

Fact sheet

6 April 2020

Nurses with a sole qualification in mental health, disability or paediatric nursing: Changing your scope of clinical practice in response to COVID-19

Background

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

This fact sheet addresses important considerations for internationally qualified nurses with a sole qualification in mental health nursing, paediatric nursing or disability nursing who are seeking to or have been asked to change the scope of their clinical practice in response to COVID-19.

Who this fact sheet is for?

This fact sheet applies to nurses holding current general registration with a notation stating that they are solely qualified in the area of mental health nursing or paediatric nursing or disability nursing, who are seeking to or have been asked to change the scope of their clinical practice in response to COVID-19.

This fact sheet does not apply to internationally qualified nurses with sole qualifications who are still practicing within their 12-month supervision period.

This fact sheet also applies to health services who employ or are in the process of employing and/or transitioning and supporting sole qualified nurses who are changing their scope of practice.

Due to the evolving nature of COVID-19, the NMBA acknowledge that advice and management plans for the COVID-19 response may change quickly. Users of this fact sheet are advised to review the NMBA website regularly for updated information and current advice.

This fact sheet will be in operation for a period of 12 months from the commencement date or unless otherwise specified.

COVID-19 context

As demand on healthcare resources escalate, nurses with a sole qualification in mental health, disability or paediatric nursing may seek to or, be asked to change the scope of their clinical practice to support the COVID-19 response.

The NMBA recognise that in these challenging circumstances, there may be a need for sole qualified nurses to adjust established ways of working to provide appropriate care to patients and clients. This may mean changing the context and/or scope of their practice to support the general nursing workforce or, to provide a hybrid model of care that requires the application of specialised mental health, disability or paediatric nursing skills in areas not applicable to their notation i.e. adult or general-medical/acute care settings.

Nurses with sole qualifications

Nurses with a sole qualification are Registered nurses who are qualified and registered to practice in a specific area of nursing practice.

There are three areas of sole qualification nursing practice in Australia: mental health, disability and paediatric nursing. Sole qualified nurses are identifiable on the NMBA's general register with a notation:

- 'solely qualified in the area of mental health nursing', or
- 'solely qualified in the area of paediatric nursing', or
- 'solely qualified in the area of disability nursing'.

Sole qualified nurses currently on the general register without conditions meet the NMBA's registration standards on recency of practice, continuing professional development (CPD), criminal history and professional indemnity insurance (PII). As an expectation for professional practice, sole qualified nurses also work within the [Code of conduct for nurses](#), [Code of ethics for nurses](#) and the [Registered nurse standards for practice](#).

Can nurses with sole qualifications change the scope of their clinical practice in response to COVID-19?

Nurses with sole qualifications on the general register may transition into an area of nursing practice outside of their sole qualification/notation subject to the following:

- The sole qualified nurse holds current general registration with the NMBA.
- The sole qualified nurse is changing the scope of their practice to support the increased workforce need in response to COVID-19 only.
- The sole qualified nurse has reflected their clinical experience, skills and knowledge using the NMBA's *Registered nurse standard for practice* and reviewed the *Decision-making framework for nursing and midwifery* to support their decisions in the context of practice change.
- The sole qualified nurse understands and works within the scope of their new clinical context, including revised or new position descriptions (if available) and health service policies, procedures and clinical practice guidelines.
- The sole qualified nurse has the support of the employing health service, including knowledge of sufficient staffing, skill mix availability and supervision capacity to support their transition and learning needs.
- The sole qualified nurse has no conditions or undertakings (including supervision requirements) on their registration.

Examples of circumstances in which sole qualified nurses may seek or be asked to change their scope of clinical practice include paediatric critical care nurses transitioning into adult critical care units to care for increased numbers of ventilated adult patients or mental health nurses transitioning into general acute care wards (or utilising acute care/general nursing skills in mental health wards) to support backfill and/or general patients with acute mental health care needs..

What should I consider before changing my scope of practice?

Nurses with a sole qualification must take steps to ensure they are competent and capable to safely deliver clinical care in their new practice setting. Competence is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession.

When considering competence and capability for a changed clinical scope, it is important sole qualified nurses reflect on their current clinical experience, current clinical skills and clinical knowledge and how this translates to their new practice context.

Nurses can use the NMBA's Registered nurse mapping template to reflect on and map their clinical skills, knowledge and experience against each of the NMBA's *Registered nurse standards for practice* here: [Mapping template: Registered nurse standards for practice.](#)

How can I support myself to ensure I am safe and competent to practice in a changed clinical scope?

In order to safely and competently practice with a changed clinical scope, it is important sole qualified nurses consider the following:

The Decision-making framework (DMF) for nursing and midwifery

The NMBA's [Decision-making framework for nursing and midwifery](#) provides guidance to nurses when making decisions about scope of practice and changing responsibilities. The statements and actions set out in the DMF will provide direction to sole qualified nurses about processes that will help to ensure that safety is not compromised when making decisions about practice change, scope of practice, whether to delegate activities to others, accept a delegation and for the level of supervision support the individual practitioner requires or could be asked to provide.

