

Australian Nursing and
Midwifery Council

**National framework for the development
of decision-making tools for
nursing and midwifery practice**

September 2007

A NATIONAL FRAMEWORK FOR THE DEVELOPMENT OF DECISION-MAKING TOOLS FOR NURSING AND MIDWIFERY PRACTICE



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INTRODUCTION

The ANMC

The Australian Nursing and Midwifery Council (ANMC) is the peak body established to bring a national approach to the regulation of nursing and midwifery in Australia. One of its strategic goals for the 2004 – 07 triennium was to develop a national framework for decision-making by nurses and midwives about their scopes of practice. In August 2005, the ANMC commenced a project to develop this national framework in partnership with state and territory nursing and midwifery regulatory authorities (NMRAs).

The framework, developed in the context of national workforce strategies promoting diversity, flexibility and responsiveness in the workforce, reflects a whole-of-health workforce perspective.

The national decision-making framework

The national framework consists of two parts. The first is a set of principles that form the foundation for the development and evaluation of decision-making tools. The second contains two templates for decision-making tools, one for nursing (registered and enrolled nurses¹) and one for midwifery, in recognition of the differences between the two professions. Terms that are underlined in the text are expanded on in the 'Explanations of terms' used in the 'Template tools' section of this document.

National decision-making framework

National Principles for the Development of Decision-Making Tools

Templates for Tools for Nursing and Midwifery Practice Decisions

Guide for nursing practice decisions	Guide for midwifery practice decisions
Nursing practice decision flowchart and narrative	Midwifery practice decision flowchart and narrative
Nursing practice decision-making summary diagram	Midwifery practice decision-making summary diagram

Explanations of Terms used in the Template Tools

- ¹ Whenever the term 'registered nurse' is used in this document, RN Divisions 1, 3 and 4 in Victoria, and registered mental health nurses and nurse practitioners, however titled, are included. Whenever the term 'enrolled nurse' is used in this document, RN Division 2 and RN Division 5 (mothercraft nurses) in Victoria, and however titled elsewhere, are included.

Purpose of the framework

The purpose of the framework is to foster consistency across jurisdictions by:

- identifying the agreed foundation principles for decision-making tools implemented by NMRAs
- demonstrating the application of the principles and concepts in the two professions.

ANMC recognises that the template tools may be modified or customised by the NMRAs to meet state or territory legislation or other local need. As decision-making processes are the same across all health professions, NMRAs may choose to combine the template tools into a single tool for nurses and midwives.

Professions are regulated in the public interest. Regulation contributes to public safety by ensuring that those who are authorised to make decisions, for which professional knowledge and experience are needed, are competent to do so. Use of the national principles for the development and evaluation of decision-making tools will therefore contribute to safety and quality in nursing and midwifery practice. Use of the template tools will facilitate flexibility in practice and enable reflection on current practice and practice change.

Scope of practice of a profession

A profession's 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.

Scope of practice of an individual

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. The scope of practice of an individual nurse or midwife may be more specifically defined than the scope of practice of their profession. To practise within the full scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence.

Decisions about both the individual's and the profession's practice can be guided by the use of decision-making tools. When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.

NATIONAL PRINCIPLES FOR THE DEVELOPMENT OF DECISION-MAKING TOOLS

These nationally-agreed principles guide the development and evaluation of decision-making tools in all Australian jurisdictions. Through the principles, and tools based on them, health consumers, regulators, governments, employers, professional groups and workforce planners can be confident that nurses and midwives, irrespective of their category of registration or where they practice, are supported to make decisions in a consistent way.

The national principles

Decision-making tools:

- 1 guide nurses and midwives in making decisions about everyday practice and changes to practice over time to meet the health needs of the community
- 2 facilitate planning, negotiation and implementation of practice change for individuals or groups of nurses and midwives to meet the health needs of the community
- 3 acknowledge that the promotion and provision of quality health services for individual consumers and for the broader community are the drivers for change in practice
- 4 enhance safety and quality when integrated with a comprehensive approach to managing risk
- 5 recognise and apply to all domains and contexts of practice
- 6 facilitate responsiveness to consumers' needs by health workers through changes to the repertoire of skills of individuals or groups by:
 - evolution of new practice areas/capabilities
 - negotiation among health workers and between health workers and employers
 - making or accepting delegations.
- 7 acknowledge the following determinants of practice and how they may limit or enable practice change:
 - legislated authority or restrictions on professional practice
 - professional standards of practice
 - evidence for practice
 - individual capability (knowledge, skill and competence) for practice
 - contextual/organisational support for practice
- 8 that are a part of the professional practice frameworks used by nursing and midwifery regulatory authorities and in the self assessment of practice, state explicitly and transparently the role of the tools in circumstances where a nurse or midwife may be called to account for their practice decisions.

TEMPLATE TOOLS FOR DECISION-MAKING IN NURSING OR MIDWIFERY PRACTICE

Preface

In a dynamic health care environment such as Australia's, where change is a constant feature, nurses and midwives are expected to be flexible and to respond to change in ways that benefit health consumers.

A nursing or midwifery practice decision-making tool is part of the nursing and midwifery regulatory authority's professional practice framework ensuring that nursing and midwifery care are provided in the public interest. Decisions² about nursing or midwifery practice using these template tools are therefore made by those who are best qualified and competent to do so – registered nurses³ and midwives.

Because the template tools are principle based, they are sustainable over time. Decisions made using these template tools are grounded in informed professional discretion, guided by principles. Differences in the education, experience and competence of the individual, and in the context in which they practise, are considered in using the template tools.

Registered nurses and midwives have a key role in the coordination and supervision of others who may assist them in the provision of care to consumers. The template tools therefore provide guidance not only for individual practice decisions by registered and enrolled nurses and midwives, but also for decisions about if, and when, it is appropriate for registered nurses or midwives to delegate aspects of consumer care to others, such as support workers. Organisations in which nurses and midwives work are responsible for ensuring there are sufficient resources to enable safe and competent care for the consumers for whom health care services are provided. This includes policies and practices that support the development of nursing and midwifery practice to meet the needs and expectations of consumers, within a risk management framework.

- 2 This type of decision, depending on assessment of dynamic contextual factors, must be made by the accountable registered nurse or midwife at the time. Such decisions cannot be made in advance. However, an organisation can prepare certain groups of workers to be capable of performing the activity when the registered nurse or midwife determines that it is appropriate for a specific health consumer in a specific context.
- 3 The National Competency Standards for Nursing currently reserve decision-making about the planning and coordination of nursing care to registered nurses.

These template tools establish a framework for decision-making that is based in competence. They do not condone or authorise the substitution of less qualified health workers for nurses or midwives when the knowledge and skills of nurses or midwives are needed. No nurse or midwife may be directed, pressured or compelled by an employer, or other person, to engage in any practice that falls short of, or is in breach of, any professional standard, guidelines and/or code of conduct, ethics or practice for their profession.

Use of the template tools

The template tools promote a consistent approach to decisions about nursing or midwifery practice across all areas of practice. The template tools are most relevant for the clinical practice setting, but may be modified or adapted for decision-making in other areas of nursing or midwifery practice such as education, research and management.

Decision-making is complex and dependent on a range of inter-related factors. Use of the template tools assists nurses, midwives, employers and policy-makers in understanding and considering these factors in decisions and discussions about practice. The template tools do not define activities or procedures.

The template tools provide a mechanism for:

- nurses or midwives to use when considering, determining and self-assessing their individual practice
- dialogue with employers, managers and policy-makers in interpreting, planning for and changing practice
- stimulating discussion regarding professional issues and raising awareness in relation to scope of practice and decision-making
- educators in embedding the principles and concepts underpinning the template tools within educational programs that prepare nurses or midwives for practice
- the nursing and midwifery regulatory authority to use in identifying practice that falls outside the accepted scope of nursing or midwifery practice, or decision-making processes that are not congruent with the statements of principle in the tools.

The template tools are to be used in conjunction with other professional practice tools and standards such as competency standards, policies, regulations and legislation related to nursing or midwifery, to resolve practice issues.

If conflict arises over application of the guide from practice decisions, and this conflict cannot be resolved by the parties, advice may need to be obtained from more senior management, the local NMRA or a professional/industrial organisation to assist in conflict resolution.

Rationale for developing the template tools

Decisions about nursing or midwifery practice in response to the rapid and dynamic changes that are occurring within nursing, midwifery and the environment of practice need to be planned rather than ad hoc. Unplanned responses could result in wide variation in practice between individuals of similar background and experience and between similar settings. Effective decision-making tools provide a framework where quality and safety are central considerations in decisions about nursing or midwifery practice, allowing:

- new services/practices to be introduced safely and in an orderly way
- everyday practice to be undertaken confidently and competently
- delegation decisions to be safe.

