

# Supervision guidelines for internationally qualified nurses and midwives

December 2014 (updated 1 June 2016)

## Introduction

The Nursing and Midwifery Board of Australia (NMBA) has developed these supervision guidelines for internationally qualified nurses and/or midwives under section 39 of The Health Practitioner Regulation National Law, as in force in each state and territory ([the National Law](#)).

These supervision guidelines apply to the following internationally qualified nurses and midwives only:

- AQF 7 level qualified midwives where they meet all qualification criteria save for criterion 5
- registered nurses that hold a diploma or advanced diploma at AQF 6 where the qualification is focused solely on mental health, disability nursing or paediatric nursing.

The purpose of these guidelines is to provide a resource for:

- persons supervising internationally qualified nurses and/or midwives
- internationally qualified nurses and midwives under supervision, and
- decision-makers in registration matters related to internationally qualified nurses and midwives requiring supervision arrangements.

The guidelines set out the following:

1. Principles for supervising
2. Planning supervision
3. Levels of supervision
4. Requirements and responsibilities of supervisors
5. Responsibilities of supervisees
6. Reporting requirements
7. Exemptions
8. Definitions

## Importance of supervision

Patients have a right to expect safe, competent and contemporary nursing and midwifery services at all times. This includes when care is given by nurses and/or midwives under supervisory arrangements.

Appropriate supervision provides assurance to the NMBA and the community that a nurse or midwife's practice is safe and does not place the public at risk.

From the NMBA's regulatory perspective, these guidelines set out principles that are central to safe and effective supervision of an internationally qualified nurse or midwife.

## Who is supervised?

These guidelines apply to internationally qualified nurses or midwives that have a condition on their registration that requires them to work under supervision.

Supervision requirements may differ from one nurse or midwife to another. Requirements are tailored to the purpose of supervision, the nurse or midwife's particular circumstances, their experience and learning needs.

The state and or territory Board of the NMBA determines the level of supervision required on a case by case basis. Typically, it may begin at a higher level and progress to a lower level with an acceptable supervisor report. Refer to *Table 1* in the [Levels of supervision](#) section of these guidelines.

Flexibility in supervisory arrangements is important to make sure diverse settings, complexities of different cases, individual capabilities and expectations are accommodated.

### Scope of these supervision guidelines

These guidelines only apply to internationally qualified nurses and/or midwives on initial registration in Australia and do not include:

- other categories of provisional or general registrants to which the NMBA's *Supervision guidelines for nursing and midwifery* apply
- supervision of students
- mentoring of new graduates or junior nurse and/or midwives, or
- supervision linked to performance review for professional development.

## 1. Principles for supervising

The NMBA has identified eight key principles to be applied in the supervision of internationally qualified nurses and midwives, in line with the objectives and guiding principles of the National Law:

1. Each supervisee (person being supervised) has a professional responsibility to work within the limits of their competence. The individual nurse or midwife must reflect upon and determine their own learning needs. Important consideration should go into the requirements of the specific position in which the supervisee is proposing to work and the purpose of the supervision requirements. Supervised practice must take place in a setting that meets the criteria outlined in these guidelines.
2. The state or territory Board of the NMBA specifies the period of supervised practice to be undertaken. This is based on an assessment of the application against Board-approved criteria.
3. The type and level of supervision must be matched to:
  - individual supervisee needs
  - level of risk associated with the position, and
  - supervisee capabilities.

Supervisory arrangements need to be modified over time, in keeping with progress made, and will generally need to be able to accommodate changes in supervisors (within the parameters agreed by the state or territory board of the NMBA).

4. Before supervision begins, the supervisor, the supervisee and state or territory board of the NMBA must enter into a supervision agreement that outlines the identity of the parties involved and the responsibilities of the supervisor and supervisee (see template in Appendix 2).
5. The supervisee's employer must allocate a principal supervisor as outlined in these guidelines. Secondary supervisors may be allocated to give supervision when the principal supervisor is not available. Secondary supervisors need to provide feedback to the principal supervisor. It is critical that supervisors have adequate time for their supervision role.
6. Before or soon after practice begins (i.e. within two weeks), the supervisee – in consultation with the supervisor – must complete and forward a supervised practice plan to the state or territory board of the NMBA. The supervised practice plan outlines the:
  - anticipated duration of the supervision period
  - nature of the supervision, and
  - reporting requirements, including the period for review – if it varies from the standard periods outlined in the supervision levels at Table 1 in the *Levels of supervision* section of these guidelines.

See also the *supervised practice plan* template.

