursing plan of care in collaboration with the supervising registered nurse.
- 5.3. Practices enrolled nursing in a way that fosters positive inter-professional relationships with members of the multidisciplinary healthcare team, the person receiving care and appropriate others in the provision of nursing care.
- 5.4. Practices enrolled nursing in a way that prioritises planned care in accordance with the assessed care needs of the person and the nursing processes.
- 5.5. Clarifies orders for nursing care with the Registered Nurse/Midwife when unclear.

ANMF (Victorian Branch) Comment:

Covered in 2.8 no need to repeat.

- 5.6. Contributes to and participates in nursing decision-making where applicable to enrolled nurse practice in association with the supervising registered nurse.

STANDARD 6. PRACTICES NURSING TO ENSURE THE HEALTH CONSUMER/PATIENT/PERSON IS CENTRAL TO THEIR CARE

Indicators

- 6.1. Provides delegated aspects of nursing care to people who are unable to meet their own physical and/or emotional needs.
- 6.2. Participates with the registered nurse in evaluation of the person receiving care's progress toward expected outcomes and reformulation of plans of care.
- 6.3. ~~Provides support and guidance to assistants in nursing (however titled) and to others providing care, such as students or allied health assistants to ensure care is provided as outlined within a plan of care.~~

ANMF (Victorian Branch) Comment & recommended amendment:

- This Standard is problematic for the enrolled nurse, as they are a delegate of the RN, thus it is not part of the EN's scope of practice or their responsibility as a *delegatee* (of the RN) to re-delegate, a delegation or to support and guide another worker, especially when they may be a beginning practitioner themselves.
- The term "others" appears here again, without any definition of who "others" are.
- What if the EN has a knowledge deficit themselves in the area of practice?

Alternative 6.3 Practices within the boundaries of own enrolled nursing scope of practice; and demonstrates the cognitive, technical and communication skills to identify analyse a range of nursing situations that require a transfer of information, skills and knowledge within the health care environment and context, in consultation with the supervising registered nurse or nurse/midwife.

- 6.4. Practices in a way that promotes active engagement by people in the provision of their own healthcare.

ANMF (Victorian Branch) Comment:

This will be difficult to measure if the subject of a Performance Assessment by the NMBA. This is covered off in the amended 5.4, so recommend delete this.

- 6.5. ~~Demonstrates currency and competency in the safe use of healthcare technology.~~ **Maintains a contemporary practice in accordance with the Nursing and Midwifery Board of Australia Professional Standards and Guidelines.**

ANMF (Victorian Branch) Comment:

This suggested amendment means the EN maintains their own recency of practice (standard) which then incorporates what is necessary for the individual EN's practice setting: as the requirement in the original proposed Standard suggested the practitioner has to know everything about all technology - as it is not limited.

- 6.6. ~~Promotes the independence of people receiving care within the health care setting by involving them as active participants in care, where appropriate.~~

ANMF (Victorian Branch) Comment:

Consider amalgamating **6.1 and 6.6** to read as follows:

Alternative 6.6. Promotes the independence of people receiving care within the health care setting by involving them as active participants in care, where appropriate and provides care to people unable to meet their own physical, cultural and/or emotional needs.

- 6.7. Practices enrolled nursing to ensure nursing care is prioritised based on the clinical condition of the person.

- 6.8. ~~Recognises when the physical or mental health of a person receiving care is deteriorating, reports and seeks appropriate assistance.~~

ANMF (Victorian Branch) Comment and recommended amendment:

- The about 6.8 should be in the individual enrolled nurse Position Description not the Standard.
- This is really about the EN having the ability and clinical competence to recognise issues and report to the RN

Alternative 6.8. Demonstrates the clinical competence to recognise when the physical and/or mental health of a person receiving care is deteriorating, reports and seeks assistance from the registered nurse, and documents appropriately.

Add 6.9

ANMF (Victorian Branch) Comment and recommended amendment:

We recommend the inclusion of another indicator to the Standard as follows:

Additional Indicator 6.9. Practices nursing in a way that promotes the integration of optimal health literacy and health promotion, within the scope of enrolled nurse practice.

STANDARD 7. UTILISES DOCUMENTATION TO INFORM AND REPORT CARE

Indicators

- 7.1. Participates in the collection of relevant nursing data, care reviews and documentation of the health and functional status of the person receiving care accurately and clearly.
- 7.2. Demonstrates the competence, skill and enrolled nursing knowledge to interpret and report changes in the health and functional status of people receiving care to the registered nurse in a timely manner.
- 7.3. Practices enrolled nursing using a variety of communication modalities, either electronically, verbally and in writing to communicate appropriately within the health care setting.
- 7.4. Practices effective reporting and clinical handover in written and verbal care reports to provide accurate and clinically appropriate information exchange and continuity of nursing care and informed decision making by the supervising registered nurse.

Reflective and Analytical Practice

STANDARD 8. PROVIDES ENROLLED NURSING CARE THAT IS INFORMED BY EVIDENCE

Indicators

- 8.1. ~~Uses the registered nurse as a point of reference to guide decision-making.~~

ANMF (Victorian Branch) recommended amendment:

Alternative 8.1. Consults with the registered nurse to guide decision-making.

- 8.2. Collaborates with the registered nurse to seek direction and additional knowledge/information to guide enrolled nurse practice.
- 8.3. Incorporates evidence for own practice as guided by the registered nurse for analysis and comparison against best practice guidelines and standards for problem solving incorporating logic, analysis and sound argument when providing care.
- 8.4. ~~Uses problem solving incorporating logic, analysis and sound argument when providing care.~~

ANMF (Victorian Branch) Comment

Incorporated into 8.3, can be deleted.

8.5. Demonstrates analytical skills through accessing and evaluating healthcare information and quality improvement activities.

8.6. Consults with the supervising registered nurses to improve own current practice.

STANDARD 9. PRACTISES WITHIN SAFETY AND QUALITY ASSURANCE GUIDELINES

Indicators

9.1. ~~Participates in quality improvement programs and accreditation standards activities as relevant to the context of practice.~~

ANMF (Victorian Branch) Comment:

- Not relevant in all care contexts, should be omitted.

9.2. ~~Within the multidisciplinary team analyses risk and implements strategies to minimise risk.~~

ANMF (Victorian Branch) Suggested amendment:

Practices enrolled nursing using the ?National quality and safety standards to mitigate any potential minimise risk in consultation with the supervising registered nurse.

9.3. ~~Reports safety breaches and near misses according to legislative requirements and institutional policies and procedures.~~

ANMF (Victorian Branch) Suggested amendment:

Alternative 9.3. Practices enrolled nursing in accordance with the relevant jurisdictional occupational health legislation and local operational requirements.

9.4. ~~Practises safely within legislative requirements, safety policies, protocols and guidelines.~~

ANMF (Victorian Branch) Comment:

- Incorporated into amended 9.3 could be deleted

STANDARD 10. ENGAGES IN ONGOING DEVELOPMENT OF SELF AS A PROFESSIONAL

Indicators

10.1. Uses *Enrolled Nurse Standards for Practice* to assess own performance.

10.2. ~~Recognises the need for, and participates in, continuing professional and skills development in accordance with the National Board Continuing Professional Development registration standard requiring participation in continuing professional development.~~

ANMF (Victorian Branch) Suggested amendment:

Alternative 10.2 Practices in accordance with the NMBA Continuing Professional Development registration standard and own identified learning requirements.

10.3. ~~Identifies learning needs through critical reflection and consideration of evidence-based practice in consultation with the registered nurses and the multidisciplinary healthcare team.~~

ANMF (Victorian Branch) Suggested amendment:

Alternative 10.3. Identifies learning needs through reflection and consideration of evidence-based practice in consultation with the supervisory registered nurse.

10.4. ~~Contributes to and supports the professional development of others.~~

ANMF (Victorian Branch) Comment:

- How is this possible as this is a standards about individual EN practice? – suggest delete

10.5. ~~Uses professional supports and resources such as clinical supervision that facilitate personal wellbeing.~~

ANMF (Victorian Branch) Comment:

- Not sure how this is a Standard, rather an aspiration – suggest reword or delete.

10.6. ~~Promotes a positive professional image that includes appearance, attire, demeanour, language and behaviour.~~

ANMF (Victorian Branch) Comment:

- We have grave concerns over the potential for mis-interpretation and possible misuse of this indicator and categorically do not support its inclusion in standards past the first 5 words of the sentence as the rest are totally subjective. This should be covered by employers in code of conduct and uniform policies.

Alternative 10.5 Uses professional supports and resources that facilitate personal wellbeing.

Conclusion

The ANMF (Victorian Branch) appreciates the opportunity to provide a submission to the Nursing and Midwifery Board of Australia in relation to the public consultation into the draft Enrolled Nurse Standards for Practice.

We have attempted to provide comments and alternative suggestions to improve the overall functionality and applicability of the Standards to enrolled nurse practice. The proposed new Standards in their current form strongly blur any current distinction between registered nurse and enrolled nurse practice and in parts throughout the Standards encourage practice that clearly deviates from the expectations of the registered nurse and the registered nurse/midwife.

There is acknowledgement that in some sectors of health care in Australia, most especially residential and community aged care, that employers have formed the view that an enrolled nurse and a registered nurse are interchangeable as some employers consider the work value of the enrolled nurse to be equivalent to the registered nurse. Consequently, we urge the NMBA to consider our submission positively and trust that you will hear this common tread in other submissions and responses to the electronic version of the public consultation.

The ANMF (Victorian Branch) looks forward to the considered response from the NMBA in relation to progress of the Enrolled Nurse Standards for Practice.