



Australian
Nursing &
Midwifery
Federation

Submission to Nursing and Midwifery Board of Australia's public consultation: draft enrolled nurse standards for practice

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 240,000 nurses, midwives and assistants in nursing, our members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors. The ANMF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANMF has an enrolled nurse membership of over 38,000. This represents more than half of all enrolled nurses on the national register. We therefore welcome the opportunity to provide advice to the public consultation for the review of the enrolled nurse standards for practice (Standards). The ANMF has a critical interest in standards which give guidance for safe, competent practice; provide clear direction for professional relationships; and, mitigate risk to the public who are recipients of health and aged care by enrolled nurses.

General Comments

The ANMF acknowledges that the past decade has seen significant enhancements to the educational preparation for enrolled nurses. On behalf of our members we have supported and advocated for these changes which have broadened the enrolled nurse scope of practice and level of responsibility within their contexts of practice. It is timely that the existing *National Competency Standards for the Enrolled Nurse*, first developed in 2002, be reviewed to reflect the environment in which contemporary care is provided. This revision process, however, must be mindful that changes are made in accordance with professional safety responsibilities to the public and not to address and appease agendas relating to workforce issues.

Having provided feedback in the preliminary consultation of key stakeholders we are aware the draft enrolled nurse standards have been marginally amended based on that process. As will be outlined under 'Supervisory role of the registered nurse' below, we acknowledge and support the NMBA's determination that the registered nurse is required to provide the enrolled nurse with "oversight, support and guidance". However, we urge the NMBA to insist on the use of terminology that is widely understood by the nursing and midwifery professions, namely – 'supervision' and 'delegation'.

Specific comments

There are overarching issues in relation to inconsistent language and descriptors used throughout the document. Examples of this include:

- Use of the term 'others' in some indicators and 'appropriate others' used elsewhere. The definition for 'appropriate others' is provided in indicator 5.3 (2) *Appropriate others include those in direct association with the person receiving care (with his/her consent) such as family, unpaid and paid carers, volunteers and clergy*. This is our preferred option to the use of the non-descriptive term 'others'.

- As will be outlined in more detail below, we disagree with the use of the terminology that the registered nurse is 'a point of reference' for the enrolled nurse rather than having a supervisory role with the enrolled nurse. Our particular point here is the inconsistency in terminology between the relationship described for the registered nurse/enrolled nurse and the midwife/enrolled nurse. Indicator 3.3 states: *Recognises the registered nurse as 'a point of reference' to assist the enrolled nurse decision making and provision of care.* The accompanying explanatory note to that statement is: *Where an enrolled nurse is working in a maternity services setting it is expected that they will be supervised by a midwife.* The supervisory role of the registered nurse should be just as clearly articulated in Standard 3.3.
- The language within the standards and preamble should be more reflective of client/consumer directed care principles. In the Domains on page 2 *Provision of Care* dot point 5 should include (example bolded words) *'collaborates with **the client** and **healthcare team** in the development of plans of care'*
- Cultural and linguistic diversity is not evident in the Domains. Our suggestion is to expand Domain point 2 under *Professional and Collaborative Practice* to read: *Practises nursing in a way that ensures care is person centred, sensitive to cultural and linguistic diversity, and the rights of people are upheld.*
- Lack of information regarding the parameters of the literature review and the narrow scope of literature included, that is, the United Kingdom (UK) and New Zealand, is concerning.

Supervisory role of the registered nurse

The ANMF has an overriding concern that the supervisory role of the registered nurse for the enrolled nurse has been reduced within the language of the draft Standards. We contend that the enrolled nurse is educationally prepared to assist the registered nurse, and, that the registered nurse role of supervisor to the enrolled nurse be maintained, in the interests of public safety.

In response to preliminary consultation on the draft Standards the ANMF expressed concern these Standards were based on a premise that research indicates current practice warrants change to the supervision and delegation relationship between registered and enrolled nurses. We argued this is contrary to research that indicates better results are achieved when there is a clinically appropriate proportion of registered nurses involved in the provision of care, for example, the work of McCue, Mark & Harless, 2003; Pappas, 2008; Kane et. al., 2007; Needleman et. al., 2006; Dall et. al., 2009; Estabrooks et. al., 2005; Person et. al., 2004; ANF, 2009; Duffield (UTS), 2007; ICN, 2008 and ICN, 2012. We asked why the project review team would presume to change the Standards to alter the long established registered nurse/enrolled nurse relationship, without consideration of the research that shows the significant contribution of the registered nurse to health outcomes. There appears to be no evidence or rationale for this approach, and it is not supported by the ANMF.

