



Division 1 and Division 2
Scope of Nursing Practice Guidelines

The Royal Children's Hospital, Melbourne | June 2009

Contents

1. Overview	2
2. Definitions (Adapted from the ANMC Legislation)	3-4
3. Role Relationships within the Health Care Team	5-8
4. Classification Structure of Division1 and Division 2 Nurses	9-11
5. Scope of Practice for Division1 and Division 2 Nurses	12-18

1. Overview

In the last decade, the nursing profession has seen significant dynamic changes around the traditional definition of Division 1 and Division 2 Registered Nurses. These changes have included the enhancement of education, the expansion of competencies and the subsequent increase in scope of practice. This scope of practice is continually changing for nurses as they have growing education opportunities to acquire new skill sets and competencies.

A challenge will be working towards overcoming existing attitudes of Division 1 and Division 2 Nurses and other health care team members, and breaking traditional definitions and beliefs. This will be done by providing education seminars around the role of the Division 2 Nurse within the health care team. This move will require key stakeholder involvement from the Royal Children's Hospital (RCH) Clinical Nurse Educators, Clinical Nurse Coordinators, Nurse Unit Managers & Associate Nurse Unit Managers.

This guideline will direct all nursing practice by ensuring nurses make decisions that demonstrate clinical competency and accountability for the standard and scope of their own individual level of practice. The guideline will also inform other health professionals, health service providers and the community at The Royal Children's Hospital of the evolving definition of Division 1 and Division 2 Nurses.

Division 1 and Division 2 Nurses are fundamental parts of the health care team and with this new wave of change, The Royal Children's Hospital would like to better integrate and support Division 2 Nurses into the workforce.

2. Definitions (Adapted from the ANMC Legislation)

Accountability

All nurses are accountable for their own practice. Accountability is the state of being answerable for one's decisions, actions or inactions. Division 1 Nurses must be prepared to answer for their actions and to others for decisions about nursing, including delegation decisions. Division 2 Nurses must be prepared to answer to others for their actions and to the Division 1 Nurse for delegated activities.

Collaboration

Collaboration refers to working in partnership with health care personnel and families for the benefit of children receiving exceptional standards of health care.

Competence

Competence is the ability to demonstrate application of current knowledge, skills and appropriate professional attitudes to defined industry standards. In nursing, it is the combination of current knowledge, skills and personal attributes with self-assessment to provide services of a standard acceptable to the patient and the nursing profession.

Delegation

Delegation within the context of nursing is the action by which a Registered Nurse delegates aspects of care to another health care team member who has the appropriate education, knowledge and skills to undertake the activity safely.

Decisions related to delegation must be based on the need to protect the health and safety of the patient and improve health outcomes. Decisions about delegation must be responsive to the changing needs of the patient and therefore require regular review by the nurse based on assessment of nursing requirements, the context of care, and the competence of the person to whom the delegation is given.

Division 1 Nurses

Division 1 Nurses work as a member of the healthcare team and provide nursing care according to their individual scope of practice and qualifications. They are accountable for their own scope of practice, as well as delegation and supervision decisions.

Division 2 Nurses

Division 2 Nurses work as a member of a healthcare team and provide nursing care according to their individual scope of practice and qualifications. They work as required under the supervision (direct or indirect) of Division 1 Nurses.

Responsibility

The obligation that an individual assumes when undertaking to carry out planned/delegated activities.

Supervision

Supervision includes the monitoring and directing performance of specific activities according to the nature of the work delegated.

Supervision – Direct Supervision

Direct supervision is provided when the Division 1 Nurse is present, observes, works with, directs and assesses the person being supervised.

Supervision – Indirect Supervision

Indirect supervision is provided when the Division 1 Nurse works in the same area as the supervised person, is accessible but does not constantly observe their activities.

