



Aboriginal and Torres Strait  
Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery  
Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

## Response template: Public consultation - proposed *Supervised practice framework* and supporting documents

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The National Boards (excluding Pharmacy and Psychology) and Australian Health Practitioner Regulation Agency (AHPRA) are seeking feedback about the proposed *Supervised practice framework* (framework) and supporting documents.

This response template is an alternative to providing your response via the online survey available on [our website](#).

### IMPORTANT INFORMATION

#### Privacy

Your response will be anonymous unless you choose to provide your name and/or the name of your organisation.

The information collected will be used by AHPRA to evaluate the proposed framework and supporting documents. The information will be handled in accordance with AHPRA's privacy policy available [here](#).

#### Publication of responses

Published responses will include the name of the individual and/or the organisation that made the response.

You must let us know if you do **not** want us to publish your response.

Please see the [public consultation papers](#) for more information about publication of responses.

#### Submitting your response

Please send your response to: [ahpra.consultation@ahpra.gov.au](mailto:ahpra.consultation@ahpra.gov.au)

Please use the subject line: Feedback on Supervised practice framework

Responses are due by: **17 December 2019**

**General information about your response**

Are you responding on behalf of an organisation?	
Yes	What is the name of your organisation? Australian Nursing and Midwifery Federation
No	Are you a registered health practitioner? Yes If yes, which profession(s)? Nursing and Midwifery
Name (optional)	████████████████████
Contact phone number (optional)	██████████

## Public consultation questions

Please ensure you have read the [public consultation papers](#) before providing feedback as the questions are specific to the proposed framework and supporting documents.

Use the corresponding text boxes to provide your responses. You do not need to answer every question if you have no comment.

### Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The Supervised practice framework proposed by the Nursing and Midwifery Board of Australia (NMBA) is an important tool to provide clarity for those nurses and midwives who are required to complete a period of supervised practice, and, for those practitioners who are providing the supervision. The ANMF, therefore, welcomes the opportunity to provide a response to the NMBA public consultation paper on the proposed framework and supporting documents.

National Boards and AHPRA have developed the *Supervised practice framework* (the framework) and supporting documents to enable a responsive and risk-based approach to supervised practice across the National Registration and Accreditation Scheme (the National Scheme).

The National Boards' preferred option is to adopt the proposed framework and supporting documents.

**1. How helpful and clear is the content and structure of the proposed framework? Please explain your answer.**

#### General Comments

The ANMF understands that the Australian Health Practitioner Regulation Agency (AHPRA) and all National Boards are attempting to gain consistency across the professions, when the regulation matter is broad in its application, to enable general understanding and ease of implementation. Although the ANMF supports this at a process level, regulation documents need to be clear and concise and not provide irrelevant information that can create confusion for the reader. The ANMF is aware the majority of nurses and midwives find regulatory documents difficult to understand due to the language employed and the complexity of specific requirements. Employers can also find regulation complex at times and this may lead to them refusing to allow a nurse or midwife to complete supervised practice in their health or aged care facility.

The ANMF considers the proposed supervised practice framework provides information and requirements that are not relevant to nurses and midwives. An example of this is on page three of the supervised practice framework, regarding the application of the framework. It refers to supervised practice being used for a number of reasons including for limited registration and for a practitioner to change to a different field or scope of practice. These two points, are not relevant to nursing and midwifery as supervised practice is not used in this way for nurses and midwives. Health practitioners on the whole do not understand the differences between professions regulation requirements, and providing irrelevant information will create further confusion.

There are a number of other examples within the draft document that are not consistent with nursing and midwifery regulation. On page six and on the second page of the appendix, reference is made to 'entry level competencies'. The language nursing and midwifery use is 'standards for practice' rather than 'entry level competencies'.

As nurses and midwives make up the largest registered health practitioner group, the ANMF recommends, as we did in the preliminary consultation, that a version of the supervised practice framework and supporting documentation is written specifically for nurses and midwives. This requires the removal of any reference to other health practitioner requirements. It will also enable more profession specific information to be added, taking into account the inherent differences of our professions, employment processes and settings.

