

# PROFESSIONAL PRACTICE MANAGEMENT OF NURSES AND MIDWIVES POLICY<sup>®</sup>

## DOCUMENT SUMMARY/KEY POINTS

- This policy outlines the process for managing nursing and midwifery staff with identified professional practice issues across the Sydney Children's Hospitals Network in a transparent, structured and consistent manner, to ensure positive outcomes for patients, staff and the organisation.
- All nurses and midwives are responsible for maintaining professional standards and for identifying, escalating and addressing concerns regarding professional practice.
- The three-step approach outlined in this policy details the roles and responsibilities, process and documentation requirements for the management of professional practice issues rated low, moderate, high and extreme.
- SCHN standardised documentation templates are attached and referenced throughout this policy.
- Compliance with this policy is mandatory.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> January 2017	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Director of Nursing	<b>Area/Dept:</b> Nursing & Midwifery

## CHANGE SUMMARY

This is a new SCHN policy.

This document has been developed to comply with:

- [Nursing and Midwifery Board of Australia Professional Standards](#)
- [Health Practitioner Regulation National Law No 86A 2009 \(NSW\), \(Austl.\)](#)
- [Australian Health Practitioner Regulation Agency Guidelines for Mandatory Notifications \(2014\)](#)

This document should be read in conjunction with the following NSW Health policy directives and guidelines:

- [Managing Misconduct \(PD2014\\_042\)](#)
- [Complaint or Concern about a Clinician: Principles for Action Policy Directive \(PD2006\\_007\)](#)
- [Complaint or Concern about a Clinician: Management Guidelines \(GL2006\\_002\)](#)
- [Code of Conduct \(PD2015\\_049\)](#)
- [Managing for Performance \(PD2016\\_040\)](#)

## READ ACKNOWLEDGEMENT

All SCHN nurses, midwives, educators, managers and workforce staff should be aware of this document.

This policy has been developed for all SCHN staff indirectly or directly involved in the professional practice management of nurses and midwives, including employee's whose professional practice is under review.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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## 1 Abbreviations

Abbreviation	Definition
AH-NM	After-hours Nurse Manager
AHPRA	Australian Health Practitioner Regulation Agency
CGU	Clinical Governance Unit
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
CPD	Clinical Program Director
DON	Director of Nursing
EAP	Employee Assistance Program
EN	Enrolled Nurse
HCCC	Health Care Complaints Commission.
HETI	The NSW Health Education and Training Institute
IIMS	Incident Information Management System
LM	Line Manager - the RN/RM's immediate manager as per Stafflink. This can be a nurse or non-nurse line manager.
NE	Nurse Educator
NSW	New South Wales
NM	Nurse Manager
NUM	Nurse Unit Manager
NMBA	Nursing and Midwifery Board of Australia
PNCA	Paediatric Nurse Clinical Assessment
PDP	Professional Development Plan
PMP	Performance Management Plan
RN/RM	Registered Nurse and/or Registered Midwife*
SCHN	Sydney Children's Hospitals Network
SCHN-DONME	Network Director of Nursing, Midwifery and Education
SCR	Service Check Register
TPP	Transition to Professional Practice program

\* Throughout this document, RN/RM refers to all registered nurses and midwives: including enrolled nurses, nurses, nurse practitioners specialist nurses (e.g. NE, CNE, CNC, CNS), midwives and nurse/midwife managers (e.g. NUM).

## 2 Policy Statement

The professional practice of a registered nurse and midwife (RN/RM) encompasses all aspects of their role including their attitude, behaviour, judgement, ethics, critical thinking, delivery of care and maintenance of therapeutic and professional relationships. A professional practice issue, for the purpose of this policy, is when the level of performance is suspected or witnessed to be below the standard reasonably expected of a nurse or midwife of an equivalent level of training or experience<sup>1</sup>.

Sydney Children's Hospitals Network (SCHN) is committed to providing support and assistance to all nursing and midwifery staff experiencing and managing professional practice issues, to ensure the safe provision of care and positive outcomes for patients, staff and the organisation. To achieve this, it is crucial to focus on developing the personal contribution and capacity of every RN/RM within their role.

The New South Wales (NSW) Health CORE values underpin the SCHN Professional Practice Management Framework for Nurses and Midwives:

- *Collaboration*  
Professional practice management relies on collaboration, support and teamwork between managers, employees, workforce, educators and other staff members to produce positive outcomes for SCHN patients, staff and the organisation.
- *Openness*  
Early intervention, local management where appropriate, transparency of evidence-based process and regular and timely feedback is essential to resolving professional practice issues. Expectations, timelines and goals must be clearly articulated, documented and communicated to all parties involved.
- *Respect*  
The professional practice management of all staff will be consistent and confidential. All staff must respect the rights of individuals involved to be afforded [procedural fairness](#) and to have a support person present at meetings.
- *Empowerment*  
Employees must be able to ask for assistance and raise practice concerns when necessary without fear of retribution. Managers must be empowered to lead the professional practice management process with support from the wider organisation.

The SCHN Professional Practice Management of Nurses and Midwives Framework (the Framework) is designed to guide managers through the professional practice management process. This does not replace the autonomy and responsibilities of managers. Deviation from this process must only occur in consultation with the SCHN-Director of Nursing, Midwifery and Education (SCHN-DONME) or the Director of Nursing (DON).

The Framework has been created to align with relevant NSW policy directives, legislation and [Nursing and Midwifery Board of Australia \(NMBA\) Professional Standards](#). This framework will aim to resolve unsatisfactory employee performance, one of the core requirements of performance management systems as outlined in Rule 35 (1, f) of the [NSW Government Sector Employment \(GSE\) Rules 2014](#) and the [NSW Health Managing for Performance Policy Directive \(2016\)](#).

<sup>1</sup> Part 8 of the *Health Practitioner Regulation National Law (NSW) 2009*.

### **Why is a framework for Professional Practice Management necessary?**

- To support individuals who need assistance to meet professional standards.
- To support and empower managers to lead the professional practice management process when practice issues arise.
- To promote collaboration between managers and employees, to understand and resolve instances or patterns of unsatisfactory performance.
- To prevent the worsening or unnecessary escalation of issues.
- To ensure consistency and transparency of the management of professional practice issues and promote [procedural fairness](#).
- To provide staff with information, expectations in relation to this process and the relevant templates to support professional practice management.

### **SCHN Annual Appraisal and Development Review**

It is a SCHN expectation that all employees have a performance review with their manager after three months of commencing work, with ongoing professional development reviews conducted at least annually. At SCHN, this process is facilitated through the goal-orientated appraisal and development process using the paper template or through the Appraisal and Development Application.

The Framework is underpinned by the annual [appraisal and development process](#). Should professional practice issues be identified, the Appraisal and Development cycle will be put on hold whilst the issue is managed. The Appraisal and Development cycle recommences when the issue is resolved.

Appraisal and Development meetings and plans are not for the management of identified professional practice issues or performance concerns. These should be managed through this Framework.

## **3 NMBA Professional Standards**

As regulated health professionals, RN/RM's are responsible and accountable to the NMBA in order to be registered to practice in Australia. The NMBA standards should be evidenced in current practice and inform the development of the scopes of practice of enrolled nurses (EN), Nurse Practitioners and RN/RM's.

The [NMBA Professional Standards](#) define the practice and behaviour of nurses and midwives and include:

- Codes of conduct
  - Code of professional conduct for midwives - August 2008
  - Code of professional conduct for nurses - August 2008
- Codes of ethics
  - Code of ethics for midwives - August 2008
  - Code of ethics for nurses - August 2008
- Guides to professional boundaries, and
  - Professional boundaries for midwives - March 2010
  - Professional boundaries for nurses - February 2010
- Standards for practice/competency standards.
  - Registered nurse standards for practice - June 2016
  - Enrolled nurse standards for practice - January 2016
  - Midwifery competency standards - January 2006

- Nurse practitioner standards for practice - January 2014

Nursing professional practice should be assessed against these standards and all professional practice issues should be considered in the context of these standards.

## 4 Identifying Professional Practice Issues

### 4.1 What constitutes a Professional Practice Issue?

Legislation governing the practice of registered practitioners in NSW is the [Health Practitioner Regulation National Law 2009](#). Section 139B of this legislation considers the unsatisfactory professional conduct of registered practitioners generally to include “*conduct that demonstrates the knowledge, skill or judgement, possessed or care exercised by the practitioner in the practice of the practitioner’s profession is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.*”

A breach of the NMBA Professional Standards may constitute a professional practice issue. Professional practice issues can range from minor concerns requiring professional development support, to more serious matters requiring notification to the Australian Health Practitioner Regulation Agency (AHPRA).

#### **Examples of Professional Practice Issues**

- An isolated or repeated violation of practice incident that is not compliant with SCHN/NSW Health policies or procedures.
- Unsatisfactory work, in terms of quantity, quality and timeliness; a failure to perform the duties of the position or to perform the role to the regulatory standard in line with the position description and/or scope of practice.
- Failure to master skills or knowledge expected of a nurse or midwife at the same level, including the unsuccessful completion of a Paediatric Nurse Clinical Assessment (PNCA).
- Behaviour that is not compliant with the [NSW Health Code of Conduct](#) and/or the [NMBA Code of Ethics and/or Professional Conduct](#).
- Physical or mental impairments, disability, condition or disorder (including substance abuse or dependence) that *negatively impacts* or is *likely to negatively impact* the nurse or midwife’s ability to perform in their clinical role at the standard reasonably expected of a nurse or midwife of the same level<sup>2</sup>.

#### **Notifiable Conduct<sup>3</sup>**

The AHPRA [Guidelines for Mandatory Notifications \(2014\)](#) provide direction to registered health practitioners, employers of practitioners and education providers about the requirements for mandatory notifications under the National Law. Making a mandatory notification is a serious step to prevent the public from being placed at risk of harm and should only be taken if there is a reasonable belief that notifiable conduct has occurred.

<sup>2</sup> NSW Nursing & Midwifery Council, (2015), Impaired registrants panels. Retrieved from: <http://www.hpca.nsw.gov.au/Nursing-and-Midwifery-Council/About-Us/Committees--Panels-and-Tribunals/Statutory-Adjudication-Bodies/Impaired-Registrants-Panels/default.aspx>

<sup>3</sup> AHPRA (2014) Guidelines for mandatory notifications.

Section 140 of the [Health Practitioner Regulation National Law \(NSW\) No 86a](#) defines notifiable conduct as when a practitioner has:

1. Practised the practitioner's profession while intoxicated by alcohol or drugs, or
2. Engaged in sexual misconduct in connection with the practice of the practitioner's profession, or
3. Placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
4. Placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

## 4.2 How to identify Professional Practice Issues

Professional practice issues may be identified via a number of mechanisms. These may include but are not limited to:

- The employee may disclose to their manager that they are at risk of practicing below the expected standard due to health impairment, personal circumstances, lack of knowledge/training or other factors.
- A colleague or line manager noticing a pattern of repeated practice occurring below the expected standard or ongoing incidents of professional errors.
- A nurse or midwife is failing to successfully complete clinical skills assessments, Transition to Professional Practice (TPP) and other training program requirements or failing to demonstrate competence in clinical skills required to perform their role.
- Receipt of a complaint from a patient, family member or person external to the NSW Health system regarding a staff member's behaviour, attitude, skill or performance.
- Coronial enquiries or Health Care Complaints Commission (HCCC) investigations.
- Poor practice, behaviour or standard of care is witnessed or a complaint or concern voiced by other clinicians or staff within SCHN or the NSW Health system.
- Professional practice or competence issues identified through the course of an investigation into a clinical incident or near miss (refer to section [2.5.2 of the NSW Health Incident Management Policy](#)).

If a nurse or midwife is found to have a professional practice issue, it is important to address the issue in a systematic, clear and timely manner. All managers should strive to address all professional practice issues at the time of occurrence if possible and appropriate. Professional practice issues should not be left unaddressed.

### ***What are the reasons for Professional Practice Issues?***

There are many reasons why an employee may require extra support in order to fulfil their professional and clinical practice obligations. Some of the common reasons include:

- The employee may not have received sufficient supervision, education, training or opportunities to perform particular skills or tasks, particularly if they are inexperienced, junior or new to the role they are performing.

- An employee may not be aware of the expected responsibilities and standards associated with their role.
- There is a mismatch between an employee's abilities, knowledge or skills and the job they are required to undertake.
- Personal circumstances impacting on the employee's ability to successfully undertake their role include family matters, non-work related injuries or health conditions.

### ***Having Difficult Conversations***

Early recognition and intervention of professional practice issues is essential for addressing the issue in a timely, open and collaborative manner with an aim to resolve the issue in a mutually acceptable and solution-focussed way. Using a respectful and consistent approach to professional practice management with a focus on early support and intervention can model expected behaviour, decrease the worsening of negative professional behaviour and can improve professionalism and good clinical practice.

The NSW Health Education and Training Institute's (HETI) [HETI CORE Chats method](#) provides tips and strategies for conducting critical conversations in the workplace.

## **4.3 How to Report a Professional Practice Issue or Concern**

- All SCHN staff members have a responsibility for ensuring safe and high-quality care is delivered to all children and families accessing SCHN services. All staff members have a duty of care to discuss concerns regarding professional practice with their line manager if they are concerned patients and families may be at risk of harm.
- All complaints and concerns regarding an individual staff member (verbal or written), should be reported in the first instance to the employee's direct line manager (LM). Performance issues with casual and agency nurses should be reported to the Nurse Manager of Staffing.
- The LM should assess the issues at the time of the concern being raised and attempt to resolve or address them as appropriate.
- If a party external to NSW Health wishes to lodge a formal complaint or concern that cannot be immediately resolved at the local level, they should be directed to the Patient's Friend. Complaints from a patient or family will be managed in accordance with the [SCHN Patient Complaints Management Procedure](#).
- If a SCHN employee has reason to believe an issue is not being managed by a line manager and has significant concern for patient safety, or is concerned about the professional practice of a line manager, they should raise their concern with the Clinical Program Director (CPD) or the DON.
- The Incident Information Management System (IIMS) should not be used by SCHN staff to lodge concerns or complaints regarding the behaviour of a nurse or midwife unless it is specifically linked to a clinical incident or near miss.
- If suspected professional practice issues are identified by the Clinical Governance Unit (CGU), the relevant Nurse Unit Manager (NUM) and CPDs are to be notified of the issue for management in line with this framework.