7. The supervisee must make sure that reporting requirements are met as agreed in the *supervised practice plan*. However, the supervisor also has a responsibility to properly meet the requirements of the agreement they enter into with the state or territory Board of the NMBA and the supervisee on overseeing the supervisee's practice.
8. For the purposes of these guidelines, the relevant NMBA competency standards/standards for practice are the measure to be used in assessing competence to practice.

Nurses and/or midwives doing a period of supervised practice must work in areas that give them maximum opportunity to meet required competency standards/standards for practice. This may necessitate a number of rotations through different settings. For example, a supervisee seeking general registration as a midwife would be expected to demonstrate competence to provide pregnancy, labour, birth and postnatal care.

## 2. Planning supervision

It is important that the supervisee, in consultation with the supervisor, develops a supervised practice plan. The plan, as agreed by the supervisee, the supervisor and the state or territory Board of the NMBA, should also set accompanying reporting requirements.

The supervised practice plan sets out the supervision and reporting requirements to the NMBA or its delegate. A supervised practice plan, including the reporting requirements, will align with the Board-imposed conditions on registration, including review requirements.

The NMBA must receive the supervised practice plan before practice or within two weeks after practice begins.<sup>4</sup>

Supervised practice plans and all reports must be completed on the relevant templates (see Appendix 3, 4 & 5).

The relevant state or territory board of the NMBA must approve any proposed changes to the supervised practice plan before they are implemented.

## 3. Levels of supervision

The levels of supervision outlined in Table 1 below are designed to make sure the supervisee practices safely.

The level of supervision required will depend upon a number of factors that may include the:

- previous practice experience, qualifications, skills and attributes of the nurse or midwife
- the competence and suitability of the nurse or midwife
- policies of the organisation in which the supervised practice is being undertaken, and
- requirements of the relevant legislation e.g. Drugs, Poisons and Controlled Substances legislation.

In its approval of the nurse or midwife's supervised practice plan, the NMBA determines the starting level of supervision and the progression through levels of supervision, as agreed by all parties and according to satisfactory supervision reports.

If the supervisor directly, or through the supervision reports, raises concerns, the relevant state or territory board of the NMBA will accordingly amend the supervised practice plan as necessary.

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<sup>4</sup> The NMBA retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

Table 1: Levels of supervision summarises the two (2) levels of supervision and the likely reporting timeframe for each level. The table also lists the possible uses for the different levels of supervision.

Table 1: Levels of supervision

Level	Summary	Specifications	Proposed reporting frequency for level <sup>5</sup>	Example of possible use for level of supervision <sup>6</sup>
1	<p><b>Direct Supervision</b></p> <p>The supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients/clients)</p>	<p>The supervisor must be physically present at the workplace, observing at all times when the supervisee is providing clinical care, according to the supervised practice plan. The supervisee must consult with the supervisor about the nursing or midwifery care before delivering the care.</p> <p>Supervision by telephone is indirect and not permitted.</p> <p>If the approved supervisor is absent during any day the supervisor must make arrangements for alternative appropriate supervision. Ideally a secondary supervisor on the supervisee's supervision agreement will provide such temporary supervision.</p>	<p>Report within one month and then at three-monthly interval/s, while the supervisee is on Level 1 supervision.</p> <p>Before progressing to level 2 supervision.</p>	<p>As the highest level of supervision, this level may be used to determine the level of competence of the nurse or midwife and inform further levels of supervision under a supervised practice plan.</p>
2	<p><b>Indirect supervision</b></p> <p>The supervisor works in the same facility or organisation as the supervised nurse or midwife, but does not constantly observe their activities.</p> <p>The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee is delivering.</p>	<p>The supervisor should be present in the workplace when the supervisee is providing clinical care.</p> <p>The supervisor conducts regular reviews of the supervisee's practice. The supervisor must be available for case review or consultation if the supervisee requires assistance.</p> <p>Where the supervisor is not available the supervisor should arrange for alternative supervision. Ideally this would be the secondary supervisor on the supervisee's supervision agreement.</p>	<p>Report after initial one month and then at three-monthly interval/s while on level 2 supervision, or as per the supervised practice plan.</p>	

## 4. Requirements and responsibilities of supervisors

### Requirements

<sup>5</sup> This column refers to the usual reporting frequency but may be modified by the supervised practice plan. It should be noted, however, that the NMBA or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

<sup>6</sup> This column lists the typical use of a supervision level. It should be noted, however, that the NMBA may, at any time, exercise its discretion to determine the supervision level.

