



29 September 2014

Ms Petrina Halloran
Acting Executive Officer Nursing and Midwifery
Nursing and Midwifery National Board Services
Australian Health Practitioner Regulation Agency

Via email: Petrina.halloran@ahpra.gov.au

Dear Ms Halloran

Re: Nursing and Midwifery Board of Australia Review of Enrolled Nurse Standards for Practice – Public Consultation

The Australian Nursing and Midwifery Federation (SA Branch) [ANMF (SA Branch)] writes in response to the request for specific feedback on the Domains and Indicators within the proposed draft Enrolled Nurses Standards for Practice document.

Summary of Key Issues:

The ANMF (SA Branch) is deeply concerned by the theme presented throughout the standards document, which reflects a dilution of the well-established professional reporting relationship between the Registered Nurse and Enrolled Nurse.

From our reading of the public consultation background document '*Nursing and Midwifery Board of Australia draft Enrolled nurse standards for practice*' August 2014, the ANMF (SA Branch) acknowledges the consultation that has occurred to date and understands there has been a review of literature, albeit with a narrow scope, incorporating evidence from the United Kingdom and New Zealand.

Documentation did not provide details of the review of literature that supported the development of the draft standards, especially the evidence that purports to support the suitability and safety for the Registered Nurse to be a 'point of reference' for the Enrolled Nurse. Indeed, our own research and knowledge indicates there are significantly better health outcomes relating to Registered Nurse participation and supervision of the healthcare delivery process in all settings.

The background document also states, "*The NMBA has considered the data collected in the research phase of this project and has considered its role in ensuring that regulation is effective, and has determined that there is a need for the registered nurse to provide **oversight**, support and guidance to the enrolled nurse. The draft standards have been revised to reflect this position*".

It is our assertion that the terminology in the standards, including using the term 'point of reference' to describe the proposed relationship between Registered and Enrolled Nurses, does not appropriately reflect the **oversight** (meaning supervision), support and guidance offered by RNs..

Rather, we assert the erosion of the professional relationship is not reflective of the overwhelming evidence linking quality outcomes of care to skill mix, but is driven by employers seeking to dilute skills mix and financial imperatives. It is preposterous to entertain the notion that it is acceptable to further dilute skill mix in any setting and reports such as that into the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC only reinforces this position

The ANMF (SA Branch) acknowledges there has been a broadening of the Enrolled Nurse scope of practice and responsibility level within their contexts of practice since 2002. This broadening has only been relevant within the context of the Enrolled Nurse educational preparation, which is underpinned by the premise that the supervision and delegation of enrolled nurse practice is the responsibility of the Registered Nurse, who is educationally prepared to apply critical thought and analysis of the relevant context.

The ANMF (SA Branch) is also opposed to the premise that the Enrolled Nurse receives direction from non-nurses who have limited understanding and appreciation of the concepts of nursing.

Additional issues:

- Inconsistent language and descriptors used throughout document, for example the 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), and is a preferable descriptor.
- In addition to our disagreement over the use of the terminology Registered Nurses 'as a point of reference' rather than articulating the supervisory role, indicator 3.3 recognises the Registered Nurse as a point of reference to assist Enrolled Nurse decision-making and provision of care and has an explanatory note that states "*where an enrolled nurse is working in a maternity services setting it is expected that they will be supervised by a midwife*". This clearly acknowledges the existing supervisory relationship between registered nurse/midwives and enrolled nurses. Further to this point, it would be appropriate to articulate within the document that Enrolled Nurses would be supervised by the Registered Nurse or Midwife relative to their scope of practice, ie Direct Entry midwives' supervision of ENs would be contextual to the midwifery needs of clients.
- Cultural and Linguistic Diversity and Client/Person Centred Care is not well articulated within the draft standards
- Reference to the nationally accredited Enrolled Nurse training package needs to be evident within the standards
- Standard 10.6 is unacceptable as currently written.
- Domains and Indicators within the proposed draft Enrolled Nurses Standards for practice document.