## 5 Overview: Professional Practice Management Framework

This Framework provides a structured, three step approach to the management of professional practice concerns or issues with an emphasis on early intervention and transparent communication between the manager and RN/RM involved (see [Framework Overview](#)).

**STEP ONE:** is facilitated at the local level when the severity rating of the issue is low or moderate. This STEP emphasises early conversations between the employee and manager when minor professional practice issues or concerns are identified and the early implementation of strategies to support the employee.

**STEP TWO:** addresses moderate or high-rated professional practice issues and/or ongoing, unresolved low-rated professional practice issues. This STEP includes the introduction of formal clinical assessment and the use of a Professional Development Plan (PDP).

**STEP THREE:** outlines the management of unresolved and ongoing low/moderate/high-rated professional practice issues following the unsuccessful completion of a PDP at STEP TWO and the management of high and extreme-risk professional practice and/or alleged misconduct issues. This STEP may include the use of a Performance Management Plan (PMP) and/or an investigation of alleged misconduct.

### Key Framework Considerations

- It is the responsibility of the LM to oversee the management of all professional practice concerns, complaints and issues.
- The LM must use the severity rating (Appendix A) when evaluating the seriousness of a practice issue or concern in order to select the appropriate STEP of the Framework to manage the professional practice issue, concern or complaint.
- Nurses on the TPP and other training programs may have mandatory assessments throughout the year as determined by the course curriculum. Such assessments are independent of this Framework. If a nurse on the TPP or other professional program is failing to meet the expected professional standard, they will enter this framework at STEP ONE, TWO or STEP THREE depending on the nature of the identified professional practice issue. This should be determined by the LM in consultation with the Clinical Nurse Educator (CNE) and/or Nurse Educator (NE).
- Issues that meet the requirements for mandatory notification to AHPRA must be managed at STEP THREE. The CPD and DON must be notified immediately. The DON will prepare documentation for the SCHN-DONME, who will consider submission to AHPRA.
- The management of a practice issue, concern or complaint does not need to progress sequentially through each STEP.
- The Nurse Manager of Workforce and Workforce Services can provide advice and support to managers and employees at each STEP of this Framework. Workforce Services should be notified of all STEP THREE issues.

May enter process at any STEP depending on risk rating and frequency of issue/s.  
**If alleged misconduct or meets AHPRA notification requirements, go straight to STEP THREE**

**Framework Overview:**



**RETURN TO NORMAL PRACTICE WITH ONGOING SUPPORTS**  
Baseline Expectation: Annual Appraisal and Development Review between Nurse/Midwife and Manager

### STEP ONE: Early support and interventions

Early identification and management of low or moderate-risk professional practice issues, with a focus on supportive interventions at the local level.

**Responsible:** LM  
**Communication Pathway:** At discretion of LM  
**Support provided by:** CPD, Workforce Services, CNE/NE, senior staff in clinical area

**Relevant documents and policies:**

- [NSW Government Workplace Management](#) documents including: Non-Work Related Injuries and Health Conditions policy; [Flexible Work Practices policy](#); & [Leave Matters for the NSW Health Service policy directive](#).

PRACTICE IMPROVING OR ISSUE RESOLVED

### STEP TWO: Structured Professional Development

Moderate or high-risk, or ongoing minor professional practice issues, including those that are consistent and repeated. This STEP includes the use of a PDP.

**Responsible:** LM  
**Communication Pathway:** Notify CPD  
**Support provided by:** CPD, CNE/NE, Workforce Services, DON

**Relevant NSW Health policies & guidelines:**

- [Complaint or Concern about a Clinician – Management Guidelines](#)
- [Complaint or Concern about a Clinician – Principles for Action](#)
- [NSW Health Incident Management Policy \(PD2014\\_004\)](#)

PRACTICE IMPROVING OR ISSUE RESOLVED

### STEP THREE: Performance Management

**UNSATISFACTORY PROFESSIONAL PRACTICE**

- High-risk professional practice issue/s that do not constitute alleged misconduct
- Unresolved moderate or ongoing minor professional practice issues – Use PMP

and/or

**ALLEGED MISCONDUCT**

- Extreme or high-risk professional practice issues pertaining to alleged misconduct
- Any professional practice issue that meets the requirements for mandatory notification to AHPRA.

**Responsible:** LM to contact CPD & DON (if misconduct after-hours, contact the After-Hours-Nurse Manager (AH-NM) immediately)  
**Communication Pathway:** CPD/DON to notify SCHN-DONME.  
**Support provided by:** CNE/NE, Workforce Services

**Relevant NSW Health policies & guidelines:**

- [Complaint or Concern about a Clinician – Management Guidelines](#)
- [Complaint or Concern about a Clinician – Principles for Action](#)
- [Managing Misconduct \(PD2014\\_042\)](#)
- [Child Related Allegations, Charges and Convictions Against Employees \(PD2006\\_025\)](#)

Ongoing professional practice issue or misconduct substantiated following investigation: further actions to be advised by the SCHN-DONME

PRACTICE IMPROVING OR ISSUE RESOLVED

## 5.1 How to Determine the Severity of a Professional Practice Issue?

The primary concern in managing professional practice issues, concerns and complaints is the health and safety of patients. Any risk to the safety of patients must be removed or managed as the first step in the management of a complaint or concern about a clinician<sup>4</sup>.

All professional practice complaints, concerns and incidents must be graded by the LM according to their severity to assist in determining appropriate action, using the NSW Health Severity Rating Table as a guide ([Appendix A](#)). If the LM is unsure of the severity rating of an issue, the LM should seek advice from Workforce Services or the CPD.

The severity rating of the incident will guide the STEP of the framework in which the issue should be managed and outlines the key actions that must be undertaken.

When deciding the severity rating and subsequent STEP within the Framework an issue should be managed, the LM should consider:

- How serious is the issue?
- Does this issue compromise patient or employee safety?
- Is the issue likely to reoccur?
- Is this an isolated or ongoing issue?
- How long has the issue existed?
- How wide the gap is between what is expected and what is being delivered?

NSW Health SEVERITY RATING	Commence Professional Practice Management process at STEP:
4–Low	STEP ONE
3–Moderate*	STEP ONE or TWO
2–High*	STEP TWO or THREE
1–Extreme*	STEP THREE

\*All Professional Practice Issues graded 3-Moderate, 2-High or 1-Extreme must have a documented Risk Assessment completed by the LM. The completed Risk Assessment must be stored in a confidential file at the local level.