These tools have been developed to assist in rational decision-making about nursing or midwifery practice and practice changes. Influences for change in nursing or midwifery practice may arise from, among other factors:

- legislative or technological change
- community expectations, including an increased emphasis on the safety and quality of health care
- professional developments
- work practice changes including:
 - changes in the model of care initiated by organisations or professional groups
 - changes in other health professions
 - the emergence of new health care roles
- changes in the structure and funding of education
- resource changes including changes in the numbers of available health care workers, including nurses and midwives, and an ageing workforce.

The ANMC *National Competency Standards for Nurses* and the ANMC *National Competency Standards for the Midwife* set clear standards of practice regarding scope of practice and delegation.

GUIDE FOR NURSING PRACTICE DECISIONS

Decision-making within a sound risk management, professional, regulatory and legislative framework is a considered, rational process that enables nurses to work to their full and potential scope of practice. The Statements of principle set out below provide guidance to nurses and others about processes that will help to ensure that safety is not compromised when making decisions about nursing practice and about whether to delegate activities to others.

Statements of principle	Explanatory statements
1. The primary motivation for any decision about a care activity is to meet clients' health needs or to enhance health outcomes.	<p>Decisions about activities are made in a planned and careful fashion and:</p> <ul style="list-style-type: none"> ■ whenever possible, in partnership with the client, their families and support network and in collaboration with other members of the multidisciplinary health care team ■ based on a comprehensive assessment of the client and the client's needs ■ only where there is a justifiable, evidence-based reason to perform the activity ■ after identifying the potential risks/hazards associated with the care activity, and strategies to avoid them.
2. Nurses are accountable for making professional judgements 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.	<p>Judgements are made in a collaborative way, through consultation and negotiation with other members of the health care team, and are based on considerations of:</p> <ul style="list-style-type: none"> ■ lawfulness (legislation and common law) ■ compliance with evidence, professional standards, and regulatory standards, policies and guidelines ■ which is the most appropriate discipline to provide the education and competence assessment for the activity ■ context of practice and the service provider/employer's policies and protocols ■ whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice. <p>Nurses wishing to integrate into their own practice activities not currently part of the accepted, contemporary scope of nursing practice must ensure that:</p> <ul style="list-style-type: none"> ■ they have the necessary educational preparation and experience to do so safely ■ their competence has been assessed by a qualified, competent health professional or provider (who may be a more experienced/qualified registered nurse) ■ they are confident of their ability to perform the activity safely ■ they have any necessary authorisations or certifications and organisational support.

Statements of principle	Explanatory statements
<p>3. Registered nurses are accountable for making decisions about who is the most appropriate person to perform an activity that is in the nursing plan of care.</p> <p>[Enrolled nurses are accountable for making decisions about their own practice and about what is within their own capacity and scope of practice.]</p>	<p>Decisions about nursing practice are made, in partnership with the client whenever possible, to ensure that the right person (nurse or non-nurse) is in the right place to provide the right service for the client at the right time.</p> <p>Decisions are based on, justified and supported by, considerations of whether:</p> <ul style="list-style-type: none"> ■ there is legislative or professional requirement for the activity to be performed by a particular category of health professional or health care worker ■ the registered nurse has completed a comprehensive health assessment of the client's needs ■ there is an organisational requirement for an authority/certification/credential to perform the activity ■ the level of education, knowledge, experience, skill and assessed competence of the person who will perform an activity that has been delegated to them by a registered nurse from a nursing plan of care has been ascertained by a registered nurse ■ the person is competent, confident of their ability to perform the activity safely, or is ready to accept the delegation, and understands their level of accountability for performing the activity ■ the appropriate level of clinically-focussed supervision can be provided by a registered nurse for a person performing an activity delegated to them by a registered nurse ■ the organisation in which the nurse works has an appropriate policy, quality and risk management framework, sufficient staffing levels, appropriate skill mix and adequate access to other health professionals to support the person performing the activity, and to support the decision-maker in providing support and clinically-focussed supervision.
<p>4. Nursing practice decisions are best made in a collaborative context of planning, risk management, and evaluation.</p>	<p>Organisational employers/managers, other health workers and nurses share a joint responsibility to create and maintain:</p> <ul style="list-style-type: none"> ■ environments (including resources, education, policy, evaluation and competence assessment) that support safe decisions and competent, evidence-based practice to the full extent of the scope of nursing practice ■ processes for providing continuing education, skill development and appropriate clinically-focussed supervision ■ infrastructure that supports and promotes autonomous and interdependent practice, transparent accountability, and ongoing evaluation of the outcomes of care and nursing practice decisions.