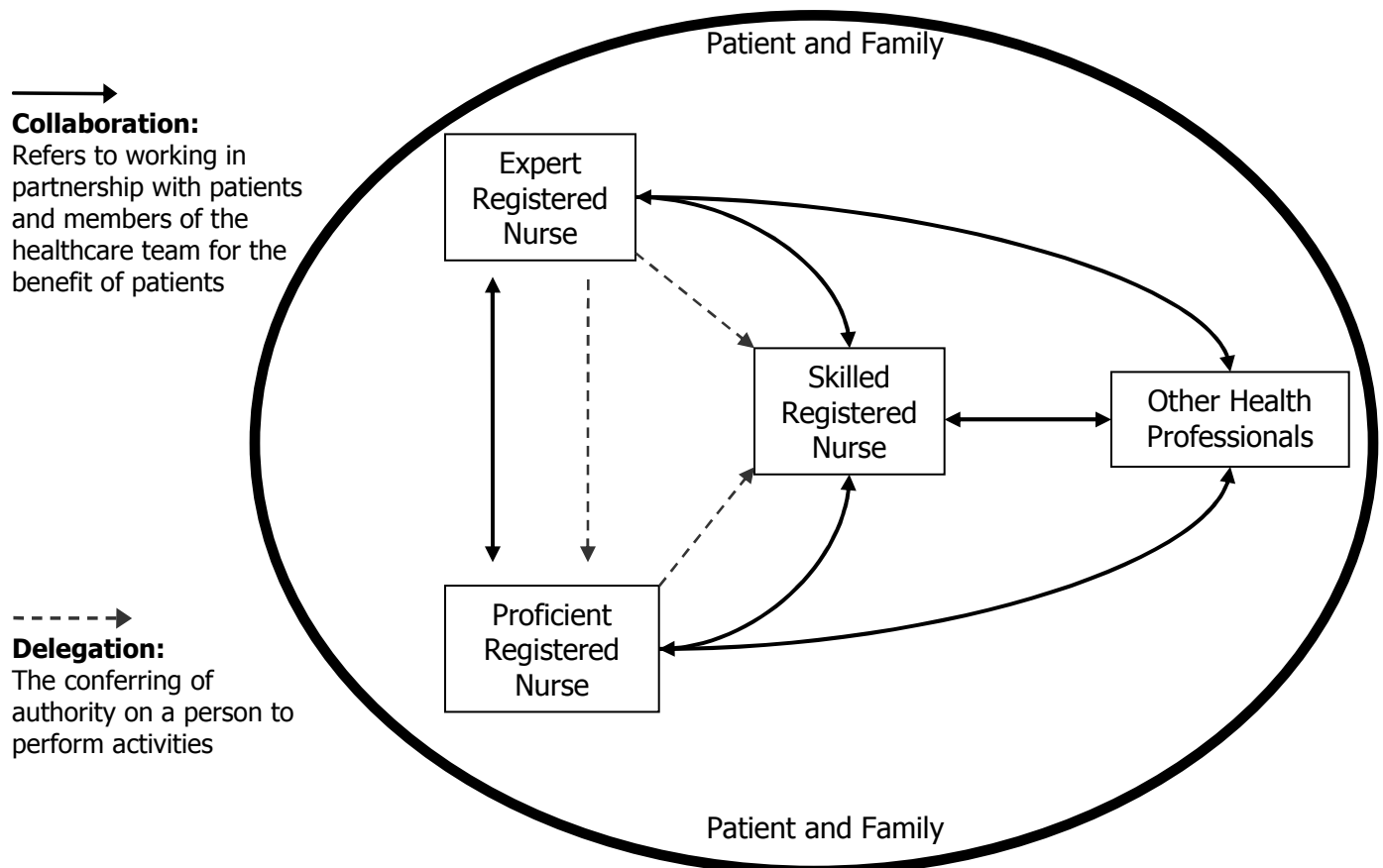
3. Role Relationships within the Health Care Team

At The Royal Children’s Hospital, to meet complex health care needs of children, Registered Nurses work within a health care team. To be effective, team care must be based on mutual understanding, respect, trust, collaboration and co-operation. It is paramount the team embraces the work ethic that the knowledge and contribution of each member is valued and recognised. The ultimate goal is working together to improve the health and well being of the child.

