



# **Submission to Nursing and Midwifery Board of Australia**

**Public Consultation: Draft Enrolled Nurse  
Standards for Practice**

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## **Introduction**

The Queensland Nurses' Union (QNU) thanks the Nursing and Midwifery Board of Australia (NMBA) for the opportunity to make a submission regarding the amendments to the 'Competency Standards for Enrolled Nurses in Australia'.

The QNU represents all categories of workers that make up the nursing workforce in Queensland including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care. The QNU also retains specialist lawyers to assist its members in their dealings with the NMBA and Australian Health Practitioner Regulation Agency (AHPRA).

Our more than 50,000 financial members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU and our membership continues to grow.

The proposal to amend the current 'Competency Standards for Enrolled Nurses in Australia' will have significant effect on the professional practice of all of our members. We believe the process and format for stakeholder feedback as provided by Monash University is inadequate and biased towards a particular conclusion in favour of the amendments. For this reason, we have not completed the survey and request the NMBA to accept this submission as our position on the matter.

The QNU supports clear and concise articulation of the practice standards for enrolled nurses that is in keeping with educational preparation and is consistent with the objects of the National Registration and Accreditation Scheme. The QNU considers that while there are a number of positive features to the proposed practice standards, there are also aspects of concern, which will be outlined below.

## **Current Standards**

The current competency standards for the enrolled nurse provide a solid base for establishing the scope of practice of enrolled nursing as well as assessing the competency and practice of both the beginning practitioner and the experienced practitioner.

The QNU believes it is very important that all enrolled nurses, whether beginning or advanced practitioners, can clearly identify and articulate the minimum standards of competency and practice that they have been educationally prepared for, regardless of the individual's qualification or when that qualification was gained.

The educational preparation of Australia's 60,000 enrolled nurses is wide and varied, including Hospital-based Certificate, Certificate IV in Nursing, Diploma of Nursing or Advanced Diploma of Nursing. Recent graduates of the Diploma or Advanced Diploma in Nursing will have a much wider scope of practice, even as a beginning practitioner, than those who completed the (former) Certificate IV in Nursing. Also, when looking at the extent and content of the core and elective units of study in the present day Diploma of Nursing courses, it is evident that current beginning practitioners will have a wider scope of practice than those experienced enrolled nurses who completed the Diploma of Nursing or a hospital-based certificate some years ago and have not completed any post-graduate qualifications.

In contrast, the educational preparation for registered nurses in Australia for more than 20 years has been a Bachelor degree as the minimum standard required for registration. The differences between the Bachelor and Diploma levels of education are evident in the language used in the NMBA's professional practice framework for both the registered nurse and the enrolled nurse and reflect the degree of autonomy afforded by the NMBA to the registered nurse and the degree of nursing supervision required by the enrolled nurse.

The QNU believes that any review and alteration of the current competency standards for the enrolled nurse must continue to reflect the differences in educational preparation for enrolled nurses and registered nurses, in acknowledgement of the fact that successful completion of the Bachelor degree is evidence that the graduate possesses a level of critical thinking and analysis that is not demonstrated within the academic competencies of a Diploma course, but is a level that is essential for public safety and positive client outcomes.

## **Language**

When considering a revision of competency standards for differing levels of nurse, one must always consider the practical application of the standards through the working relationship between *the* registered nurse and *the* enrolled nurse providing the hands-on care in a specific healthcare unit. This is because the practice standards must not only provide a reference for the assessment of competence; they must also provide clarity and certainty for the working relationship of the two individual nurses. Practice standards which create confusion and uncertainty in the working or professional relationship between the two nurses will eventually lead to negative outcomes for clients and will also create doubt regarding accountability.

For there to be certainty at the bedside and accountability by the practitioner, there must be clarity in the language of the practice standards. The current NMBA professional practice framework contains such clarity; unfortunately the QNU believes that the proposed Practice Standards for the Enrolled Nurse do not, as explained below.

## **'Point of Reference'**

The current competency standards for the enrolled make it clear that the practice of the enrolled nurse is to be supervised by the registered nurse. It creates a clear line of accountability and informs the registered nurse that the practice of an enrolled nurse is not autonomous.