The word 'consult' is used to describe the interaction between a supervisee and supervisor in the levels of supervised practice (see Section 5 Levels in the framework and the *Fact sheet: Supervised practice levels*). The word 'consultation' is often used to describe the interaction between a patient/client and a health practitioner.

**1. Is the meaning of 'consult' clear for the purposes of the supervised practice levels? Why or why not?**

The term consult is clear and makes sense to be used in the context in which it is described.

**Levels of supervision**

The proposed supervision levels should be more specific to nursing and midwifery and the context of practice. It is important to note that registered nurses and midwives are the only registration type who provide supervision.

Enrolled nurses are required to have direct or indirect supervision by a registered nurse at all times. In some contexts of practice there are registered nurses and midwives available to provide appropriate supervision. Where this is not the case, it would not be appropriate to use this setting for supervised practice for nurses or midwives. The supervision levels need to address these specific considerations relevant to nursing and midwifery.

The ANMF supports the importance of individual assessment of a nurse or midwife who is required to complete a period of supervised practice, and also supports the increased flexibility provided by the proposed new levels of supervision. The current supervision guidelines may require a nurse or midwife to complete a period of direct supervision before they can move into indirect supervision. This is sometimes unnecessary. The proposed levels of supervision will now enable individual assessment and appropriate identification of the supervision level required specific to the reason why a nurse or midwife needs to complete a period of supervised practice.

The categories *indirect 2* and *remote* are important additions when considering independent roles, such as, school nurses or nurses who work in general practice. These categories are also important for nurse practitioners and midwives with scheduled medicines endorsement.

**2. Is there any content that needs to be changed, added or removed in the proposed framework and/or supporting documents? If so, please provide details.**

**Intended use of the framework**

An additional sentence must be included in the framework at the beginning of the document, stating that the framework only applies to nurses, midwives and students who are required to undergo supervision as a result of an NMBA decision. A similar statement is outlined in the associated fact sheets and should be replicated in the framework. The ANMF is aware that there are health services erroneously referring to the framework as being relevant to the supervision of nurses, midwives and students generally, for managerial, professional or clinically-focused supervision. Providing clarity on the intended use of the framework is essential.

**Nursing and Midwifery Supervision**

Throughout the framework it is highlighted that it is essential the supervisor has the individual qualifications, skills, knowledge and experience required to complete the role and undertake the supervision assessment. However, in the fact sheets it states the following:

*While your supervisor will usually be from the same profession as you, a National Board may consider approving practitioners from another profession as your supervisor/s in exceptional circumstances.*

The ANMF maintains the firmly held position that supervision of a nurse or midwife must only be undertaken by a registered nurse or midwife (respectively). This is not a restrictive practice for nurses and midwives as our numbers and geographical spread mean there is a high probability of a registered nurse or midwife being available in the practice/clinical setting to undertake supervisory functions.

Supervision must only be undertaken by a person qualified and registered in the same profession. The supervisor would possess integral knowledge of their specific health profession in the context of the individual supervisee's needs. Health professionals are not an amorphous cohort – each has a distinct knowledge and skill base and contribution to health and aged care settings. To suggest otherwise denigrates the unique knowledge and skill base of the profession. This statement must be removed from the framework.

**Supervisor training**

As part of practice, registered nurses are responsible for the supervision and delegation of nursing care to enrolled nurses and others. Consequently, nurses and midwives supervise and assess students and other nurses and midwives<sup>1</sup>. Without the presence of any data to identify that there have been issues with nurses and midwives educational preparation for supervision under the current conditions, we believe it would be prohibitive to apply the obligation for education prior to the NMBA accepting a nominated supervisor. In certain areas there is a limit to where individuals can access supervision. If they then have to wait even longer for the supervisor to undertake an education program prior to the Board agreeing to the nomination, this would increase the delay for the individual returning to practice.

In addition, nurses and midwives mostly practice in 24 hour/7 day a week practice settings and, in this situation, there is often a need for multiple supervisors to be approved by the NMBA. Currently, the NMBA allows for two nurses/midwives to be approved for supervision per individual supervisee. This is inadequate and request that the requirements are extended to provide for approval of more supervisors in an individual workplace and/or setting.

