

Guidelines

July 2015

Supervision guidelines for nursing and midwifery

The Nursing and Midwifery Board of Australia (NMBA) has developed supervision guidelines for 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](#)).

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

- persons supervising nurses and/or midwives
- nurses and/or midwives under supervision, and
- decision-makers in registration and notification matters resulting in supervision arrangements (examples of decision-makers are members of a panel or tribunal deciding on a supervised practice plan arising out of a health, conduct or performance matter).

The guidelines set out the following:

- Principles for supervising
- Levels of supervision
- Requirements and responsibilities of supervisors
- Responsibilities of supervisees
- Reporting requirements
- Definitions.

Importance of supervision

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

Appropriate supervision provides assurance to the community that a nurse and/or midwife's practice is safe and does not place the public at risk. From the NMBA's regulatory perspective these guidelines set out the principles that are central to safe and effective supervision of a nurse and/or midwife.

Who is supervised?

Nurses and/or midwives may be required to work under supervision if they:

- hold provisional registration
- hold general registration with conditions or undertakings related to their registration
- are returning to practice after an absence of five years or more in accordance with the NMBA's [Recency of practice registration standard](#)
- need to address a health, conduct, recency of practice, or performance issue that has been assessed as affecting safe and/or competent practice
- were registered on the basis of [a sole qualification in mental health, paediatric or disability nursing](#), and make a significant change to their context of practice.¹

¹ For example, nurses or midwives moving back into a clinical role from a non-clinical role.

Supervision requirements are tailored to the purpose of supervision taking into account the nurse and/or midwife's particular circumstances, and their experience and learning needs.

The relevant state or territory board or registration committee 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, and individual capabilities and expectations are accommodated.

Scope of these supervision guidelines

These guidelines, and the principles they contain, may be considered in a range of registration and notification matters that require supervision arrangements. The scope of these guidelines does not include:

- supervision of students
- mentoring of new graduates or junior nurse and/or midwives, or
- supervision linked to performance review for professional development.

1. Principles of supervision

The NMBA has identified ten key principles to be applied to the supervision of nurses and/or 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 and/or midwife must assess and determine their own learning needs with assistance from their supervisor as required. It is important to match the supervision requirements to the requirements of the specific position in which the supervisee is proposing to work. Supervised practice must take place in a setting that meets the criteria outlined in these guidelines.
2. The relevant state or territory board or registration or notification committee of the NMBA specifies the period of supervised practice to be undertaken. This is based on an assessment of the application for registration against NMBA-approved criteria.
3. The type and level of supervision must be matched to:
 - purpose of the supervision
 - individual supervisee needs
 - level of risk associated with the position, and
 - supervisee capabilities.
4. Supervisory arrangements should be modified regularly in line with the supervisee's progress and any changes in supervisors (within the parameters agreed by the relevant state or territory board or registration committee of the NMBA).
5. Before supervision begins, the supervisor, the supervisee, and relevant state or territory board or registration committee 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.
6. The supervisee's employer/education provider must allocate a principal supervisor as outlined in these guidelines. Secondary supervisors may be allocated to provide 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.

7. Before, or within two weeks after supervised practice begins², the supervisee – in consultation with the supervisor – must complete and forward a [Supervised practice plan](#) to the relevant state or territory board or registration committee of the NMBA³. The plan should be aligned with any NMBA-imposed conditions and outline 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.
8. 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 meet the requirements of the agreement they enter into with the relevant state or territory board or registration committee of the NMBA and the supervisee, on overseeing the supervisee’s practice.
9. The NMBA’s standards for practice should be used in assessing competence to practice. These are located under [Professional Codes and guidelines](#) on the NMBA website.
10. Nurses and/or midwives undertaking a period of supervised practice must work in areas that give them the maximum opportunity to meet the required standards for practice. This may necessitate a number of rotations through different settings within the same place of practice/education provider. For example, a supervisee seeking general registration as a midwife should have the opportunity to demonstrate competence in providing pregnancy, labour, birth, and postnatal care.

2. Levels of supervision

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

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

- purpose of supervision
- previous practice experience, qualifications, skills, and attributes of the supervisee
- durations of any period of absence from practising the profession, and the duration of the prior period of practice⁴
- level of risk associated with the purpose of supervision
- policies of the organisation in which the period of supervised practice is being undertaken
- requirements of the relevant legislation e.g. Drugs, Poisons and Controlled Substances legislation, and
- requirements, where relevant, imposed by a third party (e.g. tribunal) under the National Law.