Given that Division 2 Nursing has undergone significant change, it is important for The Royal Children’s Hospital to support the new roles of Division 2 Nurses.

Map of Role Relationships among Healthcare Personnel

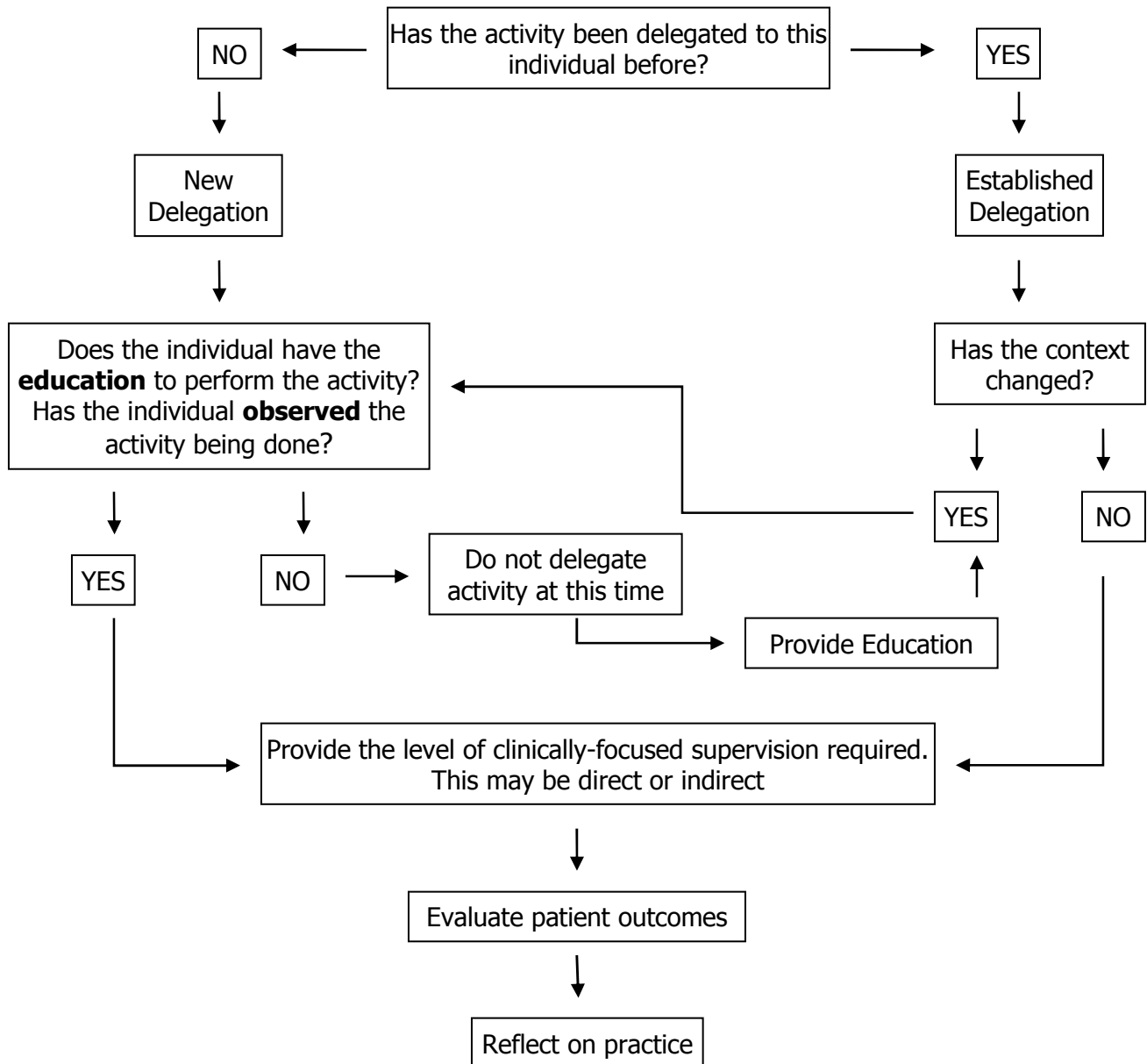
This diagram illustrates the collaborative approach of all healthcare personnel working together, including the family, for the health and well-being of the patient.