Recommendations for the Domains and Indicators within the proposed draft Enrolled Nurses Standards for Practice Standards

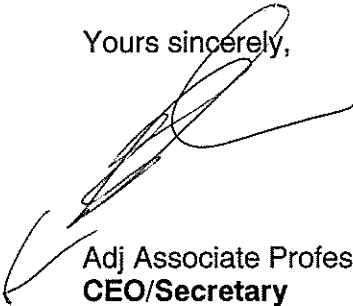
- Attached for your consideration is the original document with suggested revisions to the indicators for standards

It is our opinion the safest professional nursing relationship exists where the Enrolled Nurse acts as the associate to the Registered Nurse. The ANMF (SA Branch) does not support the dilution of standards which could potentially enable the Enrolled Nurse to practice independently, instructed by persons other than their professional reporting line, who are driven by economic imperatives as opposed to evidence based quality outcomes.

We welcome the opportunity to provide direct feedback regarding these critical documents that will influence the future of nursing and midwifery within Australia.

Please do not hesitate to contact Ms Jennifer Hurley, Manager, Professional Programs, on 08 8334 1940 or jenny.hurley@anmfsa.org.au should you wish to discuss this matter further.

Yours sincerely,



Adj Associate Professor Elizabeth Dabars AM
CEO/Secretary

ANMF SA Branch Feedback to Public Consultation draft – Enrolled Nurse Standards for Practice, 2014

(Suggested amendments identified either through strike through or bold)

Introduction to draft Enrolled nurse standards for practice

The Enrolled Nurse Standards for Practice are the core practice standards that provide the framework for assessing enrolled nurse competence. They can be used in a number of ways including development of nursing curricula by, Industry Skills Councils and education providers; assessment of students and new graduates. They may also be used to assess nurses educated overseas seeking to work in Australia, and to assess enrolled nurses returning to work after breaks in service. In addition, they may be used by the Nursing and Midwifery Board of Australia (National Board) and relevant tribunals or courts to assess professional conduct matters. They also communicate to the general public the standards that can be expected from enrolled nurses.

These contemporary standards reflect the role of the EN within the health environment. The Standards for Practice remain broad and principle-based so that they are sufficiently dynamic for practising nurses to use as a benchmark to assess competence to practise in a range of settings.

The EN works with the RN as part of the health care team and demonstrates competence in the provision of person-centred care. Core practice generally requires the EN to work under the direct or indirect supervision of the Registered Nurse. At all times, the EN retains responsibility for his/her actions and remains accountable in providing delegated nursing care. The need for the EN to have a named and accessible RN at all times and in all contexts of care for support and guidance is critical to patient safety.

Although the Scope of Practice for each EN will vary according to context and education, the EN has a responsibility for ongoing self and professional development to maintain their knowledge base through life-long learning, and continue to demonstrate the types of core nursing activities that an EN would be expected to undertake on entry to practice. Therefore the core Standards in this document are the *minimum* Standards that are applicable across diverse practice settings and health care populations for both beginning and experienced EN. They are based on the Diploma of Nursing being the minimum education standard.

ENs engage in analytical thinking; use information and/or evidence; and skilfully and empathetically communicate with all involved in the provision of care, including the person receiving care and their family and community, and health professional colleagues.

The EN Standards are clinically focused, and they reflect the EN's capability to: 1. provide direct and indirect care; 2. engage in reflective and analytical practice; and 3. demonstrate professional and collaborative practice. ENs where appropriate educate and support other (unregulated) health care workers (however titled) related to the provision of care.

ENs collaborate and consult with health care recipients, their families and community, registered nurses and other health professionals, to plan, implement and evaluate integrated care that optimises outcomes for recipients and the systems of care. They are responsible for the delegated care they provide and self-monitor their work.

The Enrolled Nurse Standards for Practice, 2014 replace the 2002 Competency Standards for the Enrolled Nurse.

How to use these standards

The EN standards for practice are intended to be easily accessible to a variety of groups, including ENs, governments, regulatory agencies, educators, health care professionals and the community. It should be noted that the 'indicators' (refer to glossary) written below the statements are indicative of EN behaviours, they are not intended to be exhaustive. Rather, they are examples of activities that demonstrate the specific Standard.

The Standards should be read in conjunction with other relevant documentation, including: the Decision-Making Framework, the Code of Professional Conduct for Nurses in Australia, the Code of Ethics for Nurses in Australia, and a companion document, A Nurse's Guide to Professional Boundaries (NMBA 2013). They should also be read in conjunction with the attached glossary, which describes the way in which key terms are used in the Standards.