The proposed practice standards relegate the registered nurse to a 'point of reference'. This of course will indicate to an enrolled nurse that he/she has discretion, in all circumstances of providing care, regarding whether supervision, guidance or assistance is required from a registered nurse. However, from a practical perspective, we believe the NBMA would agree that granting such discretion to the enrolled nurse, in all contexts of care and across the continuum of practice from beginning to advanced, would be inappropriate, would place the public at risk and is certainly not reflective of the level of educational preparation of the enrolled nurse.

We are of course cognisant of workforce realities that create pressures upon employers to encourage enrolled nurses to expand their practice. However we are also acutely aware that the scope of enrolled nursing practice has limitations, particularly in the domains of critical thinking and analysis, which is where the supervision of the registered nurse is vital to ensure clarity in the professional working relationship, positive client outcomes and continued public safety.

The QNU submits to the NMBA that the proposed practice standards, at Indicator 3.3, must clearly state that the enrolled nurse, in all contexts of care, will be supervised by the registered nurse.

## **Terminology**

Client-centred care is the cornerstone of modern nursing care and any contemporary practice standards for nursing should embody such a model. Similarly, culturally sensitive care is one hallmark of the modern nurse and the standards should also articulate those values. We also note references to enrolled nurses assisting with midwifery care. It should be explicit within the enrolled nurse practice standards that when assisting midwives, enrolled nurses are not acting as regulated health practitioners in midwifery care and will require a higher degree of supervision than when performing nursing care.

The QNU submits that:

- In the Domain 'Provision of Care',

- any references to collaboration in the provision or planning of nursing care must include collaboration with the client;
- In the Domain 'Professional and Collaborative Practice':
  - a dot point should be added to establish that any nursing care being provided is sensitive to cultural and linguistic diversity, thereby enhancing the rights of CALD clients.
  - Requiring the enrolled nurse to report unethical behaviour to the 'person in authority' is inappropriate, given that the person in authority, if not an RN, will not be cognisant of, or be authorised to make a decision about, the ethical standards required of nurses. The person to whom an enrolled nurse will report to regarding any positive or negative aspects of nursing care must always be the registered nurse.

## **Professional Relationships**

The QNU is cognisant of the current and future workforce pressures that appear to drive some of the proposed Indicators. When comparing the current competency standards with the proposed practice standards, it becomes evident that there is an impetus to weaken of the strong professional relationship between the registered nurse and the enrolled nurse. However, the aspects of this relationship must remain strong and unambiguous for the benefit of public safety and in keeping with the educational preparation of both divisions of nursing.

Workforce pressures affecting the provision of quality nursing care should be addressed in the Industrial and Education arenas. It is not appropriate to expand the scope of practice of the enrolled nurse into the interpretative and analytical aspects of nursing when their educational preparation does not guarantee that they are equipped to perform those functions.

We respectfully remind the Board that the Codes and Guidelines for the nursing profession are authorised and created under the National Law to meet the guiding principle to "*ensure health services are provided safely and are of an appropriate quality*".

With regard to the enrolled nurse's professional relationship with other members of the healthcare team, our specific concerns are detailed below.

### **Collaboration**

Several indicators within the Standards refer to the enrolled nurse collaborating with other members of the multidisciplinary team or healthcare team. The enrolled nurse is the associate of, and responsible to, the registered nurse and, although a valued member of the

healthcare or multidisciplinary team, is not an autonomous practitioner within the nursing contribution to those teams.

We recommend that such Indicators should clearly articulate that the enrolled nurse collaborates with the registered nurse when providing professional contributions to the healthcare or multidisciplinary team.

### **Reporting**

Several indicators within the Standards also refer to the enrolled nurse reporting to a 'person in authority', or reporting to an unspecified entity, rather than reporting directly to the registered nurse. Reporting the outcomes of nursing care to a person who is not a registered nurse is unlikely to result in an appropriate nursing evaluation of the interventions provided, the client's continuing needs, or the specific context of care. In exceptional circumstances where an enrolled nurse may have concerns about the particular registered nurse they are working with, the enrolled nurse should report the matter to another registered nurse where possible.

We recommend that such Indicators should clearly and unambiguously articulate that the enrolled nurse reports the outcomes of nursing care to a registered nurse only.

### **Midwifery**

Indicator 5.5 states "*Clarifies orders for nursing care with the Registered Nurse/Midwife when unclear*". A midwife is not authorised to give orders for nursing care and an enrolled nurse assisting a midwife with maternity care is not acting under any regulatory authority. The drafting of this indicator is evidence of the authors' very basic lack of understanding of the distinction between nursing and midwifery. Midwifery is no longer only a post-nursing qualification and many midwives with a nursing background do not maintain their nursing registration. As such, an enrolled nurse cannot assume that a midwife is also on the Register of Practitioners as a registered nurse.