In the summary of issues provided in the background paper to this public consultation by the Nursing and Midwifery Board of Australia (NMBA), it is noted the Board “*has determined that there is a need for the registered nurse to provide oversight, support and guidance to the enrolled nurse.*” The ANMF agrees with those sentiments as they suggest a supervisory role, however, we maintain our position that the language in the Standards must be clear and unambiguous.

While the educational preparation of the beginning level enrolled nurse has increased their scope of practice, two core facts remain:

- there is a significant difference between the education of the enrolled nurse and the registered nurse: the enrolled nurse is educated to diploma level (Australian Qualification Framework [AQF] level 5) and the registered nurse to degree level (AQF level 7), and
- the enrolled nursing practice requires the enrolled nurse to work under the direction and supervision of the registered nurse. That is, the enrolled nurse cannot work where there is no registered nurse to undertake the supervisory role.

The relationship must be clearly spelt out in the new Standards to remove all doubt for the profession, other health professions, employers and the public, the exact nature of the relationship between the regulated nursing professionals: registered nurses and enrolled nurses.

A primary issue to emerge from the work of the Monash University Research Team has been the level of confusion expressed by respondents to the on-line survey, focus groups, and interviews as to the relationship between the registered nurse and the enrolled nurse. Therefore, it is paramount for the safety of the public in the Australian health and aged care sectors, and for the safeguarding of the role and function of enrolled nurses within the nursing and midwifery context, that the nature of this relationship be made explicit in the new Standard.

The ANMF considers we have a duty of care to insist that our enrolled nurse members are able to work within a legally safe environment which respects their level of educational preparation and regulated scope of practice. This means a clearly articulated professional and legally sanctioned relationship between the registered nurse and the enrolled nurse, for professional accountability and safety for those receiving care.

The language of the Standards must not be open to interpretation that the enrolled nurse is able to work independently from the registered nurse and/or to seek direction from any other available health practitioner, in relation to nursing practice. Nationally accredited educational programs for enrolled nurses are not designed to prepare them to practice independently of a registered nurse. They are educated in the Vocational Education and Training (VET) sector to work as a second level nurse, as a part of the health care team, under the direction and supervision of the registered nurse.

Within the current *HLT51612 Diploma of Nursing*, there is a specific Unit of Competence: *HLTAP501C - Analyse Health Information*, which indicates any analysis by an enrolled nurse is limited. This unit in the Diploma prepares the enrolled nurse for analysis of the obvious factors, which are routine and predictable, rather than of the *context*, which is often complex and unpredictable. The supervision and delegation of enrolled nurse practice is the responsibility of the registered nurse, who is educationally prepared to apply critical thought and analysis of the relevant context of health or aged care.

Rationale for preserving the legally sanctioned registered nurse supervisory role

Any proposal to remove protections for the public, and for nurses, is of primary concern. The suggestion (Standard 3.3) that utilising registered nurses only as a *point of reference* implies collaboration and consultation with the registered nurse is merely optional for enrolled nurses. This concept is a major deviation from the existing *National Competency Standards for the Enrolled Nurse*, which articulate the requirement for enrolled nurses to practice under the direction and supervision of the registered nurse. The new Standards must reflect the view of the entire nursing and midwifery professions.

Having no lines of professional responsibility and accountability implies parallel and independent practice of registered nurses and enrolled nurses, or, in other words, professional practice anarchy.

Furthermore, the removal of lines of responsibility in the Standards will leave the way open for interpretation that enrolled nurses can work in isolation of registered nurses, and that other health practitioners can direct the clinical work of the enrolled nurse. It is the view of the ANMF and its members that such practice does not provide the appropriate level of protection for the public, which must be the principle aim of the new Standards.

The ANMF would never presume to suggest that nurses or midwives assume professional responsibility for other health professionals as we respect the body of knowledge, research, education and practice relating to other professions. In the same regard, it is offensive to the nursing and midwifery professions, to suggest that enrolled nurses will be subject to the direction of other health professionals in their clinical work. Without clear evidence of the benefits to the profession and the safety of the public, the ANMF concludes that any move to sever existing professional accountability is driven by ideology and workforce factors.