<sup>1</sup> <https://www.nursingandmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx> Retrieved 10 December 2019

**3. Are there any other ways that the Board can support supervisees, supervisors and employers involved in the supervised practice arrangement?**

**Support for Supervisors**

The main issues identified by nurses and midwives who are required to complete supervised practice is the difficulty finding a health service and a registered nurse or midwife who is willing to support the person requiring supervised practice. The NMBA requirements for the supervisor are sometimes seen as a barrier. We acknowledge the need to balance public safety against the reasonable expectations of the supervisors and health services. However, consideration must also be given to ensuring the process is not unnecessarily difficult such that competent practitioners are dissuaded from participating as supervisors, and, potential supervisees are lost to the workforce due to an inability to fulfill the conditions applied.

Further, supervisors and employers are under no obligation to assist and support a person requiring supervised practice. The NMBA requirements for supervised practice need to consider how supervisors can be supported to deliver the supervision instead of focusing on intimidating language in the framework such as accountability requirements (page nine) and possible disciplinary action (page six). Supervision is an additional workload for the supervisor on top of their normal work activities. This contributes to reluctance by some nurses and midwives to agree to provide supervision.

**Documentation requirements**

Nurses and midwives who have provided supervision have suggested that the documentation required by AHPRA is onerous and in some instances not necessary. The extended period of supervision, and the requirements for formative and summative supervision reports, adds significantly to the documentation burden. This can deter an employer and supervisor from providing employment/supervised practice to a nurse or midwife who requires supervision.

The NMBA, in the first instance, should consider whether the supervised practice plan can be met using the existing performance review processes of the health service. These processes may be well suited to the context of the supervisees practice. This would ensure that the NMBA's supervised practice plan would only be required when the health service does not have a system in place.

In some cases, the supervisors also have to provide information about themselves. There can be concerns that if they agree to provide the supervision and required reports, they may be held responsible for the outcome should other issues arise in relation to the practice of the individual during this time.

**Supervised practice length**

It is important to ensure there is consistency of decisions concerning the length of supervised practice. The ANMF have noted considerable variations in the amount of time required for supervision. Although we acknowledge there are differences in the amount of time required for each individual, there needs to be equity and transparency in decision making. It may be helpful to identify the tool that determines the required supervision time.

**4. Is there anything else the Board should consider in its proposal to adopt the framework and supporting documents, such as impacts on workforce or access to health services?**

## Data

It is difficult to identify how many nurses and midwives have completed a period of supervised practice. This information is not reported in the consultation document and the ANMF is unable to find this detail in any registration data provided by AHPRA. This important data needs to be considered when reviewing the proposed framework. Data should also be collected from the nurses and midwives who have participated in a period of supervised practice, namely: the supervisor, the supervisee and the health service. Analysis of this data should be used as the basis for decision making on the length of time required for future supervision.

Data, outlining the experience of those nurses and midwives who have not been able to secure a period of supervised practice, would also be invaluable in reviewing the supervised practice requirements. Such data would enable a better understanding of the barriers nurses and midwives experience when they are unable to secure a period of supervised practice. These difficulties could be related to the type of condition placed on a nurse or midwife; the supervised practice requirements; or, even the location or context of practice in which they are seeking to undertake their supervised practice.

## Supervised practice timeline requirements

Often the requirement for notifying AHPRA of the nominated supervisor is time sensitive, for example within a period of four weeks from the imposition of the condition/s. This creates undue stress for our members who feel they may be further penalised if they cannot meet the timeline. In addition, they may not have been contacted by the AHPRA compliance team in a timely manner and therefore may not have all the relevant information required for their supervisor.

## 5. Do you have any other comments on the proposed framework and/or supporting documents?

As previously identified the supervision practice framework and its supportive documentation needs to be written specifically for the nursing and midwifery professions. All reference to content irrelevant to nursing and midwifery regulation needs to be removed.

Any processes for supervised practice must identify next steps should supervision not be achieved. Where supervised practice is not completed in the required time frame, what actions will the Board take? This is a concern in instances where supervision has not been achieved and the Board has subsequently determined the individual must undertake a performance assessment at their own cost. The result may be that they have a considerable gap in practice which further sets them up to fail.

## Thanks!

Thank you for participating in the consultation.

Your answers will be used by the National Boards and AHPRA to improve the proposed framework and supporting documents.