Scope of practice

Nurses with sole qualifications are responsible for making professional judgements about when an activity is within their scope of practice and, when it is not; and for initiating consultation and collaboration with, or referral to, other members of the healthcare team.

Scope of practice decisions should be made in a collaborative way, through professional consensus, consultation and negotiation with people in your care, their support people and the healthcare team.

Supervision requirements

Nurses with sole qualifications changing to their scope of practice may benefit from a period of direct or indirect supervised practice to support this transition. Supervision requirements should be negotiated with the health service and informed by the nurses DMF outcome and reflection using the *Registered nurse standards for practice mapping template*.

Supervision should be tailored to the purpose of supervision taking into account the sole qualified nurses' individual circumstances, their recent experience, skills and learning needs. For further information, please see the [Supervision guidelines for nursing and midwifery](#).

Refresher programs

Short, acute care refresher programs designed to support transitioning nurses in response to COVID-19 are available.

Please note that nurses who identify that an acute care refresher program is needed are advised to regularly review the websites of relevant state and territory professional associations, colleges and education providers for more courses, availability and eligibility requirements. The following refresher programs are not NMBA-approved programs of study:

| Education provider | Program | Details | Link |
|-------------------------------|---|------------------|--|
| Australian College of Nursing | Refresher Program for Registered Nurses | 36 hours, online | www.acn.edu.au/education/cpd-online/refresher-program-for-registered-nurses |
| Australian College of Nursing | Refresher Program for Enrolled Nurses | 36 hours, online | www.acn.edu.au/education/cpd-online/refresher-program-for-enrolled-nurses |

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| Australian Nursing and Midwifery Federation (Vic Branch) | Re-orientation to acute care setting | 2 days, face-to-face | https://cpd.anmfvic.asn.au/events/viewitem/883 |
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Considerations for health services

The NMBA recognises that demand for nurses is likely to increase in response to COVID-19. The NMBA supports nurses with sole qualifications on the general register to transition into a general nursing practice role for the duration of the COVID-19 response subject to the provisions contained in this fact sheet.

When considering employing and/or transitioning and supporting sole qualified nurses in response to COVID-19, the NMBA advises the following factors are considered:

- Outcome of the nurses' reflection and DMF self-assessment
- Nurses' educational preparation, experience, capacity and competence to safely perform new clinical activities either autonomously, with direct/indirect supervision or with education, support and direct supervision
- Health service capacity to support appropriate supervision of the nurse including available skill mix, model of care and staffing levels
- Health service capacity to employ the nurse into a ward/department where they will be able to draw upon the skills, knowledge and experience specific to their notation
- Nurses' understanding of health service policies, procedures and clinical practice guidelines
- Nurses' understanding of their scope of practice, accountability and reporting responsibilities
- Completion of any relevant continuing professional development (CPD) in previous 12-months.

Common questions

Do I need to complete an NMBA-approved program of study leading to general registration?

Nurses with sole qualifications on the general register who are seeking to change the scope of their clinical practice *in response to COVID-19* do not need to complete an NMBA-approved program of study leading to general registration.

Please note the operation of this advice is time limited and will only have effect for 12-months.

What do you mean by clinical practice?

Clinical practice is when the nurse or midwife is directly involved in providing direct clinical care or providing oversight of direct clinical care of patients, or is directly involved in clinical education of either pre-registration or post-registration students, including bridging programs.

Some examples of clinical practice roles are:

- a nurse working in a medical or surgical ward of a hospital
- a midwife working in a postnatal care unit

What do you mean by context of practice?

Context of practice refers to the conditions that define an individual's practice. These include the type of practice setting (such as healthcare agency educational organisation and/or private practice), location of the practice setting (such as urban, rural and/or remote), characteristics of care recipients (such as health status, age, gender, learning needs and culture), focus of nursing or midwifery activities (such as health promotion, research and/or management), degree to which practice is autonomous, and resources that are available, including access to other health professionals.

What do you mean by scope of practice?

Scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

What is supervised practice?

A period of practice under supervision. It is a formal process of professional support and learning which allows a nurse and/or midwife (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may be *direct* or *indirect* according to the nature of context under which the practice is being supervised.

What is indirect supervision?

Indirect supervision means the supervisor and supervisee share the responsibility for individual patients. The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee is delivering.

What is direct supervision?

Direct supervision means the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients/clients). The supervisor must be physically present at the workplace, observing at all times when the supervisee is providing clinical care according to the supervised practice plan.

For further information on supervision requirements for nurses and midwives, please see the [Supervision guidelines for nursing and midwifery](#).

For more information

The following pages on the NMBA website contain useful information for nurses and midwives and employers:

- [Registration standards](#)
- [Registration and endorsements](#)
- [Professional codes and guidelines](#)
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (within Australia) +61 3 9275 9009 (overseas callers)

Document control

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This fact sheet will expire in 12 months from the commencement date unless otherwise specified.