The following requirements apply for supervisors in a supervision arrangement:

- The nominated principal supervisor and secondary supervisors must meet the 'supervisor' definition specified in the [Definitions](#) section of these guidelines.
- The principal supervisor and secondary supervisors must be a registered nurse, enrolled nurse or midwife (as appropriate) who has completed a relevant course or period of training in assessing competence against the relevant competency standards/standards for practice.
- The supervisor must formally consent to act as a supervisor and must be approved by the NMBA. The supervisor must be able to comply with the requirements of the supervised practice plan.
- The supervisor must work with the supervisee to develop a supervised practice plan for submission and approval by the NMBA. The NMBA must receive the supervised practice plan prior to practice or within two weeks after commencing practice<sup>7</sup> (see Appendix 3).
- The relationship between supervisor and supervisee must be professional. As recommended in the NMBA's [codes of professional conduct](#), good practice involves avoiding any potential for conflict of interest in the supervisory relationship. For example, supervising someone who is a close relative or friend is a potential conflict of interest that could impede objectivity and/or interfere with the supervisee's achievements of learning outcomes or relevant experience.<sup>8</sup>
- Supervisors should not themselves be subject to supervisory arrangements, and their registration should not be subject to conditions or undertakings that would impact on their ability to effectively supervise the supervisee.

## Responsibilities

If you are a supervisor, the following responsibilities apply to you in the supervision agreement:

- Take reasonable steps, as required by the level of supervision, to ensure that the supervisee is practising safely. Include measures of direct observation, individual case review and remediation of identified problems.
- Give clear direction and constructive feedback.
- Be clear about how the nurse or midwife is to contact you when they are practising.
- Make sure the supervisee is practising according to the supervised practice plan and work arrangements approved by the NMBA. Report to the NMBA if the supervisee is not doing so.
- Make sure the supervisee:
  - understands their legal responsibilities and the constraints within which they must operate
  - follows the ethical principles that apply to the profession, and
  - acts in accordance with your directions as supervisor.
- Understand the significance of supervision as a professional undertaking. Your commitment to this role includes regular, protected and scheduled time with the supervised nurse or midwife. This time should be free from interruption, according to the supervised practice plan.
- Disclose to the NMBA any potential conflict of interest, such as a personal relationship or business partnership with the supervisee.
- Be accountable to the NMBA. Provide honest, accurate and responsible reports in the approved format at intervals determined by the supervised practice plan and levels of supervision within these guidelines.
- Understand that your assessment of the nurse or midwife under supervision will inform the type and amount of supervision required according to the supervised practice plan.
- Delegate only those tasks that are
  - suitable to the role of the person being supervised, and
  - within the scope of training, competence and capability of the supervisee.
- Notify the NMBA immediately if:
  - your relationship with the supervisee breaks down
  - you have concerns that the supervisees' clinical performance, conduct or health is placing the public at risk

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<sup>7</sup> An early request for extension to the NMBA is required if the supervised practice plan cannot be completed and submitted to the NMBA within a two week period.

<sup>8</sup> Nursing and Midwifery Board of Australia, Codes of professional conduct, available at [nursingmidwiferyboard.gov.au](http://nursingmidwiferyboard.gov.au)

- the supervisee is not complying with Board-imposed conditions or is in breach of any requirements on registration
- the supervisee is not complying with the supervision requirements
- there are any significant changes to supervision requirements
- you are no longer able to provide the level of supervision that the supervised practice plan requires. The supervised practice plan should indicate what, if any, leave arrangements are in place for the supervisor.

## 5. Responsibilities of supervisees

If you are a supervisee, the following responsibilities apply to you in the supervision agreement.

You must:

- submit a contract or acceptance letter to the NMBA before the program/practice begins
- complete and forward a supervision agreement before practice (Appendix 2)
- work with the supervisor to develop a supervised practice plan for submission and approval by the NMBA. The Supervised Practice Plan must be submitted at the time of application or within two weeks of commencing practice (Appendix 3)
- take joint responsibility for putting in place a schedule of regular meetings with your supervisor; make all reasonable efforts within your control to ensure that these meetings take place
- be sufficiently prepared for meetings with your supervisor
- participate in assessments conducted by your supervisor to help determine your progress and future supervision needs, and
- recognise the limits of your professional competence and seek your supervisor's guidance and help, as required. Follow your supervisor's directions and instructions
- familiarise yourself and comply with regulatory and professional responsibilities applicable to your practice
- advise your supervisor immediately of any issues or clinical incidents during the period of supervision which could adversely impact on patient care
- reflect on and respond to feedback
- inform the NMBA and your supervisor if
  - the conditions or requirements of your supervision are not being met, or
  - the relationship with your supervisor breaks down.
- inform the NMBA and your supervisor of any leave or breaks in practice that may affect your period of supervised practice
- using the *Change in supervisor form* downloadable on the [NMBA website](#), notify the NMBA in writing within seven calendar days if your approved supervisor is no longer able to give supervision. Immediately cease practice if there is no back-up or secondary supervisor available, as specified in the supervised practice plan

## 6. Reporting requirements

The reporting requirements for a supervisee are listed in the supervised practice plan agreed by the state or territory board of the NMBA the supervisor and the supervisee. Levels of supervision (refer to Table 1: Levels of Supervision) inform the reporting requirements.

