

1. PURPOSE

Regulatory supervision allows a practitioner to continue practising by providing the appropriate level of monitoring and oversight to reassure that public safety is being preserved. Such supervision allows for the maintenance of the nursing and midwifery workforce and public safety. It minimises the premature loss of valuable trained practitioners who have been identified as requiring support and supervision either while a notification about their performance, health or conduct is being assessed or for a period while their performance or health is being remediated with treatment or education. Practitioners who are considered to be not safe to practise even with supervision will have their registration suspended or cancelled.

2. AIM OF SUPERVISION

The aim of regulatory supervision is to monitor progress, provide feedback and learning support to the practitioner. The supervision reports also provide independent third party verification to the Council that the practitioner is practising within expected standards and allow for the early reporting and management of unsafe practise, or non-compliance with practise restrictions. The Council, employers and registered practitioners (supervisors and those being supervised) share the responsibility for maintaining public safety, professional workforce, professional standards and appropriate supervision.

3. OVERSEEING SUPERVISION AND PROVIDING REPORTS

Nominating a supervisor

Generally, the practitioner's employer will be asked to assist with the implementation of supervision by nominating a nurse or midwife manager or equivalent senior nurse (CNE, CNS2 or CNC) to oversee supervision. This person will be asked to submit their resume to the Council for approval.

Approved supervisor and reports

The approved supervisor may be requested to provide periodic reports to the Council, in the Council approved format on the practitioner's performance against the Nursing and Midwifery Board of Australia's [standards for practice](#). The Council will generally specify the frequency of reports necessary. However, the approved supervisor can make a report to the Council at any time they consider that the practitioner has been practising below accepted standards or unsafely, or when practitioner is not complying with the conditions on registration.

Supervisor on every shift

The approved supervisor is responsible for ensuring that the practitioner is supervised on every shift. A supervisor (usually the senior lead practitioner on a shift for the unit or area) is assigned to the practitioner for each of their shifts. The supervisor need not be the same person on every shift, but must be a registered nurse (Division 1) or registered midwife (as is relevant) who has no restrictions on their registration. The supervisor must be willing and competent to facilitate the appropriate delegation of patients and/or responsibilities to the practitioner and facilitate the appropriate level of supervision given the environment, context and any directions from the Council about the minimum supervision level. The practitioner being supervised should only accept delegated patients and responsibilities if they have the knowledge and skills to safely meet the delegated responsibilities under the supervision level which is available.

Notification and monitoring

The practitioner must (i) notify the approved supervisor of the practise conditions on registration; and (ii) request the approved supervisor sign documents acknowledging awareness of the conditions and authorisation to act as specified in the conditions. The approved supervisor and the practitioner being supervised must ensure any supervisor has sufficient information about any practise restriction or limitation on the practitioner to allow the supervisor to carry out their role. The supervisor provides feedback to the practitioner and approved supervisor.

Meetings between the practitioner and approved supervisor

It is recommended that the approved supervisor meets with the practitioner regularly at a planned and scheduled frequency, which the manager considers necessary, taking into account the practice context, assessment of the practitioner's ongoing performance and reporting requirements.

4. LEVEL OF SUPERVISION

The level of supervision and the responsibilities delegated to the practitioner depend on the context or practise, the needs of the consumer and the knowledge and skills of the person who is being supervised. Practitioners who require 'regulatory supervision' will have a condition on registration which specifies the minimum level of supervision that is required for safe practise. The level of supervision may be identified in the condition as defined below.

Regardless of the minimum level of supervision described in the condition on registration, in some instances the supervisor, after considering the context of practise may determine that a higher level of supervision and oversight may be necessary for a period of time or may review the responsibilities delegated to the practitioner. The practitioner may also refuse a delegation if they believe they do not have the knowledge or skills to undertake a particular responsibility without additional professional development.

Direct supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised. Direct supervision may be limited to a specific area of practice, such as, the administration of medications or, it may be specified that direct supervision is required for all practise as a nurse in which case it would be expected that the supervised practitioner be "buddied" and work with the supervisor for all practise.

Indirect close supervision is when the supervisor must be on site and working in close proximity within a ward or unit with the practitioner, and able to oversee the practitioner's practice and provide regular advice if need be. It may not be necessary to constantly observe the practitioners activities.

Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access if required by the practitioner to provide advice and should 'check in' on the practitioner occasionally during the shift to ensure the responsibilities delegated to the practitioner are being met.

Remote supervision is when the supervisor is off site or working remotely from the practitioner. The supervisor must be accessible to the practitioner to provide advice either in person or by telephone.

Direct Supervision for medications supervision is when the supervisor must be present at all times to observe, work with, guide and direct the registrant in the administration of medications.

5. RESOURCES

Standards for practice	http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx
National framework for decision making	http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#dmf
Professional Codes & Guidelines	http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements