

# Supervised Practice Placements

Program Guide

## Contents

Introduction .....	3
Supervised Practice Placements at Western Health .....	3
Levels of Supervised Practice .....	4
Process .....	5
Program Reporting.....	6
Completion .....	6
Roles and Responsibilities .....	6
Why are Supervised Practice Placements important for Western Health.....	8
References and source documents.....	9
Appendix - Selection process.....	10

# Supervised Practice Placements



## Introduction

Supervised Practice placements are a requirement of nurses and midwives with provisional registration to meet conditions on their registration to ensure they can perform at the expected standards of their profession.

In 2023 the Nursing & Midwifery Board Australia (NMBA) extended the requirements for re-entry programs for nurses and midwives to practitioners who have not practised for over 10 years, to those who have not practised for 15 years, in order to facilitate a pathway for those nurses and midwives to regain full registration supported by a period of education, upskilling and supervised clinical practice, without the need to repeat their Bachelor or Diploma entry program.

A condition for supervised practice is imposed by NMBA when a practitioner requires supported clinical development for a number of reasons including;

- Unable to meet the Recency of Practice standard (450 hours every 5 years) due to time away from clinical practice refer to [Nursing and Midwifery Board of Australia - Recency of practice \(nursingmidwiferyboard.gov.au\)](https://www.nursingmidwiferyboard.gov.au)
- Re-orientation or upskilling of overseas qualified practitioners
- Deferred graduate – transition to clinical practice after initial qualification delayed

The condition is overseen and administrated by the compliance team at the Australian Healthcare Professionals Regulation Authority (AHPRA) as delegated by the NMBA, to ensure the placement is completed to the expected standard within the permitted timeframes.

Supervised practice reassures the community, National Boards and AHPRA that a registered health practitioner whose practice is being supervised (the supervisee) is safe, and competent to practise and is not putting the public at risk.

As a health provider, Western Health has a professional responsibility to support nurses and midwives to meet these requirements and supervised practice can offer an effective recruitment strategy.

There are currently 118,356 Registered and Enrolled Nurses in Victoria and 1,716 midwives. There are 274 nurses and midwives with provisional registration who require support and clinical assessment to regain full registration (AHPRA 2022-2023 Annual report).

## Supervised Practice Placements at Western Health

NMBA Supervised Practice Placements (SPP) are hosted in clinical settings and can be undertaken in any specialty related to the individual practitioner's experience and preferences.

Patient care given during supervised practice must be safe and appropriate. **This must be the overriding priority at all times.**

Participants and supervisors must be accountable and transparent at all times in complying with their responsibilities for the supervised practice arrangement and in communication with AHPRA and the NMBA; It is expected that participants and supervisors will practise in a culturally safe and respectful way as set out in the relevant National Board code of conduct and other relevant standards, codes or guidelines.

Objectivity from the supervisor is essential for the supervised practice arrangement to be effectively delivered. The supervisory relationship between supervisor(s) and the supervisee must always be professional.

Conflicts of interest may prevent objectivity and/or interfere with the supervised practice arrangement. Supervisors and supervisees must disclose potential or actual conflicts of interest as they arise.

The supervisors play an integral part in regulation and ensuring patient safety. NMBA will acknowledge the supervisor's efforts on completion of a supervised practice arrangement by sending out a certificate of completion and acknowledgement that their efforts have contributed to a practitioner's successful registration.

Supervisors and supervisees have responsibilities to protect patient safety and improve healthcare quality for Aboriginal and Torres Strait Islander Peoples, contributing to improving their health wherever possible.

Participants in the SPP need to have Professional Indemnity Insurance as they are not students with cover through a university placement agreement. Work cover arrangements also apply as for any other employee.

The candidate will be allocated a primary supervisor (preceptor) and a number of other supervisors to ensure one of these is always rostered on when they attend for their placement shifts. All supervisors must be nominated to AHPRA and approved before the placement commences. This allows for flexibility if a supervisor is not available to carry out the supervised practice. It also allows for NMBA to approve a relevant and suitable supervised practice arrangement with more than one approved supervisor. The supervisor will be from the same craft group as the supervisee, for example a Registered Nurse (RN) or Enrolled Nurse (EN) will be supervised by a RN, and a Registered Midwife (RM) by another RM.

## Levels of Supervised Practice

The levels of supervised practice are designed to make sure that the supervisee practises safely. There are two levels of supervised practice utilised in placements:

### Direct Supervision - Supervisor physically present at all times to observe the supervisee

The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.