Any professional practice issue that fulfils the criteria for mandatory notification to AHPRA or alleged misconduct must be managed at STEP THREE of this framework.

<sup>4</sup> NSW Health, [Complaint or Concern about a Clinician: Principles for Action Policy Directive](#).

## 6 STEP ONE: Early Support and Intervention

**Responsible:** LM

**Communication Pathway:** At discretion of LM

**Support provided by:** CPD, Workforce Services, CNE/NE, senior staff in clinical area

**Expectation:** The RN/RM has a current Appraisal and Development plan in place.

### Issues to be managed at STEP ONE include:

- Low or minor professional practice issues ([severity rating](#) 4-low or 3-moderate)
- Complaint or concern that appears minor or trivial.
- LM or staff concern that the behaviour/practice of a RN/RM has altered or appears unusual



### Identified Professional Practice Issue, Concern or Complaint

- Ensure the problem is specific and able to be articulated
- Address professional practice concern, issue or complaint as soon as possible.
- LM to determine the severity rating of the practice issue, concern or complaint. The LM must determine if the issue is unsubstantiated, can be managed at STEP ONE of this framework or if it needs to be escalated to STEP TWO or THREE.
- The LM and employee must meet to discuss the professional practice issue and any factors that contributed to the incident, concern or complaint.
- The LM and RN/RM should discuss if/what supports or strategies are required to resolve the issue and agree on performance goals and a timeline for review.



### Early Supports and Interventions in Place

- LM to engage supports for the nurse or midwife as required
- Provide regular, timely open and honest feedback to the RN/RM.
- Nurse or midwife to undertake professional development activities as agreed with LM.
- LM to 'check-in' with the employee on a regular basis (frequency determined by LM and RN/RM) to ensure employee is progressing and does not require additional support.



#### Issue/s Unsubstantiated/Resolved

- Return to annual Appraisal & Development process.
- Document issue and outcome in Employee's file for record using Chronology Template.



#### Issue/s not Resolved

#### Escalate to STEP TWO or STEP THREE

- Document issue and outcome in employee file using Chronology Template.

### When to escalate to STEP TWO:

- Minor professional practice issue is not resolved or evidence of multiple professional practice issues
- Evidence reveals major professional practice issue

### When to escalate to STEP THREE:

- Evidence of high or extreme-risk professional practice issue/s, including those considered to meet the criteria for mandatory notification to AHPRA.

## STEP ONE (continued)

<p><b>Examples of STEP ONE professional practice issues:</b></p>	<ul style="list-style-type: none"> <li>• Poor time management or ongoing inability to cope with standard patient load.</li> <li>• Complaint from family regarding poor bedside communication manner or confrontation with staff</li> <li>• Failure to comply with SCHN/NSW Health policies and procedures (e.g. not signing medications, not checking 'five rights' when administering medications)</li> <li>• Lack of leadership</li> <li>• Interpersonal conflict and poor attitude</li> <li>• Poor critical thinking skills</li> </ul>
<p><b>Suggested early interventions:</b></p>	<ul style="list-style-type: none"> <li>• Assigning a local mentor, preceptor, 'buddy' or coach to support the nurse or midwife</li> <li>• Participate in educational and professional development activities (e.g. completion of NSW Health Code of Conduct training or Fundamentals of Paediatric Medication Safety training through HETI Online)</li> <li>• Reflective journal piece regarding professional practice issue</li> <li>• Counselling – refer to <a href="#">Employee Assistance Program (EAP)</a></li> <li>• It is recommended that a follow up meeting between Manager and RN/RM should occur within a timely manner (2-4 weeks) from identification of the issue to determine the effects of the early interventions and to assess whether the Professional Practice Issue(s) has been resolved or if alternative supports are required.</li> </ul>
<p><b>Suggested performance measures:</b></p>	<ul style="list-style-type: none"> <li>• Learning from reflective journals</li> <li>• Observed improvement in practice by line manager and/or feedback from staff</li> <li>• Demonstrated self-directed learning (e.g. HETI transcript)</li> <li>• Consider need for formal clinical practice assessment through Nurse Education team.</li> </ul>
<p><b><u>Documentation requirements:</u></b></p> <p>See 'forms' tab on SCHN ePolicy for templates</p>	<ul style="list-style-type: none"> <li>• A documented risk assessment may be conducted at the manager's discretion.</li> <li>• Practice Issue and management strategies documented using the Chronology Template. Provide a summary to the employee and keep a copy in a confidential file.</li> <li>• PNCA (if used)</li> </ul>

If a health impairment is contributing to the professional practice issue, contact Workforce Services for advice and refer the [NSW Health Leave Matters for the NSW Health Service - Policy Directive \(PD2014\\_029\)](#), NSW Government (2010) Procedures for Managing Non-Work Related Injuries or Health Conditions and the SCHN Non-Work Related Injuries and Health Conditions Guidelines (to be completed in 2016).

## 7 STEP TWO: Structured Professional Development

**Responsible:** LM

**Communication Pathway:** LM to notify CPD.

**Support provided by:** CPD, CNE/NE, Workforce Services, DON

**Expectation:** The RN/RM has a current Appraisal and Development plan in place.

### Issues to be managed at STEP TWO include:

- Unresolved or worsening STEP ONE issue/s
- Evidence of multiple minor professional practice issues
- Major professional practice issue (severity rating 3-moderate or 2-high)



### LM responsibilities:

- Determine whether the issue can be managed at STEP TWO or if escalation to STEP THREE (severity rating 1-extreme) is required
- Complete a risk assessment if severity rating 2-high.
- Advise the RN/RM in writing about the intention to commence a Professional Development Plan (PDP), details of initial PDP meeting and the follow-up meeting (see Letter Template)
- Ensure the RN/RM has access to this framework, the NMBA Professional Standards and their position description.
- Meet with RN/RM and develop PDP, with input from CPD and CNE/NE if required.
- Identify key support staff to assist RN/RM to fulfil goals in PDP.
- Provide RN/RM with a copy of PDP, signed by LM and RN/RM.
- Meet weekly with RN/RM to discuss progression against PDP and document outcomes.
- Ensure the RN/RM has structured regular feedback, support and coaching.
- Complete and maintain [required documentation](#) throughout STEP TWO.
- If required, arrange a formal assessment against the NMBA standards (e.g. PNCA). Results of PNCA should be provided to RN/RM within 1 week. If required, re-assessment can be conducted at end of PDP (after 4 weeks).
- Facilitate final PDP meeting to discuss progress against PDP and outcome. CPD, CNE/NE and RN/RM's support person to attend if required.

### CPD responsibilities:

- Provide support and advice to LM and RN/RM, attend PDP meetings if required, notify DON as required (e.g. to approve shift variances, child related incident etc.)

### Workforce Services responsibilities:

- Provide advice and support on request to LM and CPD including whether professional practice issue should be managed through [Complaint or Concern about a Clinician – Management Guidelines](#) or an alternative NSW Health policy directive or guideline.



#### Issue/s Resolved

- Provide letter to RN/RM documenting the successful completion of plan outcomes.
- Return to appraisal and development cycle, with regular support offered by LM.



