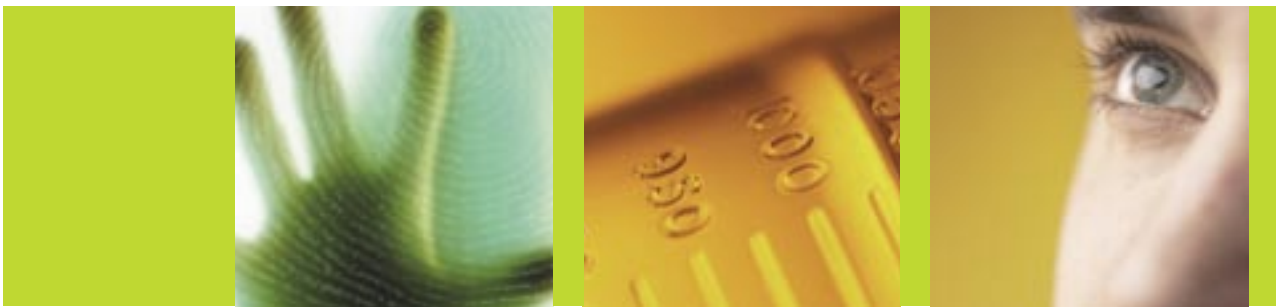


Competency Standards

for nurses in general practice



Professional supervision of enrolled nurses

Competency standards for registered and enrolled nurses in general practice An Australian Nursing Federation project funded by the Australian Government Department of Health and Ageing. The competency standards for nurses in general practice were developed by a University of South Australia project team led by Terri Gibson and Marie Heartfield. First published August 2005.

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Professional supervision of enrolled nurses¹

What is the difference between registered nurses and enrolled nurses?

Registered nurses have completed a Bachelor level education program or they may have completed a 3–4 year hospital based education program if they were educated prior to the formal transfer of nursing education into the higher education sector².

Enrolled nurses have completed a certificate IV or diploma level qualification or a 1–2 year hospital based education program if they were educated prior to the formal transfer of nursing education into the vocational education sector.

Enrolled nurses are associates to the registered nurse and are generally required to have a registered nurse as a professional supervisor when providing nursing care.³

What does supervision of enrolled nurses mean?

Supervision of enrolled nurses by registered nurses can be direct or indirect depending on: the competence of the enrolled nurse for the scope of nursing practice; the condition of the person receiving nursing care; and the context in which the care is given.

Direct supervision

The registered nurse is actually present, observes, works with and directs the person who is being supervised.

Indirect supervision

The registered nurse is easily contactable but does not directly observe the activities.

The employer must ensure that supervisory arrangements are in place.

Some of the nurse regulatory authorities have produced policy statements and guidelines for delegation to and supervision of enrolled nurses and these must be considered by employers of enrolled nurses. The Australian Nursing and Midwifery Council has guidelines on delegation and supervision (see www.anmc.org.au).

There are also decision making frameworks being developed by the nurse regulatory authorities to assist registered nurses and enrolled nurses make decisions about the way that nursing work is delegated to enrolled nurses.

¹ Registered Nurse (Division 2) in Victoria.

² Prior to the formal transfer into the higher education sector of education for registered nurses, some registered nurses completed diploma level qualifications at a college of advanced education.

³ Most states and territories have legislation that requires enrolled nurses to be supervised by registered nurses but note that enrolled nurses in South Australia can apply to be exempted from the requirement to be supervised by a registered nurse (see www.nurseboard.sa.gov.au)

Enrolled nurses may report to the general practitioner and the general practitioner can delegate aspects of patient care to the enrolled nurse if the following issues have been addressed by the registered nurse, the enrolled nurse and the employer:

Example of a decision making framework

1. The primary motivation for the delegation of the nursing activity is to meet clients' health needs and to improve health outcomes.
2. The change in the scope of practice (for the enrolled nurse) is:
 - lawful;
 - appropriate for the context;
 - consistent with standards acceptable to the nursing profession and nursing / midwifery organisations; and
 - consistent with the service provider's policies.
3. There has been appropriate consultation and planning.
4. The enrolled nurse accepting the delegated activity:
 - agrees to accept the activity;
 - has the appropriate education;
 - is assessed as competent; and
 - understands their degree of accountability.
5. A registered nurse has assessed the competence of the person who will perform the activity.
6. Processes exist for ensuring:
 - continuing education;
 - assessment of competence; and
 - appropriate clinically-focused supervision.

If all six principles are met, then it is safe to proceed with the delegation, BUT if the context changes, the principles must be reapplied.⁴

How can professional supervision be provided?

1. The general practice employs both registered and enrolled nurses and there is a registered and an enrolled nurse present during working hours.

Direct and indirect supervision can occur depending on the competence of the enrolled nurse and the nursing care that s/he is providing.

2. The general practice employs both registered and enrolled nurses but they work on different days of the week (eg the registered nurse works Monday, Tuesday and Friday and the enrolled nurse works on Wednesday and Thursday)

Indirect supervision is provided. The registered nurse must have an opportunity to assess competence for the nursing care that is provided when the enrolled nurse is working without direct supervision and must be contactable if the enrolled nurse needs assistance because of a change in the condition of the patient or the context of care changes.

⁴ Queensland Nursing Council 2005 The scope of practice framework for nurses and midwives QNC Brisbane.

The registered nurse initially, and when identified by either the registered or the enrolled nurse, provides direct supervision of the enrolled nurse as they review the nursing care that will be provided without direct supervision by the enrolled nurse to see that they:

- agree to accept the activity;
- have the appropriate education;
- are assessed as competent; and
- understand their degree of accountability.⁵

The employer must provide opportunities for review of competence including the initial orientation period and regular opportunities for the registered nurse and the enrolled nurse to work together eg every 6 months and when the scope of nursing practice is changing.

General practitioners should work with the registered nurse and the enrolled nurse so that the appropriate policies and procedures are in place to guide the care provided by the enrolled nurse. The policies should include guidance for the enrolled nurse when they consider themselves not competent to provide the nursing care. Policies must be in place to assist with professional supervision when direct supervision is not occurring as the enrolled nurse needs to be able to contact their professional supervisor when necessary eg regular phone calls or site visits.

3. The general practice employs an enrolled nurse only and uses a registered nurse employed by the Division of General Practice or the corporation to provide professional supervision

Indirect supervision is provided. The registered nurse must have an opportunity to assess competence for the nursing care that is provided when the enrolled nurse is working without direct supervision.

The registered nurse initially, and when identified by either the registered or the enrolled nurse, provides direct supervision of the enrolled nurse as they review the nursing care that will be provided without direct supervision by the enrolled nurse to see that they:

- agree to accept the activity;
- have the appropriate education;
- are assessed as competent; and
- understand their degree of accountability.⁶

The division or the corporation and the employer must provide opportunities for review of competence including the initial orientation period and regular opportunities for the registered nurse and the enrolled nurse to work together eg every 6 months and when the scope of nursing practice is changing. For example, the enrolled nurse expanding their scope of practice will generally require clinical supervision by a registered nurse until competence is achieved.

General practitioners should work with the registered nurse and the enrolled nurse so that the appropriate policies and procedures are in place to guide the care provided by the enrolled nurse. The policies should include guidance for the enrolled nurse when they consider themselves not competent to provide the nursing care. Policies should be in place to assist with professional supervision when direct supervision is not occurring as the enrolled nurse needs to be able to contact their professional supervisor when necessary eg regular phone calls or site visits.

⁵ From the Queensland Nursing Council 2005 The scope of practice framework for nurses and midwives QNC Brisbane.

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