Why is protection important?

Most importantly, protection relates to the public, but it also relates to the enrolled nurse and the nursing profession itself. It is essential that we have clear Standards that define practice and guide all nurses.

The public has a right to expect professional, high quality nursing care from registered and enrolled nurses. The safety issue is embedded in having a clear structure, for all nurses, with well understood responsibilities, accountabilities and delegations.

Reference to the registered nurse as a *point of reference* exposes enrolled nurse vulnerabilities. The clear risks are:

- a dangerous mismatch between knowledge and skill levels and patient need;
- the levelling of unfair criticism;
- the imposition of unreasonable expectations; and
- the possibility of exploitation due to professional power imbalances. It is our considered view, that using the words *a point of reference*, rather than *supervising registered nurse*, exposes the enrolled nurse to the vulnerable position of having little or no professional support. At the same time, allowing for enrolled nurses to potentially be directed by non-nurses who have no/little understanding of nursing, to undertake work which is outside of their scope of practice – creates a situation which is completely unacceptable as it is a legal no-man's land.

The safest professional nursing relationship exists where the enrolled nurse acts as the associate to the registered nurse. Their role is to assist the registered nurse in the delivery of nursing care. This relationship is understood by the nursing and midwifery professions, other health practitioners, and the public.

Beyond the obvious economic advantage that these new Standards will bring to employers, we cannot accept any exploitation of enrolled nurses and a diminution relationship such that the registered nurse becomes just a *point of reference* for the enrolled nurse. For good reason, registered nurses and enrolled nurses have distinct roles and a legally sanctioned relationship, based on their preparation for practice and qualifications.

The ANMF holds a firm position that there is no evidence to support a changed line of responsibility and authority between the registered nurse and the enrolled nurse. It is the role of the Standards to provide clarity in the interests of protection for the public. It is surely the role of the Board and the nursing and midwifery professions to protect the enrolled nurse from potentially gross misconduct by acting outside of their educationally prepared scope of practice.

How to use these standards

Following on from the commentary above, the ANMF considers there should be a paragraph under the heading *How to use these standards* which makes explicit the supervisory role of the enrolled nurse and the professional position of the enrolled nurse as the associate to the registered nurse.

At the end of the paragraph commencing with “*The Standards should be read in conjunction with other relevant documentation...*” there should be a final sentence which reads “*In addition, the standards should be reflective of the Diploma of Nursing Health Training Package and the Australian Nursing and Midwifery Accreditation Enrolled Nurse Accreditation Standards.*”

Domains

Professional and Collaborative Practice

Standard 1: Functions in accordance with the law, policies and procedures affecting Enrolled Nurse practice.

ANMF suggested re-wording of Standard 1:

Functions in accordance with the law, professional standards, codes and guidelines affecting Enrolled Nurse practice.

Standard 2: Practises nursing in a way that ensures the rights of people are upheld.

ANMF suggested re-wording of Standard 2:

Practises nursing in a way that ensures care is person centred, sensitive to cultural and linguistic diversity, and the rights of people are upheld.

Provision of Care

This domain relates to the intrinsic care of individuals or groups entrusted to the enrolled nurse. It encompasses all aspects of care from assessment to engaging in care, and includes health education and evaluation of outcomes.

ANMF suggested re-wording:

This domain relates to the intrinsic care of individuals or groups for whom the enrolled nurse is providing care. It encompasses all aspects of nursing care from assessment to engaging in care, and includes health education and evaluation of outcomes, in consultation with the supervising registered nurse.

Standard 4: Synthesises information from a range of sources in order to plan appropriate care.

ANMF suggested re-wording:

Synthesises information from a range of sources in order to plan appropriate care in consultation with the supervisory registered nurse.

Standard 5: Collaborates with the healthcare team when developing plans of care.

ANMF suggest delete “healthcare team” and insert “registered nurse” to read:

Collaborates with the registered nurse when developing plans of care.

Standard 6: Provides skilled and timely care to people receiving care and others whilst promoting their independence and involvement in care decision-making.

ANMF – it is not clear who the ‘others’ are. If this is the same as the definition provided as footnote to Indicator 5.3, then this footnote needs to appear here also.

Standard 7: Uses documentation to inform and report care.

ANMF suggested re-wording:

Uses documentation to inform and report care to the registered nurse.