#### Issue/s Not Resolved

- Letter to RN/RM documenting the unsuccessful completion of PDP.
- CPD to inform DON
- **Escalate to Step Three**

**When to escalate to STEP THREE:** Practice issue not resolved or anytime during PDP if 2-high or 3-extreme-risk professional practice issue/s identified, including misconduct.

## STEP TWO (continued)

<p><b>Examples of STEP TWO professional practice issues:</b></p>	<ul style="list-style-type: none"> <li>• Working outside of scope of nursing practice</li> <li>• Multiple incidents or consistent failure to adhere to protocol or guidelines (e.g. intentionally skipping steps in medication checking process).</li> <li>• Breach of the NSW Health Code of Conduct or NMBA Professional Standards</li> <li>• Consistently failing to perform tasks and compromising patient safety (e.g. observations, cannula checks, missing medication doses)</li> <li>• Excessive absenteeism for no reason.</li> </ul>
<p><b>Suggested inclusions in PDP:</b></p>	<ul style="list-style-type: none"> <li>• Supernumerary time (CPD and DON to approve)</li> <li>• CNE/NE/Preceptor allocated to work with the RN/RM</li> <li>• Educational activities (e.g. relevant HETI Online module or training)</li> <li>• Alterations to workload, reskilling or modifying RN/RM's hours or type of practice (e.g. no late shifts/night shifts/weekends to enable increased support) – CPD and DON to approve, Workforce Services to be notified.</li> <li>• Counselling – refer to EAP</li> <li>• Practitioner to attend Clinical Support Sessions (discuss with CNE/NE)</li> </ul> <p>Ensure the PDP supports the practice area/s identified as contravening the required/expected standard/s of the relevant NMBA Professional Standards for Practice/Competency Standards.</p> <p>Recommended PDP timeframe is 4 weeks – ensure goals are achievable in the agreed timeframe and seek advice from CNE/NE.</p>
<p><b>Suggested performance measures:</b></p>	<ul style="list-style-type: none"> <li>• LM observations and/or feedback from other staff</li> <li>• Demonstrated self-directed learning (e.g. HETI transcript)</li> <li>• Responses to critical thinking questions or reflective journal</li> <li>• Assessment of professional practice against NMBA Standards for Practice and/or PNCA if clinical issue.</li> </ul>
<p><b><u>Documentation requirements:</u></b></p> <p>See 'forms' tab on SCHN ePolicy for templates</p>	<ul style="list-style-type: none"> <li>• Up-to-date Appraisal and Development Plan (paper or electronic)</li> <li>• Notification letter of intent to commence STEP TWO</li> <li>• Update the Chronology of Events Template – document meeting summary using this template.</li> <li>• Risk Assessment</li> <li>• Procedural Fairness Checklist</li> <li>• Professional Development Plan</li> <li>• PNCA (initial assessment and re-assessment) if used.</li> <li>• If PDP unsuccessful, letter of intent to commence STEP THREE including a Performance Management Plan. This must be provided to the RN/RM within <b>one week</b> of the PDP final meeting.</li> </ul>

## 8 STEP THREE: Performance Management

**Responsible:** LM to contact CPD & DON (if misconduct after-hours, contact the AH-NM immediately)

**Communication Pathway:** CPD, DON, SCHN-DONME

**Support provided by:** CPD, Workforce Services, CNE/NE, DON, SCHN-DONME

**Expectation:** The RN/RM has a current Appraisal and Development plan in place.

### Issues to be managed at STEP THREE include:

#### UNSATISFACTORY PROFESSIONAL PRACTICE

- Worsening, unresolved STEP TWO issues or failing to achieve the goals of the PDP with ongoing practice that is below the expected standard. Repeated practice issues within short time-frame of the successful completion of PDP.
- Serious concerns by colleagues about the health and safety of patients due to the professional practice of a RN/RM due to skill, knowledge, practice, behavioural or health impairments (practice issue rated 1-extreme or 2-high).

#### ALLEGED MISCONDUCT

- Suspected misconduct/professional misconduct
- Severe practice issue/s including those considered to meet AHPRA criteria for mandatory reporting (practice issue rated 1-extreme or 2-high).



#### LM responsibilities:

- Notify CPD & DON or AH-NM (immediately if alleged misconduct)
- Collate written documentation including chronology of events, evidence of incident/issue, risk assessment, PDP documentation, previous meeting notes etc.
- Attend PMP meeting (if required) and assist in the development of PMP
- Organise supports for RN/RM to achieve goals as outlined in PMP
- Develop letter to RN/RM advising intention to commence PMP, this is only relevant if unresolved STEP TWO issue. Give this letter to RN/RM
- LM may assist or support the CDP/DON during an investigation of an alleged misconduct by collecting documentation or attending meetings.

#### CPD responsibilities:

- Inform the DON (unresolved STEP TWO)
- Ensure documentation is complete and collated
- Support LM and attend PMP meeting if required
- Decision making function in line with the [SCHN Delegation Manual](#)
- Support PMP process and attend PMP meetings as required

#### Workforce Service responsibilities:

- Provide advice and support to LM, CPD, DON & SCHN-DONME regarding the NSW Health policy requirements and obligations of SCHN during performance management process.

#### DON/ SCHN-DONME responsibilities:

- Co-ordinate alleged misconduct investigation if required
- DON to consider information provided by CPD and prepares submission to SCHN-DONME. If the case does not meet the criteria for mandatory reporting, provide feedback and advice to the CPD.
- Decision making function in line with the [SCHN Delegation Manual](#)
- SCHN-DONME to make mandatory reports to AHPRA if required