When approving the *Supervised practice plan* the relevant state or territory board or registration committee of the NMBA determines the starting level and progression through levels of supervision, as agreed by all parties and subject to satisfactory supervision reports.

² The relevant state or territory board or registration committee of the NMBA retains the discretion to amend any aspect of the supervision practice plan, including the nominated supervisor.

³ An early request for extension to the relevant state or territory board or registration committee of the NMBA is required if the supervised practice plan cannot be completed and submitted to the relevant state or territory board or registration committee of the NMBA within a two week period.

⁴ The relevant state or territory board or registration committee of the NMBA retains the discretion to amend any aspect of the supervised practice plan, including the nominated supervisor(s). An early request for extension to the relevant state or territory board or registration committee of the NMBA is required if the supervised practice plan cannot be completed and submitted to the National Board within a two week period.

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 ⁵	Example of possible use for level of supervision ⁶
1	<p>Direct supervision</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.</p> <p>Supervision by telephone is indirect and not permitted.</p> <p>The supervisee must consult with the supervisor about the nursing or midwifery care before delivering the care.</p>	<p>Report after initial one month period, 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:</p> <ul style="list-style-type: none"> to determine the level of competence of the nurse and/or midwife and inform further levels of supervision under a supervised practice plan, or in a supervised practice plan arising from a health, conduct or performance matter.
2	<p>Indirect supervision</p> <p>The supervisor and supervisee share the responsibility for individual patients.</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>According to the supervised practice plan, the supervisor must be physically present at the workplace (unit/clinic/ward) for the majority of time when the supervisee is providing clinical care.</p> <p>The supervisee must inform the supervisor at agreed intervals about the management of each patient; this may be after delivering care.</p> <p>If the approved supervisor is temporarily absent during any day, then the supervisor must make appropriate arrangements for alternative supervision,</p>	<p>Reports after an initial one month period, and then at three-monthly intervals, unless set out otherwise in the Supervised practice plan (or conditions of registration).</p>	<p>This level may be used:</p> <ul style="list-style-type: none"> for provisional registration for teaching when clinical practice is also being undertaken for provisional registration for postgraduate training or supervised practice In a supervised practice plan arising from a health, conduct or performance matter.

⁵ This column refers to the usual reporting frequency but may be modified by the supervised practice plan. It should be noted, however, that the relevant state or territory board or registration committee of the NMBA or the supervisor may, at any time, exercise its discretion to ask for/provide a report.

⁶ This column lists the typical use of a supervision level. It should be noted, however, that the relevant state or territory board or registration committee of the NMBA may, at any time, exercise its discretion to determine the supervision level.

Level	Summary	Specifications	Proposed reporting frequency for level ⁵	Example of possible use for level of supervision ⁶
		to provide temporary oversight. Ideally a secondary supervisor on the supervisee's supervision agreement will provide such temporary supervision.		

3. Requirements and responsibilities of supervisors

Requirements of supervisors

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 supervisor/s must be a registered nurse, enrolled nurse, or midwife (as appropriate) who has ideally completed a relevant course or period of training in assessing competence against the relevant standards for practice.
- The supervisor must consent formally to act as a supervisor and must be approved by the relevant state or territory board or registration committee of 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 relevant state or territory board or registration committee of the NMBA. The relevant state or territory board or registration committee of the NMBA must receive the *Supervised practice plan* prior to practice or within two weeks after commencing practice.⁷
- The relationship between supervisor and supervisee must be professional. As recommended in the NMBA [codes of 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.⁸
- 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 of supervisors

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.

⁷ An early request for extension to the relevant state or territory board or registration committee of the NMBA is required if the supervised practice plan cannot be completed and submitted to the relevant state or territory board or registration committee of the NMBA within a two week period.

⁸Formally known as national competency standards.

- Give clear direction and constructive feedback.
- Ensure that the nurse and/or midwife can make contact with you when they are practising.
- Ensure that the supervisee is practising in accordance with the *Supervised practice plan* and work arrangements approved by the relevant state or territory board or registration committee of the NMBA. Report to the relevant state or territory board or registration committee of the NMBA if the supervisee is not doing so.
- Ensure that 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 and/or midwife. This time should be free from interruption as per the supervised practice plan.
- Understand and utilise the [Framework for assessing standards for practice⁸ for registered nurses, enrolled nurses and midwives](#) during supervision and reporting (enrolled and registered nurse only).
- Disclose to the relevant state or territory board or registration committee of the NMBA any potential conflict of interest, such as a personal relationship or business partnership, with the supervisee.
- 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 and/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 relevant state or territory board or registration committee of the NMBA immediately if:
 - your relationship with the supervisee breaks down
 - you have concerns that the supervisee’s clinical performance, conduct, or health is placing the public at risk
 - the supervisee is not complying with relevant state or territory board or registration committee of the NMBA-imposed conditions or undertakings accepted, 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.

