



Public Consultation on Draft Enrolled Nurse Standards

**Australian Primary Health Care Nurses Association (APNA)
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Executive summary

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA's vision is for a healthy Australia through best practice primary health care nursing.

APNA is pleased to make this response to the request from Monash University (funded by the Nursing and Midwifery Board of Australia) for feedback on the draft enrolled nurse standards for practice.

Nurses are a substantial component of the primary health care workforce. There are now at least 11,000 nurses working in the general practice sector alone, and the majority of general practices in Australia employ at least one nurse. These nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care, care for the ageing, dealing with issues such as medicines safety, and implementing improvements in primary health care systems. Nurses are key players in the maintenance of safe, high quality primary health care.

APNA has reviewed the draft revised standards. APNA appreciates that the revised draft should be read in conjunction with other relevant documentation including: the Decision Making Framework, the Code of Professional Conduct for Nurses in Australia, the Code of Ethics for Nurses in Australia and A Nurses guide to Professional Boundaries (NMBA 2013). APNA is of the view that the general thrust of the draft revised standards is sound, particularly the structure, domains and indicators. However, APNA has a fundamental concern about the key issues of supervision of EN practice by RNs, and the role of other health care professionals. These issues present ambiguity in the revised draft and potentially impact upon the level of quality and safety in healthcare through enhanced risk posed for RNs, ENs and the general public. The lack of clarity around these supervision issues undermines an otherwise well thought through document. As a consequence, this concern about supervision is the primary focus of this submission.

Recommendations

- 1. APNA strongly supports the current model of RN supervision of ENs in practice, which accurately reflects the education and skill levels of both roles and will ensure that safety and quality of care remains of the highest possible standard.**
- 2. APNA supports ENs seeking 'guidance' not supervision from other health professionals working within the healthcare team.**
- 3. Enrolled nurses should not be supervised directly by other health professionals. As nursing professionals, ENs must draw support and guidance specifically from their more senior nursing colleagues. This distinction must be made clear in the revised standards.**



Key Issues

Changes to EN practice post 2002

The national competency standards for the Enrolled Nurse released in 2002 provided a reliable and suitable baseline for enrolled nurse practice in Australia. APNA recognises that there have been some significant changes to the way in which practice occurs, particularly in the primary healthcare setting. While these changes may reflect contemporary practice, APNA remains firmly of the view that the professional standards that ensure that consumers can rely on the highest standards of quality and safety in healthcare should be the key driver in the revision of EN standards rather than a reflection of models of care which may be driven by cost along with other considerations. The risks of a substantial departure, particularly in relation to the supervision standards, both to the public and to ENs needs to be taken into account in the final standards.

Supervision of ENs in practice

APNA notes that the new standard 3.3 'Recognises the registered nurse as the point of reference to assist enrolled nurse decision-making and provision of nursing care' reflects a deviation from the previous standard requiring an EN to 'work as an assistant to the RN, under the supervision of the RN and this can be direct or indirect'. The revised standard further notes in 1.10 that the EN 'liaises and negotiates with the registered nurse and other appropriate personnel to ensure that needs and rights of people in receipt of care are addressed and upheld'. APNA is concerned that this poses a significant diminution in the level of supervision than was previously required. APNA is also concerned the revised standards provide a degree of conflicting and competing guidance. For instance, the revised standard 3.8 enables ENs to 'provide 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.' In revised standard 3.5, however, ENs' requirements include 'clarifies own role and responsibilities with supervising registered nurse in the context of the healthcare setting within which they practice.'

Standard 5 is intended to provide guidance on collaborating with the RN and healthcare team on plans of care, yet it provides for significant interpretation in for instance, indicator 5.5 'clarifies orders for nursing care with the registered nurse/midwife when unclear'. It is difficult to see how the EN is intended to understand when an order is unclear if they are not directly supervised by an RN.

APNA is of the view that the language and emphasis on supervision by an RN and the role of ENs in relation to supporting and supervising assistants in nursing is somewhat contradictory and unclear, and raises the prospect of significant interpretation.

APNA notes that there are substantial pressures in healthcare settings for unsupervised EN practice largely due to cost pressures, which present a challenge for ensuring that safety and quality of practice remain the fundamental purpose of EN practice standards. The ambiguity regarding scope of practice of ENs presents a risk for general practices for example that are seeking to engage nursing services at the most cost-effective margin. The necessity for supervision by RNs ensures that the professionalism of EN practice is not weakened in the face of cost pressures or misunderstanding of scope of practice.



The rationale for concern regarding ENs being exploited to work beyond their scope of practice is twofold: the risk to the community and the risk to ENs. There are obviously clear education and skill differentials between ENs and RNs (ENs – vocational diploma, RNs – Bachelor degree and accreditation) and the substitution of that expertise can and does occur. APNA argues that the EN must be supported by an RN who is in a formal contractual arrangement to supervise and support the EN.

There is a risk of exploitation or unintended misuse of ENs as a substitute for the accountability and responsibility of the RN for more complex care, where an EN may unwittingly be encouraged or pressured to work outside of their scope of practice. These EN competencies will cover novice to experienced enrolled nurses, and there are separate standards for advanced ENs and RNs working in general practice.

APNA is also aware that the UK model of practice provides for supervision and professional structures in which registered nurses lead and manage teams. The predominating feature of this model, is that where this occurs, the costs overall are less.

For this reason, APNA does not support the proposed changes that weaken the emphasis on RN support, supervision and mentoring of ENs and recommends that the wording be strengthened to reflect the importance of supervision as the cornerstone of quality and safety in EN practice, recognising the RN's accreditation and accountability.

Supervision of ENs by other disciplines

APNA is of the view that the revised standards provide a level of ambiguity around EN practice in relation to supervision by other disciplines and is concerned that this may dilute the level of nursing care or introduce ambiguity around the role of RNs versus other professions. Revised standards 1.9 and 1.10 for instance:

1.9 'When incidents of unsafe practice occur, reports immediately to the person in authority and where appropriate explores ways to prevent recurrence.'

1.10 'Liaises and negotiates with the registered nurse and other appropriate personnel to ensure that needs and rights of people in receipt of care are addressed and upheld.'

These standards suggest that the EN may be supervised by another medical or allied health professional. This raises questions around liability of the RN when contradictory professional supervision may be occurring. It is also a potential problem for the EN in relation to the appropriate advice or guidance that may be offered and which should be seen as directive.

The reference to 'liaises and negotiates with' opens the door to standards of practice that may not be in line with those of nursing and the consequent diminution of professional practice.

Similarly, revised standard 2 and specifically, 2.8 'clarifies with relevant members of the multidisciplinary healthcare team when interventions or treatments appear unclear or inappropriate' enables professions outside of nursing to advise ENs on appropriate practice and introduces a lack of clarity and amplified risk to the EN, RN and, potentially the public.

About APNA



The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With 4000 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.