## STEP THREE (continued)

<p><b>Examples of STEP THREE professional practice issues:</b></p>	<ul style="list-style-type: none"> <li>• Worsening, unresolved or ongoing STEP TWO issues (e.g. ongoing failure to follow SCHN policy despite education, support, feedback and PDP).</li> <li>• Practicing in a way that is a significant departure from scope of nursing practice</li> <li>• Suspicion that RN/RM has stolen medications or other SCHN property.</li> <li>• Health impairment (physical or mental) that is acutely affecting the practice of the RN/RM and is likely to cause harm to patients and/or staff members.</li> <li>• Significant breach of the NMBA Professional Standards.</li> <li>• Serious wrong doing, criminal conviction or child-protection issue.</li> </ul>
<p><b>Suggested performance management strategies:</b></p>	<ul style="list-style-type: none"> <li>• PMP (for unresolved STEP TWO issues), recommended timeframe 4-8 weeks – must be realistic to achieve goals.</li> <li>• Weekly meetings if PMP in place between LM and RN/RM to assess progress. Support for RN/RM by CNE/NE and Workforce Services.</li> <li>• Notification to AHPRA (refer to SCHN-DONME).</li> <li>• Seek urgent advice from Workforce Services for cases of alleged misconduct. Workforce Services to advise which NSW Health policy or guideline the matter should be managed in line with, including but not limited to: <ul style="list-style-type: none"> <li>○ <a href="#">NSW Health Managing Misconduct Policy Directive.</a></li> <li>○ <a href="#">Child Related Allegations, Charges and Convictions against NSW Health Staff policy directive.</a></li> <li>○ <a href="#">Complaint or Concern about a Clinician – Management Guidelines</a></li> <li>○ <a href="#">Leave Matters for the NSW Health Service policy directive</a></li> </ul> </li> </ul>
<p><b>Suggested performance measures for PMP:</b></p>	<ul style="list-style-type: none"> <li>• LM observations and/or feedback from other staff</li> <li>• Assessment against NMBA Standards of Practice and/or PNCA</li> </ul>
<p><b><u>Documentation requirements</u></b></p> <p>See 'forms' tab on SCHN ePolicy for templates</p>	<ul style="list-style-type: none"> <li>• Up-to-date Appraisal and Development Plan (paper or electronic)</li> <li>• Update the Chronology of Events Template.</li> <li>• Completed Risk Assessment</li> <li>• Notification letter of intent to commence STEP THREE (for unresolved STEP TWO issues)</li> <li>• Letters to/from RN/RM regarding professional practice issue</li> <li>• PMP Meeting notes template.</li> <li>• Procedural Fairness checklist</li> <li>• PMP</li> <li>• PNCA (formative and summative) if used.</li> <li>• Letter detailing outcome of PMP (successful or unsuccessful completion). This must be provided to the RN/RM within one week of the PMP final meeting. LM/CPD/DON to develop and sign.</li> </ul>

## 9 Roles and Responsibilities

Staff Group	Roles and Responsibilities
<b>All SCHN Nurses and Midwives</b>	<ul style="list-style-type: none"> <li>Adhere to SCHN policies, procedures, standards and guidelines and abide by the <a href="#">Nursing and Midwifery Board of Australia Professional Standards</a>.</li> <li>Seek early assistance and support when professional performance or practice has or is likely to fall below the expected standard and notify their manager of any impairments (physical and mental) or events that are likely to detrimentally affect their ability to deliver care at an acceptable standard.</li> <li>Continued professional development including participating in ongoing appraisal and development, practice development and management processes.</li> <li>Disclose any errors or incidents of underperformance that may negatively impact on patients or staff.</li> <li>Maintain confidentiality throughout professional practice management process</li> </ul>
<b>LM (e.g. NUM, NM or other)</b>	<ul style="list-style-type: none"> <li>Ensure employee <a href="#">Appraisal and Development plans</a> are completed and up-to date, set clear performance objectives for staff and monitor performance.</li> <li>Provide regular and ongoing feedback to employees, including structured conversations about performance and development.</li> <li>Ensure patient safety is not compromised and follow the process as outlined in this framework when professional practice issues arise.</li> <li>Responsible and accountable for the management of professional practice issues concerning their employees (overall accountability for STEP ONE and STEP TWO) including facilitating and attending all STEP ONE and STEP TWO meetings.</li> <li>Develop PDP and PMP with the RN/RM, seek advice and input from other staff groups as required (e.g. education/workforce).</li> <li>Honestly and openly addressing unsatisfactory performance with employees.</li> <li>Ensure employees have access to regular support, supervision, education and training as appropriate, with a focus on early supported intervention if minor practice issues are identified.</li> <li>Identify supports required for the RN/RM (e.g. CNE/NE, mentor)</li> <li>Ensure <a href="#">Procedural Fairness</a> is maintained at each meeting.</li> <li>Escalate any STEP TWO or THREE issues to their manager.</li> <li>Negotiate/amend practitioner's roster and workload as required.</li> <li>Provide timely feedback to CPD and DON, seek advice from Workforce Services as required.</li> <li>Organise and attend all PDP and PMP meetings as required</li> <li>Ensure all <a href="#">documentation</a> is complete, stored in the RN/RMs confidential file and ensure practitioner has copies of all appropriate documentation.</li> </ul>
<b>CPDs</b>	<ul style="list-style-type: none"> <li>Provide support and guidance to the LM and practitioner, including to develop PDP and PMP if required.</li> <li>Discuss the ongoing professional practice management cases with NUM/NM during meetings.</li> <li>Escalate issues to the DON as appropriate and ensure documentation is</li> </ul>

complete using the standard documentation templates.

- Ensure this policy is followed.
- Attend PDP, PMP and Allegation Management Committee meetings as required.
- Decision making in line with scope of role and/or [SCHN Delegation Manual](#)

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**Nurse-  
Manager for  
Workforce**

- Provide advice and support to the LM, CNE/NE, CPDs, DON and SCHN-DONME.
- Govern the professional practice management process, audit compliance with policy and oversee practice management cases.
- Ensure documentation pertaining to practice management is completed and stored appropriately.

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**Director of  
Nursing**

- Approve deviations from this framework in extraneous circumstances
- Ensure LMs are adhering to this process and managing performance issues appropriately.
- Provide written correspondence to the practitioner at STEP TWO as required.
- Escalate STEP THREE practice management cases and urgent incidents to the SCHN-DONME for mandatory notification.
- Decision making in line with scope of role and/or [SCHN Delegation Manual](#)

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**SCHN  
Director of  
Nursing,  
Midwifery &  
Education**

- Provide written correspondence to the practitioner if required.
- Ensure performance management systems are linked with organisational planning, systems and processes
- Ensure this policy remains in line with NSW Health policy requirements.
- Make notifications to AHPRA as necessary and to advise further actions following unsuccessful performance management cases.
- Decision making in line with scope of role and/or [SCHN Delegation Manual](#)

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**NE / CNE**

- Provide advice and support to the RN/RM, LM, CPD, DON and SCHN-DONME during the professional practice management process.
- Assist the implementation of early intervention strategies for RN/RMs requiring clinical education and training.
- Provide advice to the LM regarding education and training inclusions in the PDP or PMP, including advice on realistic timeframes, educational activities, assessments and goals.
- May be invited to attend PDP or PMP meetings to provide advice on education and training supports and/or the RN/RM's progress.
- Provide clinical support, education and training to the RN/RM during the professional practice management process
- May be requested to conduct an assessment against the [NMBA Professional Standards](#) or conduct a PNCA.

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**CNC / CNS**

- May be asked to provide support, act as a preceptor or coach to RN/NM
- May be requested to provide supernumerary coaching to the RN/RM or conduct an assessment against the [NMBA Professional Standards](#) if CNC/CNS has previous experience/training and if included in position description.

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**Workforce**

- Ensure provision of advice, information and coaching as necessary to

### Services

- support effective implementation of this policy.
- Provide expert support, advice and guidance to employees and managers.
  - Support managers in reviewing documentation to employees to notify of the intent to conduct a PMP
  - Provide assistance to employees seeking support services
  - Undertake or support investigations as requested. This may be supported by the Nurse Manager, Workforce.

## 10 Additional information

### ***Employee Assistance Program***

An [Employee Assistance Program \(EAP\)](#) is a voluntary, confidential and complimentary counselling service designed to assist employees in resolving work, personal and family issues that may affect the employee's workplace performance. EAP provides a qualified counselling service to staff via a variety of modes including face-to-face or telephone, for any personal, family or work related concern or to seek guidance on professional or personal goals. The EAP is external to SCHN and employee privacy is guaranteed – if an employee contacts the service, the SCHN will not be informed.