4. Responsibilities of supervisees

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

You must:

- Submit an employment contract/program acceptance letter or course enrolment confirmation to the relevant state or territory board or registration committee of the NMBA before the program/practice begins.
- Work with the supervisor to develop a *Supervised practice plan* for submission and approval by the relevant state or territory board or registration committee of the NMBA. The *Supervised practice plan* must be submitted at the time of application or within two weeks of commencing practice.
- Take joint responsibility for putting in place a schedule of regular meetings with your supervisor and 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.
- Recognise the limits of your professional competence and seek your supervisor's guidance and assistance as required.
- 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 impact adversely on patient care.
- Reflect on and respond to feedback.
- Inform the relevant state or territory board or registration committee of 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 relevant state or territory board or registration committee of the NMBA and your supervisor of any leave or breaks in practice that may affect your period of supervised practice.
- Use the [Request for change in circumstances for nurses and midwives undertaking supervised practice \(form ACCL-40\)](#) available on the NMBA website and notify the relevant state or territory board or registration committee of the NMBA in writing within seven (7) 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.

5. Reporting requirements

The reporting requirements for a supervisee are listed in the supervised practice plan agreed by the relevant state or territory board or registration committee of the NMBA, the supervisor and the supervisee, or those specified by another entity such as a panel or tribunal. The levels of supervision inform the reporting requirements (refer to Table 1: Levels of Supervision).

The relevant state or territory board or registration committee of 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 relevant state or territory board or registration committee of the NMBA if there are immediate concerns.

The supervised practice plan specifies the:

- frequency of reporting⁹
- 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 month period, 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.

The formative and summative reports of the supervision should give details of the requirements of the *Supervised practice plan* and explain whether or not the elements of the *Supervised practice plan* are being met. If not, reports should detail the measures that have been put in place to address those requirements which have not been achieved.

Unless otherwise agreed by the relevant state or territory board or registration committee of the NMBA, supervision reports are assessments by the supervisor against the relevant NMBA 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.

The *Supervision agreement*, supervision formative and summative report templates, and the *Supervised practice plan* template are available on the [NMBA website](#).

6. Definitions

The following definitions are applicable to these supervision guidelines:

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).

Mentoring in the context of a re-entry plan is a relationship in which the mentor facilitates the personal and professional growth and development of another nurse and/or midwife (the *mentee*). Mentoring may also be relevant where a nurse and/or midwife is changing their scope of practice. The mentor assists with career development and guides the mentee through professional networks. The NMBA considers the mentor relationship as less formal than that of a supervisor role. Supervision arrangements include elements of mentoring.

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 and/or midwife's professional skills.

⁹ The relevant state or territory board or registration committee of the NMBA retains the discretion to amend the reporting frequency of any registrant.

A **supervisee** is a nurse/midwife holding provisional registration or registration with conditions or undertakings, or who has entered into an undertaking that requires supervision. The supervisee practises under the oversight and direction of a supervisor to meet the objectives of a supervised practice plan.

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 and/or midwife (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be *direct* or *indirect* 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 relevant state or territory board or registration committee of the NMBA at determined intervals.

A **supervision agreement** is a written agreement between the supervisor and the supervisee that is submitted to the relevant state or territory board or registration committee of the NMBA. The supervision agreement identifies the supervisor/s and the supervisee, the place of practice and the agreed responsibilities of all parties

A **supervisor** is a suitably qualified and experienced enrolled or registered nurse and/or midwife who supervises an individual undertaking an NMBA-approved period of supervised practice. The supervisor assesses, monitors, provides feedback, and reports to the relevant state or territory board or registration committee of the NMBA about the performance of the nurse and/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 **supervised practice plan** is an agreed plan by the relevant state or territory board or registration committee of 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.

The supervised practice plan should reflect a balance between the need for the supervision, the nurse and/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 an NMBA-approved format 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.

Document control

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