We recommend that Indicator 5.5 be amended to remove the word Midwife.

### **Autonomy**

Providing the enrolled nurse with authority to act autonomously in the assessing, planning, provision and evaluation of nursing care is not in keeping with the educational preparation provided by the historical qualifications leading to registration as an enrolled nurse.

Any nursing qualification less than a Bachelor degree fails to demonstrate academically that the registrant is equipped with the necessary critical thinking and analysis to accurately interpret assessment or examination data. Qualifications leading to registration as an enrolled nurse certainly equip the registrant to collect and distinguish normal from abnormal in examination data, which is a core function of the enrolled nurse; however the interpretation of that data for the purpose of planning care is the exclusive role of the registered nurse.

The QNU recommends that all references to the enrolled nurse planning care clearly articulate that the enrolled nurse collaborates with the registered nurse in developing the nursing care plan and that the registered nurse retains accountability for the formulation and documentation of the plan.

### **Supervision**

One of the critical aspects of the relationship between enrolled nurses and registered nurses is that of the delegation of nursing care and the supervision of the provision of that care by the registered nurse. Reducing the role of the registered nurse to 'a point of reference' has high potential to instil in enrolled nurses a false sense of autonomy in the provision of care and an inappropriate belief that seeking supervision and direction from the registered nurse is optional.

Of greater concern is the fact that the absence of clear supervisory responsibilities will create uncertainty as to the personal accountability for quality care. At present, it is clear that the registered nurse retains accountability for delegating to and supervising the practice of the enrolled nurse, with the enrolled nurse retaining accountability for their own practice. Relegating the registered nurse to a 'point of reference' will blur those clear lines of accountability, which would appear to run contrary to the objective of the National Law to protect the public.

The retention of the supervisory role of the registered nurse is crucial to quality care, particularly within aged care. The current definition of clinically-focussed indirect supervision states that the supervising registered nurse can be within the same organisation. Many aged care employers already exploit this definition by having the supervising registered nurse stationed away from the site where the enrolled nurse practices, in some instances by many tens of kilometres. The QNU predicts that removing the supervisory role of the registered nurse will be seen by many aged care employers as a reason not to employ registered nurses in aged care, which would be a disastrous outcome for our older Australians.

The QNU strongly recommends that the practice standards create clarity in responsibility and accountability for critical thinking and decision-making in nursing care by ensuring the role of the registered nurse is a supervisory role and not a 'point of reference'.

### **Specific Comment on Individual Standards**

The language used in the Standards generally fail to provide clarity with regard to the relationship with the registered nurse, often referring the enrolled nurse to other employees who might not be nurses and therefore not understand nursing practice. The QNU recommends that the following indicators read: (altered words or phrases are underlined)

#### **Professional and Collaborative Practice**

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

1.7 Respectfully refuses to undertake activities where education, competence and authority has not been demonstrated to the RN.

2.9 Reports incidents of unethical behaviour immediately to the RN providing supervision and who has delegated the activity and, where appropriate, contributes to the exploration and development of strategies to prevent recurrence.

#### **Provision of Care**

Standard 4. Synthesises information from a range of sources in order to contribute to the planning of appropriate nursing care.

4.3 Contributes to the development, monitoring and maintaining of a plan of care in collaboration with the registered nurse and other members of the multidisciplinary team.

4.4 Uses health care technology appropriately according to established competencies, as delegated by the registered nurse.

Standard 5. Collaborates with the registered nurse and the healthcare team when contributing to the development of plans of care

5.2 Collaborates with the registered nurse and members of the multidisciplinary healthcare team in the provision of nursing care.



5.4 Manages and prioritises own workload in accordance with nursing care plans

5.6 Under the supervision of the registered nurse contributes to and collaborates in decision-making through participation in multidisciplinary healthcare team meetings and case conferences.

6.7 Exercises time management and own workload prioritisation

6.8 Recognises when the physical or mental health of a person receiving nursing care is deteriorating, reports to the registered nurse and seeks appropriate assistance.

Standard 7. Utilises documentation to inform and report nursing care to the registered nurse and other members of the multidisciplinary healthcare team.