### ***Support Person***

A person who is subject of a professional practice management or misconduct process must be afforded the right to a support person of their choice being present at any interviews or meetings as per the [NSW Health Managing Misconduct Policy \(2014\)](#). The role of the support person is to provide support only and not to be an advocate or make representations on behalf of that person. Support persons may include a professional association representative or colleague that is neutral to the issue. The support person must sign a confidentiality agreement if attending professional practice meetings.

### ***Procedural Fairness***

The principles of [procedural fairness](#) (also known as natural justice) aim to guide decision making in a fair and reasonable manner. Managers are to complete the Procedural Fairness Checklist when meeting to discuss commencement on a PDP (STEP TWO) or PMP (STEP THREE).

To ensure procedural fairness is upheld, managers must ensure:

- The nurse or midwife is informed of the case against them and has a genuine and reasonable opportunity to respond to the allegations through writing or otherwise.
- The decision-maker must not have a personal interest or bias in the outcome of the proceedings.
- The decision-maker must act on the basis of logical evidence, based on sound reasoning and relevant evidence.
- The nurse or midwife is aware of the process, expected standard of practice and consequences of not achieving and maintaining the required standards.
- The nurse or midwife is provided adequate notice of any meetings or formal activities, with detail regarding their purpose.

### ***SCHN Paediatric Nursing Clinical Assessment Tool***

- A PNCA may be used to assess clinical competence when a professional practice issue has been identified that relates to clinical skills or knowledge. Demonstration of competence involves a range of attributes appropriately applied to the clinical setting. The skills and knowledge being assessed align with NSW Health's Essentials of Care-

Paediatric Family Centred Care and the Australian Nursing and Midwifery Council  
National Competency standards for the Registered and Enrolled Nurse.

- A PNCA may be used to assess clinical practice and identify areas of concern, to assist the development of a PDP or to benchmark improvement during the performance management process. PNCA may not be appropriate in all professional practice matters and should be determined on a case-by-case basis by the LM.
- All PNCAs should be conducted by a suitably trained assessor, often a NE/CNE or CNS.
- The timing of assessment is dependent on the individual circumstance and should be discussed with the CNE/NE. RN/RMs on supported programs (e.g. TPP, Speciality Transition Program) may undertake PNCAs as part of their learning pathway. If an RN/RM does not successfully meet the required score following a PNCA, they should be supported using a PDP with a focus on education and training (STEP TWO).
- A repeat PNCA should be conducted by a second assessor following completion of the PDP (recommended 4 weeks) to assess development. If the PNCA at STEP TWO is unsuccessful, this will result in escalation to STEP THREE of this framework and commencement of a PMP. A further PNCA may be conducted at the completion of the PMP.
- All efforts should be made to provide an independent assessor for all PNCAs conducted at STEP THREE. The SCHN Nurse Education Manager should be contacted to assist this process.

The [NMBA Professional Standards](#) should be used as the basis to assess the professional practice of a nurse/midwife against the relevant Standards for Practice and to articulate where the professional practice complaint or concern deviates from these standards. All nurses and midwives, regardless of grade or position, are required to practice in line with these standards.

### **Warnings**

Warnings are only issued for the following matters:

- Unsatisfactory sick leave absences as per the [Leave Matters for the NSW Health Service policy directive](#).
- Matters of misconduct as per the [NSW Health Managing Misconduct policy directive](#).

Warnings must be issued by SCHN managers with the appropriate delegation as per the [SCHN Delegations Manual](#) and must be provided to the employee in writing. Workforce Services must be advised of any warnings administered to a nurse or midwife, which may lead to termination if breached.

If a staff member has been issued a warning, they should automatically commence at STEP THREE should another professional practice issue arise.

### **Resignation during the Performance Management Process**

If a nurse or midwife resigns during the course of a performance management process or an incident investigation, the LM should inform the CPD who will determine if further action and escalation is required to finalise the process.

### **Service Check Register**

The SCR is a NSW Health database which alerts NSW Health organisations to risks, identified elsewhere in NSW Health, in relation to alleged misconduct or misconduct, so that their relevance

to the position for which the person has applied may be identified and assessed. The aim of the SCR is to protect the public by notifying NSW Health employers if a clinician is subject to a misconduct allegation.

If an employee is subject to a misconduct investigation at SCHN and resigns during the process, SCHN can make the decision to create a SCR record for the nurse or midwife. A SCR record can also be created in cases of serious performance concerns leading to misconduct, as per the [SCR for NSW Health Policy Directive \(2013\)](#).

### ***Allegation Management Committee (AMC)***

An AMC may be formed to investigate any allegations of misconduct involving a child as managed at STEP THREE of this framework, as per the NSW Health policy directive: [Child Related Allegations, Charges and Convictions Against NSW Health Staff \(PD 2016 025\)](#). The goal of the AMC is to ensure immediate safety of the child involved and other children and to investigate the misconduct allegation/s.

### ***Professional Practice Management and Bullying***

The NSW Health policy directive, [Bullying - Prevention and Management of Workplace Bullying in NSW Health policy directive](#) outlines the difference between bullying and addressing performance issues, which may be important for managers who are concerned that their intentions may be misconstrued. Legitimate managerial actions include managing performance or underperformance issues, providing appropriate feedback on a staff member's work performance and making justifiable decisions related to developmental opportunities.

## 11 Documentation Requirements

The following templates are available for use to support the professional practice management process for nurses and midwives and are available through SCHN ePolicy.

STEP	DOCUMENTATION TEMPLATE	STORAGE
<b>ONE</b>	Appraisal & Development Plan	Appraisal & Development Application
	SCHN PNCA template (TPP or other supported learning programs)	Copy to RN/RM, original held in confidential LM file.
	Chronology Template (use to document summary of issue & meeting outcomes)	Confidential LM file, copy available to RN/RM upon request
	Risk Assessment (LM discretion)	Confidential LM file, copy available to RN/RM upon request
<b>TWO</b>	SCHN Professional Development Plan	Copy to RN/RM, original held in confidential LM file
	Risk Assessment (if rating 2-Moderate, 2-High or 1-Extreme)	Confidential LM file, available to RN/RM upon request
	Chronology Template (use to document summary of issue & meeting outcomes)	Confidential LM file, available to RN/RM upon request
	Notification letter of intent to commence STEP TWO PDP	Provided to RN/RM, copy held in confidential LM file
	SCHN PNCA template (initial assessment and re-assessment) if used.	Copy to RN/RM, copy held in confidential LM file.
	Procedural Fairness Checklist	Confidential LM file, available to RN/RM upon request
	For unresolved STEP TWO issues - Notification letter of intent to commence STEP THREE (Performance Management Plan implementation)	Provided to RN/RM, copy held in confidential LM file, copy to Workforce
<b>THREE</b>	SCHN Performance Management Plan	Copy to RN/RM, original held in confidential LM file, copy to Workforce
	Risk Assessment	Confidential LM file, available to RN/RM upon request copy to Workforce
	Chronology Template/Summary of issue	Confidential LM file, available to RN/RM upon request copy to Workforce
	Correspondence to/from employee regarding professional practice issue	Provided to RN/RM, copy held in confidential LM file copy to Workforce
	Performance Management Plan Meeting notes template	Copy to RN/RM, copy held in confidential LM file. copy to Workforce
	Procedural Fairness Checklist	Confidential LM file, available to RN/RM upon request copy to Workforce
	SCHN PNCA template (initial assessment and re-assessment) if used.	Copy to RN/RM, copy held in confidential LM file. copy to Workforce
	Letter detailing outcome of PMP (successful or unsuccessful completion)	To be written by LM/CPD & signed by DON. Provided to RN/RM, copy held in confidential LM file copy to Workforce.