ANMFSA - In addition the standards should be reflective of the nationally accredited Enrolled Nurse training package.

DOMAINS

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

ANMFSA - 2. Practises nursing in a way that ensures care is client/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. The standards are:

4. Synthesises information from a range of sources in order to plan appropriate care.
5. ~~Collaborates with the healthcare team when developing plans of care.~~

ANMFSA - 5. Collaborates with the client, registered nurse and multidisciplinary healthcare team in the development of plans of care. – (N.B. - The terminology within the standards and preamble should be more reflective of client/consumer directed care principles.

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

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 law, policies and procedures affecting Enrolled Nurse practice

Indicators

- 1.1. Demonstrates knowledge and understanding of commonwealth, state and /or territory legislation and common law pertinent to 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. Provides nursing care according to the agreed plan of care, Professional Standards, workplace policies and procedural guidelines.
- 1.5. ~~Identifies and clarifies enrolled nurse responsibilities for aspects of delegated care working in collaboration with the multidisciplinary health care team.~~

ANMFSA - 1.5. Identifies and clarifies enrolled nurse responsibilities for aspects of delegated care working in collaboration with the registered nurse and multidisciplinary health care team.

- 1.6. Recognises own limitations in practice and competence and seeks guidance from the registered nurse and help as necessary.
- ~~1.7. Respectfully refuses to undertake activities where competence has not been demonstrated and appropriate education, training and experience has not been undertaken.~~

ANMFSA - 1.7. Respectfully refuses to undertake activities where competence has not been demonstrated and appropriate education, training and experience has not been undertaken, whilst ensuring the outstanding required care needs are communicated to the supervising registered nurse for reallocation.

- 1.8. Acts to ensure safe outcomes for others by recognising the need to protect people and reporting the risk of potential for harm.
- 1.9. When incidents of unsafe practice occur, reports immediately to the person in authority and, where appropriate, explores ways to prevent recurrence.
- 1.10. Liaises and negotiates with the registered nurse and other appropriate personnel to ensure that needs and rights of people in receipt of care are addressed and upheld.

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

Indicators

- 2.1. Places the people receiving care at the centre of care and supports them to make informed choices.
- 2.2. Practises in accordance with the NMBA Professional Practice Framework and other codes and protocols.
- 2.3. Demonstrates 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 care for Aboriginal and Torres Strait Islander peoples.
- 2.5. Forms therapeutic relationships with people receiving care and others recognising professional boundaries.
- 2.6. Maintains equitable care when addressing people's differing values and beliefs.
- ~~2.7. Ensures privacy and confidentiality when providing care.~~

ANMFSA - 2.7. Ensures privacy and confidentiality at all times. (ANMF SA Branch recommend that privacy and confidentiality must be maintained at all times and not just when care is provided especially relevant in the context of the rising incidence of confidentiality breaches via social media).

- ~~2.8. Clarifies with relevant members of the multidisciplinary healthcare team when interventions or treatments appear unclear or inappropriate.~~

ANMFSA - 2.8. Clarifies with supervising registered nurse and relevant members of the multidisciplinary healthcare team when interventions or treatments appear unclear or inappropriate

- 2.9. Reports incidents of unethical behaviour immediately to the person in authority and, where appropriate, explores ways to prevent recurrence.
- 2.10. 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 responsibility and accountability for nursing care provided.
- ~~3.3. Recognises the registered nurse as a point of reference to assist enrolled nurse decision-making and provision of nursing care.~~

ANMFSA - 3.3. Recognises the supervisory role of the registered nurse/midwife to guide enrolled nurse decision-making and provision of nursing care.

- 3.4. Collaborates with the registered nurse to ensure delegated responsibilities are commensurate with own scope of practice.
- 3.5. Clarifies own role and responsibilities with supervising registered nurse in the context of the healthcare setting within which they practice.
- 3.6. Consults with the registered nurse and other members of the multidisciplinary healthcare team to facilitate the provision of accurate information, and enable informed decisions by others.
- 3.7. Provides care within scope of practice as part of multidisciplinary healthcare team, and with supervision of a Registered Nurse.
- 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.
- 3.9. Promotes the safety of self and others in all aspects of nursing practice.

Provision of Care

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

Indicators

- 4.1. Uses a range of skills and data gathering techniques including observation, interview, physical examination and measurement.