The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times. During this part of the placement (usually the first 2 weeks) the participant will be **supernumerary and unpaid**.

### Indirect - Supervisor physically present at the workplace

After successful completion of the period of direct supervision, **once approved**, the participant may progress to Indirect Supervision for the remainder of the placement. The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee. Once competent and confident, the supervisee may take primary responsibility for their practice and the management of all individual patients receiving care under the supervisor's general oversight.

The supervisee must consult with the supervisor who is always physically present within the workplace or practice environment and available to observe and discuss at agreed intervals and as necessary the:

- management of patients, including when care is being given, and/or
- performance of the supervisee.

This review and discussion may be after the care is given to the patient.

Supervised practice may involve progression through these levels. Progression can occur depending on the individual requirements of the supervised practice placement as set out in the supervised practice agreement. Once the participant progresses to Indirect supervision, they will be paid and can be rostered in the staffing numbers.

Supervised practice is most effective when supervisees and supervisors are prepared and supported. There needs to be a shared understanding of the supervised practice arrangements. Participants will be given adequate orientation to their supervised practice setting.

## Process

Referrals for SPP requests may be received via a number of different pathways, including

- individual applications to existing vacancies/direct enquiries to wards and units
- Nursing & Midwifery Workforce Unit centralised recruitment and marketing activities (for example Transition to Acute Care program candidates) referral via the Australia Nursing & Midwifery Federation (ANMF) on behalf of members
- an individual seeking a host organisation for their placement requirements
- direct contact with Western Health (WH) in response to AHPRA recommendation.

All requests for SPP should be directed to the relevant Deputy Executive Director Nursing & Midwifery for consideration and screening. ***The process for selection can be seen at Appendix 1.***

The following exclusion criteria apply:

- Performance concerns or history of unsafe practice.
- Limitations or restricted practice conditions (e.g. Medication prohibition).
- Applicants who reside outside of the WH catchment (for future employment prospects)
- Applicants who do not have potential for employment on completion of the program
- Applicants who do not have sufficient experience in the Australian system (e.g. deferred graduates) *These will be directed to the Graduate program processes as applicable.*
- Applicants who do not have valid working rights or visa eligibility

The DEDONM will undertake the initial screening of the request including a desktop review of:

- NMBA conditions, registration status and reconciliation to AHPRA register of practitioners
- The applicant's Resume, experience and qualifications
- Supporting statements from the referrer where applicable e.g. ANMF
- Additional information from the practitioner including personal circumstances, availability and preferences
- Confirmation of PII

If the candidate is deemed suitable for SPP at WH, reference checks will be completed and a Police Check – Fit2Work performed. Individual availability and placement availability will also be considered.

It is expected that the SPP should be completed at no less than 0.6 EFT.

The DEDONM will then liaise with suitable wards/units to consider the placement. This includes consultation with the relevant DONM, Unit manager, educator, preceptors.

An Introductory visit should be organized before onboarding commences to ensure a good “team fit” for the candidate with the Unit Manager. The DEDONM will provide coaching to Unit managers, preceptors and educators where required.

Consideration will also be given to utilise host units where vacancy exists or the applicant has specialist experience.

Unsuccessful applicants will be advised by the DEDONM, including the reasons for rejection of the placement request which shall also be communicated to the referrer where this is a third party.

Successful applicants will be onboarded to Nurse/Midwifery Pool by the NMWU to ensure all necessary onboarding processes, screening and documentation is received and the necessary start up processes are completed for online orientation and IT access.

## Program Reporting

Outcomes and program completion data and measures will be reported in the Nursing & Midwifery workforce reports through to the Operations Steering Committee, and to the Nursing & Midwifery Advisory Committee. The program may also be showcased at appropriate conferences and webinars, and featured in newsletters.

## Completion

The criteria for when supervised practice is successfully completed will depend on the period of supervised practice and specific requirements of the individual supervised practice plan.

The criteria for successfully completing supervised practice will be set out in the supervised practice plan for each placement. To meet a registration requirement or eligibility for registration, the criteria for completing supervised practice includes when the practitioner has;

- Completed the required numbers of hours in practice in both direct and indirect supervision components of the program
- shown competence against the relevant standards as assessed by the approved supervisor
- successfully transitioned through the supervised practice levels (if required)
- successfully completed required training, assessment or education approved by the Board, and
- had the notations or conditions removed from their registration.