Delegation and Supervision Guidelines

This diagram illustrates the mechanisms to use when working out when and who to delegate activities to and what supervision is required.

Adapted from Queensland Nursing Council Framework: Delegation and clinically-focused supervision



Delegation Summary						
	Teaching and Competence Assessment	Clinically-Focused Supervision	Evaluation of patient outcomes	Reflection on Practice	Accountability of the person delegating	Accountability of person accepting delegation
New Delegation	Required	Direct	Direct and Frequent	Continuous	Greater	Less
Established Delegation	Not Required	Indirect	Indirect and Less Frequent	Regular Intervals	Less	Greater

4. Classification Structure of Division 1 and Division 2 Nurses

Education of nurses is based on the Australian Nursing and Midwifery Council national competencies for Division 1 and Division 2 Nurses, to ensure that nurses can work in collaboration with each other and meet the needs of modern contemporary health care delivery. The nursing educational pathway provides a structure that allows a nurse to choose from a variety of academic awards, which include diploma up to PhD. Postgraduate study is diverse, ensuring that nurses can self-select to obtain particular skills and knowledge in a variety of specialty areas.

Nursing has its own body of knowledge and develops skilled practitioners with the ability to provide competent nursing care in a variety of healthcare settings. Nurses have a responsibility to ensure their knowledge and skills remain current and can undertake short courses and educational forums provided through The Royal Children’s Hospital.

Classification Structure Division 1 Nurses

At The Royal Children’s Hospital, Division 1 Nurses will come from one of two streams. Nurses will either be hospital trained and hold a Nursing Certificate, or nurses will have undertaken the Bachelor Degree which is a comprehensive program that provides students with the skills and knowledge to competently practice in a wide variety of health settings. It is delivered through the tertiary sector as practice benefits most from research and autonomous thinking.

For nurses wishing to specialise there are a range of postgraduate courses available to them including Postgraduate Certificates & Diplomas, Masters and Doctoral level studies.

2 Streams

- 1) Hospital trained and hold a Certificate
- 2) Bachelor of Nursing Degree

Classification Structure Division 2 Nurses

At The Royal Children's Hospital, Division 2 Nurses will come from one of eight streams. In order to increase and improve the integration of Division 2 Nurses, it is important to understand the distinction of individual Division 2 Nursing qualifications. From 2008, a new qualification for Division 2 Registered Nurses has been implemented whereby the new qualification incorporates units in medicine administration previously covered in the Course in Medication Administration for Division 2 Nurses.

Division 2 Nurses have a range of opportunities to enhance their clinical practice and career opportunities and post-registration education modules are available through private or public registered training organisations.

8 Streams

Pre 2008

- 1) **General Enrolled Nurse – Hospital Trained**
- 2) **Certificate IV in Nursing – General Division 2**
- 3) **Certificate IV in Nursing – General Division 2 + Medication Administration Course**

Post 2008

- 4) **Certificate IV in Nursing – General Division 2 + Medication Administration Course + IV Medication Course**

5) Certificate IV in Nursing – General Division 2

- Able to administer medication
- need further training to implement and monitor all nursing care for patients with acute and chronic health needs

6) Certificate IV in Nursing – General Division 2 + IV Medication Course

- Able to administer and monitor medication including IV therapy
- Able to implement and monitor all nursing care for patients with acute and chronic health needs

7) Diploma of Nursing – General Division 2

- Able to administer and monitor medication including IV therapy
- Able to implement and monitor all nursing care for patients with acute and chronic health needs

8) Advanced Diploma of Nursing – General Division 2 Nursing

- Specialisation in advanced clinical assessment, care and management

5. Scope of Practice for Division 1 and Division 2 Nurses

The Nurses Board of Victoria have developed principles and a framework to guide nurses through the process to be followed when making decisions about nursing practice and whether to delegate activities to other members of the health care team.