ENROLLED NURSE STANDARDS

Professional and Collaborative Practice

Standard 1: Functions in accordance with the law, policies and procedures affecting Enrolled Nurse practice

As above ANMF suggested re-wording of Standard 1:

1.1 Functions in accordance with the law, professional standards, codes and guidelines affecting enrolled nurse practice.

Indicators

1.3. Demonstrates knowledge of and implications for the NMBA Professional Practice Framework, standards, workplace policies and procedural guidelines applicable to enrolled nursing practice.

ANMF comment and re-wording:

1.3 Demonstrates knowledge of and implications for the NMBA Professional Practice Framework, organisational policies and procedural guidelines applicable to enrolled nursing practice. Have deleted ‘standards’ because for nurses this is included in the PPF, and not sure what other ‘standards’ it might be referring to.

1.4. Provides nursing care according to the agreed plan of care, Professional Standards, workplace policies and procedural guidelines.

ANMF suggested rewording:

1.4 Provides nursing care according to the plan of care agreed with the supervisory registered nurse and person receiving care, professional standards, and organisational policies and procedural guidelines.

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

ANMF suggested re-wording:

1.5 Identifies and clarifies enrolled nurse responsibilities and accepts accountability within own scope of practice for aspects of delegated care working in collaboration with the registered nurse and multidisciplinary health care team.

1.6. Recognises own limitations in practice and competence and seeks guidance from the registered nurse and help as necessary.

ANMF suggested re-wording:

1.6 Recognises own limitations in practice and competence and seeks guidance from the registered nurse and direction as necessary.

1.7. Respectfully refuses to undertake activities where competence has not been demonstrated and appropriate education, training and experience has not been undertaken.

ANMF suggested re-wording:

1.7 Undertakes activities only where competence has been demonstrated and appropriate education, training and experience has been achieved.

1.8. Acts to ensure safe outcomes for others by recognising the need to protect people and reporting the risk of potential for harm

ANMF suggested re-wording:

1.8 Acts to ensure safe outcomes for others by recognising the need to protect people and reporting the risk of potential for harm to the supervisory registered nurse.

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

ANMF suggested re-wording:

1.9 When incidents of unsafe practice occur, reports immediately to the supervisory registered nurse, and, where appropriate, contributes to ways to prevent recurrence.

Standard 2: Practises nursing in a way that ensures the rights of the people are upheld.

ANMF suggested re-wording of Standard 2:

Practises nursing in a way that ensures care is person-centred, sensitive to cultural and linguistic diversity, and the rights of people are upheld.

Indicators

2.1. Places the people receiving care at the centre of care and supports them to make informed choices.

ANMF suggested re-wording:

2.1 Practices people-centred care and supports care recipients' decision making through informed choices.

2.2. Practises in accordance with the NMBA Professional Practice Framework and other codes and protocols.

ANMF suggested re-wording:

2.2 Practises in accordance with the NMBA Professional Practice Framework and other relevant codes and protocols.

2.3. Demonstrates respect for others to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs.

ANMF suggested re-wording:

2.3 Demonstrates cultural safety and respect for people to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs.

2.4. Practises culturally safe care for Aboriginal and Torres Strait Islander peoples.

ANMF suggested re-wording:

2.4 Practises culturally safe and respectful care for Aboriginal and Torres Strait Islander peoples.

2.5. Forms therapeutic relationships with people receiving care and others recognising professional boundaries.

ANMF suggested re-wording:

2.5 Forms therapeutic relationships with people receiving care, recognising professional boundaries.

2.6. Maintains equitable care when addressing people's differing values and beliefs.

ANMF comment: this Indicator not required.

2.7. Ensures privacy and confidentiality when providing care.

ANMF suggested re-wording:

2.7 Ensures privacy and confidentiality at all times.

2.8. Clarifies with relevant members of the multidisciplinary healthcare team when interventions or treatments appear unclear or inappropriate.

ANMF suggested re-wording:

2.8 Clarifies with supervisory registered nurse and relevant members of the multidisciplinary team when interventions or treatments appear unclear or inappropriate.

2.9. *Reports incidents of unethical behaviour immediately to the person in authority and, where appropriate, explores ways to prevent recurrence.*

ANMF suggested re-wording:

2.9 Reports incidents of unethical behaviour immediately to the supervisory registered nurse and, where appropriate, explores ways to prevent recurrence.