- 4.2. Accurately collects, interprets, utilizes, monitors and reports information regarding the health and functional status of people receiving care to achieve identified health and care outcomes.
- ~~4.3. Develops, monitors and maintains a plan of care in collaboration with the multidisciplinary team and others.~~

ANMFSA – 4.3 Contributes to the development, monitoring and maintenance of a plan of care in collaboration with the registered nurse; multidisciplinary team; the client and appropriate others. (Definition of ‘Appropriate Others’ provided in indicator 5.3 - include those in direct association with the person receiving care (with his/her consent) such as family, unpaid and paid carers, volunteers and clergy).

- 4.4. Uses health care technology appropriately according to workplace guidelines.

~~Standard 5. Collaborates with the registered nurse and the healthcare team when developing plans of care~~

ANMFSA - Standard 5. Collaborates with the registered nurse, the client/consumer and the multidisciplinary healthcare team when developing plans of care

Indicators

- 5.1. Develops and promotes positive professional working relationships with members of the multidisciplinary team.
- 5.2. Collaborates with members of the multidisciplinary healthcare team in the provision of nursing care.
- 5.3. Contributes to the development of care plans in conjunction with the multidisciplinary healthcare team, the person receiving care and appropriate others².
- 5.4. Manages and prioritises workload in accordance with people’s care plans.
- 5.5. Clarifies orders for nursing care with the Registered Nurse/Midwife when unclear.
- 5.6. Contributes to and collaborates in decision-making through participation in multidisciplinary healthcare team meetings and case conferences.

²Appropriate 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.

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

Indicators

- ~~6.1. Provides care to people who are unable to meet their own physical and/or emotional needs.~~
- ANMFSA - (6.1 is more accurately articulated when joined with indicator 6.6)***
- 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.
- 6.4. Promotes active engagement by people in the provision of their own healthcare.
- 6.5. Demonstrates currency and competency in the safe use of healthcare technology.
- ~~6.6. Promotes the independence of people receiving care within the health care setting by involving them as active participants in care, where appropriate.~~

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

ANMFSA - 6.8. Recognises when the physical and/or mental health of a person receiving care is deteriorating, reports, seeks assistance and documents appropriately.

Standard 7. Utilises documentation to inform and report care

Indicators

- 7.1. Collects data, reviews and documents the health and functional status of the person receiving care accurately and clearly.
- 7.2. Interprets and reports the health and functional status of people receiving care to the registered nurses and appropriate members of the multidisciplinary healthcare team in a timely manner.
- 7.3. Uses a variety of communication methods to engage appropriately with others and documents accordingly.
- 7.4. Prepares and delivers written and verbal care reports such as clinical handover, as a part of the multidisciplinary healthcare team.
- 7.5. Provides accurate, appropriate information to enable informed decision making by others.

Reflective and Analytical Practice

Standard 8. Provides nursing care that is informed by evidence

Indicators

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

ANMFSA - 8.1. Uses the registered nurse to guide decision-making.

- 8.2. Seeks additional knowledge/information when presented with unfamiliar situations.
- 8.3. Incorporates evidence for best practice as guided by the registered nurse or other appropriate health professional.
- 8.4. Uses problem solving incorporating logic, analysis and sound argument when providing care.

- 8.5. Demonstrates analytical skills through accessing and evaluating healthcare information and quality improvement activities.
- 8.6. Consults with the registered nurses and other relevant health professionals and resources to improve 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.
- ~~9.2. Within the multidisciplinary team analyses risk and implements strategies to minimise risk.~~

ANMFSA - 9.2. Within the multidisciplinary team contributes and consults in analysing risk and implements identified strategies to minimise risk. (N.B. ANMFSA believe the wording contributes and consults should be used as is consistent with the legislation)

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

ANMFSA - 9.3. Reports and documents safety breaches and near misses according to legislative requirements and institutional policies and procedures.

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

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.
- 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.
- 10.4. Contributes to and supports the professional development of others.
- 10.5. Uses professional supports and resources such as clinical supervision that facilitate personal wellbeing.
- ~~10.6. Promotes a positive professional image that includes appearance, attire, demeanour, language and behaviour.~~

ANMFSA - have grave concerns over the potential for misinterpretation and possible misuse of this indicator and categorically do not support it's 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