7.2 Reports the health and functional status of people receiving care to the registered nurse in a timely manner.

7.4 Prepares and delivers written and verbal care nursing care reports such as clinical handover, as delegated by the registered nurse.

7.5 Provides accurate, appropriate information to enable informed decision making by the registered nurse.

### **Reflective and Analytical Practice**

8.1 Consults with the registered nurse who guides decision making.

8.2 Consults the Decision Making Framework in the Codes and Guidelines of the NMBA when seeking to expand the scope of practice.

8.3 Incorporates evidence for best practice in consultation with, and as delegated by, the registered nurse.

8.4 Uses professional judgment to determine when a nursing care activity is outside scope of practice and advises the Registered nurse.

8.5 Actively engages in Quality Improvement activities to enhance evidence based practice within own scope of practice.

8.6 Consults with the registered nurses and resources to improve and expand current practice.

Standard 9. Practises within safety, quality improvement and clinical practice standards.

9.1 Participates with the registered nurse in quality improvement programs and compliance with professional nursing standards.

9.2 In consultation with the registered nurse, analyses risk and implements strategies to minimise risk.

9.3 Reports safety breaches and near misses to the registered nurse according to legislative requirements and facility policies and procedures.

9.4 Practises safely within own scope of practice, clinical practice standards and guidelines, legislative requirements and safety policies and protocols.

10.5 Consults with the registered nurse to identify potential areas of personal and professional development that could be pursued.

### **Unnecessary Indicators**

The QNU believes the following Indicators should be deleted from the Standards:

*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.*

The supervision of nursing care by non-nurses is the exclusive role of the registered nurse. Non-nurses includes assistants in nursing, personal carers and students of nursing. Enrolled nurses may allocate duties, usually in accordance with established delegations, or may provide orientation to the work environment, however the clinical supervision of delegated nursing care must be provided by the registered nurse.

*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.*

This Indicator is redundant, given that continuing professional development is a Registration Standard pursuant to the National Law and is not a Practice Standard.

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

This Indicator is redundant, given that the promotion of a positive image as a nurse, both to those receiving care and to the wider community, is inherent within other Codes and Guidelines of the NMBA, particularly the Professional Code of Conduct for Nurses in Australia.

## **Summary**

The QNU is very concerned that the proposed 'Practice Standards for the Enrolled Nurse' will create uncertainty for both enrolled nurses and registered nurses with regard to their professional relationships. The enrolled nurse, if reporting to a person other than a registered nurse, will not receive appropriate advice relevant to the provision of quality nursing care. If the supervision of the nursing practice of enrolled nurses is provided by any person other than a registered nurse, quality care will deteriorate and the public will be put at risk of harm.

Whilst the current minimum standards for approved programs of study for enrolled nursing are much higher than they have been in the past, enrolled nurses are not educationally prepared for the critical thinking and analysis required to autonomously provide nursing care. Further, when considering the degree of direction and guidance required by an individual enrolled nurse, the Practice Standards must be applicable equitably to all enrolled nurses, including those who have attained registration through a Certificate IV in Nursing or a Hospital-based nursing course.

## **Recommendations**

1. That the reference in the Practice Standards to the registered nurse being a 'point of reference' be removed.
2. That the Practice Standards clearly articulate that the registered nurse is the supervisor of the enrolled nurse in the provision of nursing care.
3. That the Practice Standards require the enrolled nurse to collaborate with the registered nurse when making contributions to the care plan and also with the care recipient in the planning and provision of that care.
4. That the Practice Standards clarify that when an enrolled nurse is assisting a midwife in midwifery care, enrolled nurses are an unregulated midwifery care worker and will require a higher degree of direction and supervision.
5. That the Practice Standards consistently articulate that the enrolled nurse is required to report the outcomes of nursing care only to a registered nurse. That the Practice

Standards be consistent with the educational preparation of all enrolled nurses within Australia and not reactive to workforce pressures or suboptimal skill mixes that encourage enrolled nurses to act outside their individual scopes of practice.

6. That the Standards and Indicators listed above be amended as suggested to ensure the Standards provide clarity, certainty, responsibility and accountability, all of which meet the objectives of the National Law.
7. That the NMBA carries out a thorough investigation of the risks involved when an enrolled nurse works without the supervision of a registered nurse and develops appropriate strategies for addressing this rather than diminish the current Standards.

Further to our recommendations above, the QNU wholly supports the submission made to the NMBA on this subject matter by the Australian Nursing and Midwifery Federation.