The NMBA may, at any time:

- exercise discretion about the frequency and structure of a report
- require a supervisor to provide a verbal report to the NMBA, if there are immediate concerns.

The supervised practice plan specifies the:

- frequency of reporting<sup>9</sup>
- content and supporting evidence of progress required in each report and
- format of the report.

If the supervisee is on level 1 supervision for an extended period, a report after an initial one month period and then at three monthly intervals is required. If the supervisee is on level 2 supervision reports after an initial one month and then at three-monthly intervals will be required, unless set out otherwise in the supervised practice plan (or conditions of registration). See Table 1: levels of supervision.<sup>10</sup>

The supervision formative and summative reports should give details against the requirements of the supervised practice plan and explain whether or not the elements of the supervised practice plan are being met. If not, the reports should detail the measures in place to address those elements not achieved.

Unless otherwise agreed by the NMBA, supervision reports are assessments by the supervisor against the relevant NMBA competency standards/standards for practice.

Supervision reports should also include:

- changes in supervisory arrangements over time (including changes in levels) agreed in the supervised practice plan
- achievements by the supervisee, and
- any emerging issues.

Supervision report templates can be found in Appendix 4 and 5.

## 8. Definitions

The following definitions are references for these supervision guidelines:

**Practice** means any role, remunerated or not, where the individual uses their skills and knowledge as a health professional. For the purposes of the registration standard on recency of practice, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients, in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that affect safe, effective delivery of services in the profession and/or use the nurse or midwife's professional skills.

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<sup>9</sup> The NMBA retains the discretion to amend the reporting frequency of any registrant.



**Supervision** for the purpose of these guidelines incorporates direction and guidance. It is a formal process of professional support and learning which allows a nurse or midwife (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be *direct*, *indirect* or *remote* according to the nature of context under which the practice is being supervised. A supervisor in the context of a supervision practice plan is required to provide reports to the NMBA at determined intervals.

**Direct supervision** (level 1) is when the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients/clients). The supervisor must be physically present at the workplace, and supervision must include observation of the supervisee when they are providing care. Direct supervision is the highest level of supervision (see *Table 1: Levels of supervision*).

**Indirect supervision** (level 2) is when the supervisor is easily contactable and available to observe and discuss the nursing or midwifery care the supervisee is delivering. (see *Table 1: Levels of supervision*).

A **supervisor** is a suitably qualified and experienced enrolled or registered nurse or midwife who supervises an individual undertaking a Board-approved period of supervised practice. The supervisor assesses, monitors, gives feedback and reports to the NMBA about the performance of the nurse or midwife under supervision. Ideally a supervisor will have more than two years experience as a nurse/midwife and have completed a preceptorship/supervisor course. A supervisor must be:

- working and registered in the same registration category with the NMBA in which the supervisee is seeking re-registration
- registered with no conditions relating to unsatisfactory professional performance or unprofessional conduct

A **supervisee** is an internationally qualified nurse/midwife registered with conditions that requires supervision. The supervisee practices under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

A **supervision agreement** is a written agreement between the supervisor and the supervisee that is submitted to the NMBA (see template in Appendix 2). The supervision agreement identifies the supervisor/s and the supervisee, the place of practice and the agreed responsibilities of all parties.

A **supervised practice plan** is an agreed plan by the NMBA, the supervisor and supervisee. The supervised practice plan sets out the objectives for supervision, levels, type and amount of supervision required and how the supervision is to occur (see template in Appendix 3).

The supervised practice plan should reflect a balance between the need for the supervision, the nurse or midwife's current level of training, competence and scope of practice and the position in which the supervisee will be practising.

A **supervision report** is a document (may be multiple) submitted in a Board-approved format (see attachments 4 & 5) at intervals agreed in the Supervised Practice Plan and details progress against the Supervised Practice Plan. A supervisor may submit additional supervision reports at any time and as mandated if there are any changes proposed to the supervised practice plan or if there are concerns about the supervisee.

<b>Date of issue:</b>
<b>Date of review:</b> This guideline will be reviewed at least every three years
<b>Last reviewed:</b>