The nursing scope of practice is that in which Division 1 and Division 2 Nurses are educated, authorised and competent to perform duties of care and it is influenced by education, regulation, policy, legislation, standards and professional work culture. It is imperative for all nurses to perform self-assessments to know what their current scope of nursing practice is.

RCH Principles for Supportive Nursing Practice for Registered Nurses

The Royal Children's Hospital has a duty to provide a safe environment qualified staff and policies to support staff. The Royal Children's Hospital supports all Registered Nurses to work within and increase their scope of practice where identified, by providing continuing education and professional development opportunities to enable individuals to become competent and confident in their own scope of practice.

The Nurse Unit Manager is expected to support all Registered Nurses on their unit to understand, adhere to and support an increase in scope of practice where appropriate.

Clinical Nurse Facilitators / Educators attached to each unit in the hospital are expected to assist all Registered Nurses wanting to enhance their scope of practice through the development of professional portfolios, completion of competency packages and undergoing annual reviews.

It is the expectation of other staff working within the clinical unit to provide constructive feedback to Registered Nurses upon their current scope of practice and to assist where possible in the extension of their scope of practice.

As a Registered Nurse, each individual is accountable for their own practice, as well as to children and their families to whom they provide nursing services and the service provider (RCH).

Registered Nurses are required to work within their own current scope of practice. They must be able to recognise if asked to undertake an activity outside their current scope of practice, the steps to be undertaken to ensure confidence and competence to increase their scope of practice.

In the context of nursing at The Royal Children’s Hospital, the following principles act as a guide:

Principle 1:	The primary motivation for any decision about a care activity is to meet the patient’s health needs or to enhance health outcomes.
Principle 2:	Nurses are accountable for making professional judgments about when an activity is beyond their own capacity or scope of practice and for initiating consultation with, or referral to, other members of the health care team.
Principle 3:	Division 1 Nurses are accountable for making decisions about who is the most appropriate person to delegate an activity from the nursing plan of care.
Principle 4:	Nursing practice decisions are best made in a collaborative context of planning, risk management and evaluation.

Scope of practice

4.1 How do I know what my current scope of nursing or midwifery practice is?

The following issues and questions should be considered before you undertake a nursing or midwifery activity:

<p>Improved Outcomes: Am I confident in my ability to achieve a beneficial outcome for the health consumer?</p> <p>Yes</p>	<p>No</p>	<p>If no to any – further planning and consultation are needed and referral may be necessary in the meantime.</p>
<p>Statutory authorisation and certification: Will the activity comply with relevant statutory and regulatory standards? Will the activity comply with professional standards? Do I have the appropriate certification (if available)?</p> <p>Yes</p>	<p>No</p>	
<p>Organisational support: Have I considered any potential risks and developed strategies to avoid them? Are there policies and procedures as part of an organisational risk management framework that supports this practice?</p> <p>Yes</p>	<p>No</p>	<p>If no to any – further planning and consultation are needed and referral may be necessary in the meantime. If you have received the education and have been assessed as competent, but are not confident to perform the activity – consider whether you could perform the activity with the support and supervision of a more experienced nurse or midwife. If not – do not proceed.</p>
<p>Competent and confident: Do I have the educational preparation? Do I have the clinical practice experience? Am I competent to perform the activity safely? Am I confident to perform the activity safely?</p> <p>Yes</p>	<p>No</p> <p>Remain Unsure</p>	
<p>Proceed with the activity.</p>		

If 'Yes' to all, then the activity is within your scope of nursing or midwifery practice and it is appropriate to proceed.
If 'No' to any, then the activity is outside your scope of nursing or midwifery practice. Education, clinical supervision and assessment of competence for the activity will be required.