This information will be updated on the public register of practitioners. Supervised practice will only be deemed as complete when the Board decides the conditions or undertakings are no longer necessary following submission of final reports, reflective journal and supervisor feedback.

## Roles and Responsibilities

### Role of the Supervisor

- Agree and sign nomination to AHPRA for approval as a supervisor (this occurs via a template and includes the supervisors work details, qualifications, experience and NMBA Registration number)
- Assessment of participant whilst on placement against the relevant standards for Practice (RN/RM/EN) and documentation on the agreed learning plan
- Sign off AHPRA reporting templates when changing from direct to indirect supervision, and on completion of the placement
- Support and preceptor the participant during placement when allocated as the supervisor.

### **Role of the participant (supervisee)**

- Undertake the placement as agreed in the plan
- Abide by the position description, duties and employment contract with WH
- Notify the Unit Manager of any concern or challenges completing the placement at the earliest opportunity
- Be available for rostered shifts to meet placement hours at 0.6 – 1.0 EFT with flexible rostering across shifts/days
- Seek support and guidance from supervisors and develop learning goals as the placement progresses
- Ensure practice is safe and participate in assessment processes as required by the learning plan.

### **Unit Manager**

- Coordinate the AUM and preceptor team to ensure the placement supervisors roster is covered
- Educate ward staff on SPP Supervisor responsibilities. Ensure all staff are aware of the [Supervised Practice Framework](#) resource.
- Submit all necessary documentation templates to AHPRA (See appendix 2)
- Ensure open communication with Supervisee about progress of application
- Liaise with ward Clinical Nurse Educator and co-design/agree upon a Supervised Learning Plan.
- Welcome, orientate and induct the participant to the clinical area and team
- Report any concerns or challenges with the placement to the relevant DONM/DEDONM immediately
- Liaise with NMWU to ensure onboarding and orientation is completed prior to placement commencing

### **Educator**

- Facilitate the orientation and induction of the participant to the ward/unit/team in partnership with the UM
- Identify training and learning needs to be covered in orientation
- Complete the learning plan template in conjunction with the Supervisee and Unit Manager
- Ensure the learning plan includes SMART goals and learning opportunities are facilitated
- Include SPP participants in all ward/unit education sessions and clinical learning activities
- Regular debrief and reflective discussions with participant (weekly) to ensure knowledge and skill acquisition and confidence/capability building is progressing

### **NMWU**

- Onboarding and recruitment process to be completed prior to placement commencing
- Support and facilitate transition to ongoing role or pool on completion of program and removal of conditions leading to full registration
- Refer suitable candidates to the program who apply through other channels – e.g. centralised recruitment, Grade 2 roles, TAC or GNMP pathways

## DEDONM/DONM

- Screen candidates and ensure suitability for SPP and WH nursing & midwifery teams
- Support clinical areas hosting placements
- Educate teams on SPP and the roles/responsibilities and expectations using tools and templates
- Regular check in with participants (fortnightly) to ensure progress and welcoming behaviours
- Facilitate transfer to ongoing employment at WH on completion of program.
- Investigate and manage any complaints or clinical risks pertaining to participants or host units

## Why are Supervised Practice Placements important for Western Health

There are several benefits to supporting Supervised Practice placements in our wards and departments.

Our reputation as an employer of choice is enhanced, and the following considerations are important for both the health service and program participants;

- Positive recruitment
- Individuals regain professional identity and registration
- Committed to developing and retention of experienced clinicians in nursing and midwifery professions
- Positive feedback from managers who have hosted and recruited through the program

We also have access to an otherwise untapped pool of experienced staff, including;

- Motivated and passionate practitioners
- Continue to develop capacity and capability in our workforce
- Future funding opportunities
- Partnership options with ANMF, Colleges of Nursing & Midwifery, AHPRA

A formal evaluation process will be undertaken to ensure the program is meeting requirements for both host units and participants.



## References and source documents

Recency of Practice Standard, NMBA 2016 [Nursing and Midwifery Board of Australia - Recency of practice \(nursingmidwiferyboard.gov.au\)](https://www.nursingmidwiferyboard.gov.au)

Annual Report AHPRA July 2023 [Australian Health Practitioner Regulation Agency - Annual report 2022/23 \(ahpra.gov.au\)](https://www.ahpra.gov.au)

Supervised Practice Framework AHPRA May 2023 [Australian Health Practitioner Regulation Agency - Supervised practice framework \(ahpra.gov.au\)](https://www.ahpra.gov.au)

**Appendix - Selection process**