ANMF Rationale: as an associate to the registered nurse the person 'in authority' for the enrolled nurse should always be the registered nurse. Other health professionals or employers cannot give clinical guidance to the enrolled nurse as they do not have knowledge of the legal scope of practice parameters for the enrolled nurse. As outlined previously this has the potential to place the enrolled nurse in a vulnerable position and risks safety for the people receiving care.

2.10. *Acknowledges and accommodates preferences of people receiving care in the provision of nursing care.*

ANMF comment: This concept is embedded in Indicator 2.1.

Standard 3: Accepts accountability and responsibility for own actions.

Indicators

3.3. *Recognises the registered nurse¹ as a point of reference to assist enrolled nurse decision-making and provision of nursing care.*

ANMF comment: in accordance with our foregoing commentary on our objection to the language 'point of reference' we request re-wording:

3.3 Recognises the supervisory role of the registered nurse in enrolled nurse decision-making and provision of nursing care.

Regarding the footnote on midwives: The ANMF supports the fact that where an enrolled nurse works with a midwife, then that midwife supervises the practice of the enrolled nurse. Some ANMF Branches have indicated that midwives could be working with enrolled nurses in situations outside of clearly defined maternity services.

Suggested re-wording of the footnote to cover all situations:

Footnote: Where an enrolled nurse is working with a midwife, it is expected that the midwife will assume the supervisory role.

3.4. *Collaborates with the registered nurse to ensure delegated responsibilities are commensurate with own scope of practice.*

ANMF suggested re-wording:

3.4 Works in collaboration with the supervisory registered nurse to ensure nursing delegated responsibilities are within enrolled nurse scope of practice.

3.6. *Consults with the registered nurse and other members of the multidisciplinary healthcare team to facilitate the provision of accurate information, and enable informed decisions by others.*

ANMF suggested re-wording:

3.6 Consults with the supervisory registered nurse and other members of the multidisciplinary healthcare team to facilitate the provision of accurate information, and enable informed decisions by others.

3.7. Provides care within scope of practice as part of multidisciplinary healthcare team, and with supervision of a Registered Nurse.

ANMF suggested re-wording:

3.7 Provides care within enrolled nurse scope of practice, with supervision of a registered nurse, and as part of multidisciplinary healthcare team.

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.

ANMF suggested re-wording:

3.8 Provides support and guidance to assistants in nursing (however titled) and to others providing care, such as students or allied health assistants.

Provision of Care

Standard 4. Synthesises information from a range of sources in order to plan appropriate care.

ANMF suggested re-wording:

Standard 4. Synthesises information from a range of sources in order to plan appropriate care in collaboration with the supervisory registered nurse

Indicators

4.3. Develops, monitors and maintains a plan of care in collaboration with the multidisciplinary team and others.

ANMF suggested re-wording:

4.3 Assists with the development, monitoring and maintenance of a plan of care in collaboration with the supervisory registered nurse and the multidisciplinary team.

4.4. Uses health care technology appropriately according to workplace guidelines.

ANMF comment: Consider this indicator should be deleted.

Standard 5. Collaborates with the registered nurse and the healthcare team when developing plans of care

ANMF suggested re-wording of Standard 5:

Collaborates with the supervisory registered nurse, the healthcare team and the person receiving care, when developing plan of care.

Indicators

ANMF comment: The order of 5.2 and 5.3 should be reversed.

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

ANMF suggested re-wording:

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

5.3. *Contributes to the development of care plans in conjunction with the multidisciplinary healthcare team, the person receiving care and appropriate others .*

ANMF suggested re-wording:

5.3 Contributes to the development of care plans in conjunction with the supervisory registered nurse, the multidisciplinary healthcare team, the person receiving care and appropriate others.

5.4. *Manages and prioritises workload in accordance with people's care plans.*

ANMF suggested re-wording:

5.4 Manages and prioritises delegated workload in accordance with people's care plan.

5.5. Clarifies orders for nursing care with the Registered Nurse/Midwife when unclear.

ANMF comment:

This is covered by Indicator 2.8.

Standard 6. Provides skilled and timely person-centred care to people whilst promoting their independence and involvement in care decision-making

ANMF suggested re-wording for Standard 6:

Provides skilled and timely person-centred care to people whilst promoting their independence and involvement in care decision-making

Indicators

6.1. *Provides care to people who are unable to meet their own physical and/or emotional needs.*

ANMF suggested re-wording:

6.1 Under supervision of the registered nurse, and in consultation with authorised next of kin or other legally recognised agent, provides care to people who are unable to meet their own physical and/or emotional needs.

6.2. *Participates with the registered nurse in evaluation of the person receiving care's progress toward expected outcomes and reformulation of plans of care.*

ANMF suggested re-wording:

6.2 Participates with the registered nurse in evaluating progress of the person receiving care, toward expected outcomes, and in reformulation of care plans.

6.3. *Provides support and guidance 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 a plan of care.*

ANMF comment: Delete as this indicator is already covered by Indicator 3.8.

6.5 *Demonstrates currency and competency in the safe use of healthcare technology.*

ANMF suggested re-wording:

6.5 Demonstrates currency and competency in the safe use of healthcare technology relevant to their context of practice.

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

ANMF suggested re-wording:

6.8 Demonstrates the clinical competence to recognise when the physical and/or mental health of a person receiving care is deteriorating, reports and seeks assistance from the registered nurse, and documents appropriately.

ANMF suggested new Indicator:

6.9. Promotes the integration of health literacy and health promotion in care delivery.

Standard 7. Utilises documentation to inform and report care

Indicators

7.3. *Uses a variety of communication methods to engage appropriately with others and documents accordingly.*

ANMF comment – what others? This seems a vague statement. Suggest refer to Registered Nurse competency standards for a better way of expressing communication expectations.

7.5. *Provides accurate, appropriate information to enable informed decision making by others.*

ANMF suggested re-wording:

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

Reflective and Analytical Practice

Standard 8. Provides nursing care that is informed by evidence

Indicators

8.1. *Uses the registered nurse as a point of reference to guide decision-making.*

ANMF suggested re-wording:

8.1 Consults with the registered nurse to guide decision-making.

8.3. *Incorporates evidence for best practice as guided by the registered nurse or other appropriate health professional.*

ANMF suggested re-wording:

8.3 Incorporates evidence for own practice as guided by the supervisory registered nurse.

8.4. *Uses problem solving incorporating logic, analysis and sound argument when providing care.*

ANMF suggested re-wording:

8.4 Uses problem solving when providing care.

8.6. *Consults with the registered nurses and other relevant health professionals and resources to improve current practice.*

ANMF suggested re-wording:

8.6 Consults with the supervisory registered nurse to improve own current practice.

Standard 9. Practises within safety and quality assurance guidelines

Indicators

9.2. *Within the multidisciplinary team analyses risk and implements strategies to minimise risk.*

ANMF suggested re-wording:

9.2 Within the multidisciplinary team contributes to assessing risk and implements strategies to minimise risk, in consultation with the supervisory registered nurse.

9.3. *Reports safety breaches and near misses according to legislative requirements and institutional policies and procedures.*

ANMF suggested re-wording:

9.3 Reports safety breaches and near misses to the supervisory registered nurse and documents according to jurisdictional/national legislative requirements and organisational policies and procedures.

Standard 10. Engages in ongoing development of self as a professional

Indicators

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.*

ANMF suggested re-wording:

10.2 Recognises the need for, and participates in, continuing professional and skills development in accordance with the NMBA Continuing Professional Development registration standard.

10.3. *Identifies learning needs through critical reflection and consideration of evidence-based practice in consultation with the registered nurses and the multidisciplinary healthcare team.*

ANMF suggested re-wording:

10.3 Identifies learning needs through reflection and consideration of evidence-based practice in consultation with the supervisory registered nurse and the multidisciplinary healthcare team.

10.4. *Contributes to and supports the professional development of others.*

ANMF comment: what others? This is a vague statement. Suggest delete.

10.5. *Uses professional supports and resources such as clinical supervision that facilitate personal wellbeing.*

ANMF comment: Suggest delete.

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

ANMF comment: there is the potential for mis-interpretation and possible misuse of this indicator and therefore we do not support its inclusion in the Standards, as it is written. Suggest either delete or rewrite as follows, to remove subjectivity. This should be covered by employers in code of conduct and uniform policies.

ANMF suggested re-wording:

10.6 Promotes a positive professional image.

Conclusion

The ANMF appreciates the opportunity to provide advice to the review of the enrolled nurse standards for practice.

The ANMF has a critical interest in standards which give guidance for safe, competent practice; provide clear direction for professional relationships; and, mitigate risk to the public who are recipients of health and aged care by enrolled nurses.