The Royal Children's Hospital Health Care Provider Scope of Practice Cards

At The Royal Children's Hospital, Registered Nurses will always be supported to enhance their scope of practice. These opportunities can always be discussed with the Unit Manager and support staff and will form an integrated component of each nurses Professional Portfolio. The Professional Portfolio will indicate what core competency package and/or guideline has been completed within the hospital to provide a record for the nurse if they move to other clinical areas. Completed education Activities and Competency Packages will also be recorded on the hospital Trend Care system.

Have you had the **EDUCATION** to perform the activity?



Have you **OBSERVED** the activity being done?



Have you been **DIRECTLY SUPERVISED** performing the activity?



Have you performed the activity with **INDIRECT SUPERVISION**?



Do you feel **COMPETENT** and **CONFIDENT** to perform the activity **INDEPENDENTLY**?

If in doubt, ALWAYS ask a senior nurse.



Are YOU working within your Scope of Practice?

At RCH when attending patients and their families **ALWAYS** remember...

You are **ACCOUNTABLE** for your own practice and you have a **RESPONSIBILITY** when carrying out any planned or delegated activities.

Our role as Health Care Providers at RCH is to provide safe care for children and support their families to the highest possible standard.

For more information refer to the Division 1 and Division 2 Scope of Nursing Practice Guidelines on the RCH website.



ERC 091331

The Royal Children's Hospital Guidelines for Division 2 Scope of Practice

The Royal Children's Hospital has outlined the following guidelines for the Scope of Practice for Division 2 Nurses working in all areas of the hospital.

The guideline is written with the understanding that the Division 2 Nurse has completed the appropriate formal training and/or RCH Hospital Competency Packages in order to practice in a safe, confident and competent manner.

General Division 2 Nurse

- Capillary bloods
- CPAP/BiPAP
- CVC dressings
- EVD & Codman
- General dressings
- Indwelling catheter insertion
- LTV
- Nasogastric insertion and feeds
- Oxygen (no initiation / titration)
- Pacemakers
- Suctioning
- Trachy
- Venipuncture
- Supervise Student Nurse Placements
- Opportunity to be Preceptors
- And all aspects of basic patient care.

Medication Endorsed and Certificate IV in Nursing General Division 2 (post 2008)

- Bowel and bladder washouts
- Nitrous
- Non-intravenous medication - Enteral, SQ, IM, Topical, Rectal, Nasal, Eye/Ear, Inhaled
- Oxygen (initiation and titration).

IV Endorsed and Diploma of Nursing General Division 2 (post 2008)

- Access and Maintain Peripheral, Central, Intrathecal, Intra-arterial, Epidural, and Intra-osseous catheters for flushing, medication administration, and obtaining specimens
- IV cannulation
- Peritoneal Dialysis
- PCA infusions
- Theater transfers.

Not Allowed: (under consideration/review)

- Inotropic infusions
- VAD
- ECMO
- Haemodialysis.

References

1. Nurses Board of Victoria. Guidelines. Scope of Nursing and Midwifery Practice. Available at URL: <http://www.nbv.org.au/>. Accessed June 2009
2. Nurses Board of Victoria. Guidelines. Delegation and Supervision for Registered Nurses and Midwives. Available at URL: <http://www.nbv.org.au/>. Accessed June 2009
3. Australian Nursing and Midwifery Council. Professional Standards. Available at URL: <http://www.anmc.org.au/>. Accessed June 2009
4. Queensland Nursing Council (2005). Scope of Practice Framework for Nurses and Midwives. Queensland

*Authors: Kristen Porter RN & Vinta Chopra RN BHSc.MPH
July 2009*