## **All templates available under 'forms' tab in SCHN ePOLICY**

### **12 List of Relevant Policies & Guidelines**

#### AHPRA

- [Nursing & Midwifery Board of Australia:](#)
  - Code of ethics for midwives - August 2008
  - Code of ethics for nurses - August 2008
  - Code of professional conduct for midwives - August 2008
  - Code of professional conduct for nurses - August 2008
  - Professional boundaries for midwives - March 2010
  - Professional boundaries for nurses - February 2010
  - Registered nurse standards for practice
  - Enrolled nurse standards for practice
  - Midwifery competency standards
  - Nurse practitioner standards for practice
- [Australian Health Practitioner Regulation Agency Guidelines for Mandatory Notifications \(2014\)](#)

#### NSW Health

- [Policy Directive: Managing for Performance PD2016\\_040.](#)
- [Policy Directive: Managing Misconduct PD2014\\_042.](#)
- [Guideline: Complaint or Concern about a Clinician - Management Guidelines GL2006\\_002.](#)
- [Policy Directive: Complaint or Concern about a Clinician – Principles for Action PD2006\\_007.](#)
- [Policy Directive: Leave Matters for the NSW Health Service PD2014\\_029](#)
- [Policy Directive: Incident Management Policy PD2014\\_004.](#)
- [Policy Directive: Code of Conduct PD2015\\_049](#)
- [Policy Directive: Child Related Allegations, Charges and Convictions against Employees PD2016\\_025.](#)
- [Policy Directive: Bullying - Prevention and Management of Workplace Bullying in NSW Health PD2011\\_018](#)
- [Policy Directive: Leave Matters for the NSW Health Service PD2014\\_029](#)
- [Policy Directive: Service Check Register for NSW Health PD2013\\_036](#)

#### SCHN

- [SCHN Patient Complaints Management Procedure.](#)
- [SCHN Delegation Manual](#)

#### Miscellaneous

- [NSW Government \(2013\), Sector Employment Rules 2013, No 40.](#)
- [Health Practitioner Regulation National Law No 86A 2009 \(NSW\), \(Austl.\)](#)
- [NSW Government Sector Employment \(GSE\) Rules 2014](#)
- [NSW Government Workplace Management](#) documents including: Non-Work Related Injuries and Health Conditions policy; [Flexible Work Practices policy](#)

## APPENDIX A: SEVERITY RATINGS

This table guides the senior person managing the complaint or issue. This table has been adapted from Appendix 2 of the NSW Health Guideline: *Complaint or Concerns about a Clinician* (2006).

The actions documented here are in addition to the actions that must be taken as outlined in the *SCHN Professional Practice Management Framework Policy* (Steps One, Two and Three). A risk assessment of the issues regarding the complaint or concern should be undertaken to ensure patient safety, particularly is the severity rating is 1 or 2.

Severity Rating	Severity description used to assess a complaint or concern	Actions required following risk assessment of the Complaint or Concern	Example
<b>4</b> <b>LOW</b>	Complaint, concern or professional practice issue appears frivolous, vexatious, trivial or minor (unlikely to cause harm)	<ul style="list-style-type: none"> <li>Manage at STEP ONE of this framework.</li> <li>Comply with CGU information requests if complaint is external</li> <li>Document issue and outcome in practitioner's file</li> </ul>	<ul style="list-style-type: none"> <li>A family writes a complaint that a nurse did not wash her hands before changing dressing</li> </ul>
<b>3</b> <b>MODERATE</b>	Complaint or concern that the performance, practice or clinical outcome achieved by an individual clinician varies from peers or from expectations, but where there has not been any event involving unexpected mortality or a serious morbidity.	<ul style="list-style-type: none"> <li>Manage at STEP ONE or TWO of this framework as determined by line manager/NUM</li> <li>Comply with CGU information requests if complaint is external</li> <li>Complete the risk assessment if deemed necessary</li> <li>Document issue and outcome in practitioner's file</li> </ul>	<ul style="list-style-type: none"> <li>Failure to complete PNCA/standard assessment.</li> <li>Working outside of scope of practice</li> <li>Ongoing difficulties in managing normal patient load.</li> <li>Ongoing unusual, erratic and hostile behaviour.</li> </ul>
<b>2</b> <b>HIGH</b>	Significant complaint, concern or professional practice issue where there may be one or more events involving unexpected mortality or increasingly serious morbidity (SAC 1 or 2) or if there is a pattern of serious suboptimal performance or variation in clinical outcomes over time.*	<ul style="list-style-type: none"> <li>Manage at STEP TWO - THREE of this framework</li> <li>Investigate</li> <li>Notify Director of Clinical Governance (DCG)</li> <li>Workforce to be involved</li> <li>Consider whether variations to clinical privileges are required.</li> </ul>	<ul style="list-style-type: none"> <li>Continued failure to act and recognise a deteriorating patient.</li> <li>Ongoing, repeated drug errors and failure to follow SCHN protocol when administering medications</li> </ul>
<b>1</b> <b>EXTREME</b>	Very serious complaint, concern or practice issue arising from one or more event involving unexpected mortality or serious morbidity, a child protection issue is identified relating to a practitioner's performance or behaviour, significant gaps in clinical performance, an external event relevant to performance (e.g. criminal conviction or termination in another facility), or serious concerns by colleagues about the health and safety of patients.*	<ul style="list-style-type: none"> <li>Manage at STEP THREE of this framework</li> <li>Notify NDONME, Workforce and CGU Manager immediately</li> <li>NDONME to discuss with CE and DCG</li> <li>Consider whether immediate suspension of clinical privileges in cases of suspected misconduct</li> <li>Consider whether variations to clinical privileges are required</li> <li>Consider if notification to AHPRA is required (in consultation with NDONME)</li> </ul>	<ul style="list-style-type: none"> <li>A family makes a complaint that the nurse inappropriately spoke to their child and physically handled the child in a sexual manner.</li> <li>Concern that nurse has been stealing medications prescribed for patients.</li> </ul>

\*Where there are sufficient grounds to suspect the conduct of a nurse may involve professional misconduct or unsatisfactory performance, the CPD, DON and SCHN-DONME must be contacted immediately.