The nursing practice decision flowchart illustrates the processes that a registered nurse would follow in making decisions about nursing practice, taking account of the guiding principles set out above. A summary guide for nursing practice decisions is also provided.

Nursing practice decision flowchart narrative

Any activity intended to achieve desired/beneficial client outcomes is based on a comprehensive assessment of the client by a registered nurse and is determined, whenever possible, in partnership with the client. Practice changes may also arise from evaluations of services and a desire to improve access to or efficiency of services to groups of clients. The first decision that will need to be made is whether the activity is within the current contemporary scope of nursing practice as envisaged in professional practice standards and legislation.

If the **activity IS within the current contemporary scope of nursing practice**, the registered nurse would need to consider the organisation's quality and risk management framework as well as its capacity in terms of staffing, resources and access to other health professionals.

If the organisational capacity is not sufficient to support the activity, further planning and consultation should be undertaken before proceeding and referral may be necessary in the meantime.

The registered nurse will need to conduct a risk assessment to determine the appropriate person to perform the activity.

Factors to be considered by the registered nurse in making this decision include whether a nurse should perform the activity because:

- the client's health status is such that the activity should be performed by a nurse
- the complexity of care required by the client indicates that a nurse should perform the activity, because specific knowledge or skill is needed
- professional standards for nurses indicate that the activity should be performed by either a registered or enrolled nurse
- any state/territory or Commonwealth legislation specifies that a nurse should perform the activity
- any local or organisational policy, guideline or protocol requires a registered or enrolled nurse to perform the activity
- the model of care mandates that the activity should be performed by a nurse
- there is evidence that the activity is best performed by a nurse.

If the **activity is NOT within the current contemporary scope of nursing practice**, the registered nurse⁴ will need to consider whether she/he (or another nurse) wishes to integrate the activity into their own nursing practice and/or whether the employer wishes to initiate a change within the organisation.

If not, then the client will need to be referred to an appropriate health professional or health service provider, and the registered nurse will need to establish a collaborative relationship with that person/service to ensure the provision of ongoing nursing care for the client.

If a nurse wishes to integrate the activity into their nursing practice, or an organisation wishes to initiate practice change, they will need to consider a number of factors, such as lawful authority, professional consensus, risk management, organisational support and the preparation and experience of the registered nurse, before proceeding.

These factors include whether:

- the activity can legally be performed by a nurse, with due consideration given to the need for the client to consent to the activity being performed by a nurse if at all possible
- professional standards would support a nurse performing the activity
- a risk assessment has found no risks indicating that the activity should be performed by another qualified person/service
- consultation and planning with all relevant stakeholders⁵ has occurred
- the organisation in which the activity is to be performed is prepared to support the nurse in performing the activity
- the nurse has the education, authorisation, experience, capacity, competence and confidence to safely perform the activity.

4 Current professional standards, such as the competency standards for the RN and EN, clearly give certain responsibilities exclusively to registered nurses, including making professional judgements about the scope of nursing practice and delegation of activities in a nursing plan to others.

5 The identification of which stakeholders are relevant is dependent on the context, and may include other health professionals, other service providers or educational institutions.

If the registered nurse decides, on the basis of **any one** of the above factors, that the activity needs to be performed by a nurse, the competence and confidence of that registered or enrolled nurse will need to be determined, as will their understanding of their level of accountability in performing the activity. Whether further education, clinically-focussed supervision and support from a registered nurse is required will also need to be established, based on consideration of the support, education and competence assessment that may be needed and is available.

Before new activities can be integrated into a nurse's practice, changes to legislation, community opinion, professional standards, public health policy, local/organisational policies, educational opportunities, resource provision, levels of supervision, roles and responsibilities, and/or the individual's educational preparation and competence may be required. Nurses may need to identify whether there are any professional or industry standards or expectations for education and training to prepare for the new role, including accredited education programs leading to formal qualifications, and if not, may need to collaborate in the development of appropriate education and assessment pathways.

If **all** of these factors are positive, the activity may be performed by a nurse and the outcomes evaluated.

If no competent nurse is available, or the desired education, level of supervision or support cannot be provided, the decision maker will need to refer the activity to a more experienced nurse to perform.

If **all** of these factors are found to be positive, then a nurse can perform the activity. However, if at any of the decision points a negative response occurs, the nurse would need to undertake further education, consultation or planning before proceeding, and/or refer the client to another health professional or service provider. In the latter case, the nurse would continue to collaborate to ensure provision of any ongoing nursing care.

If the registered nurse decides that the activity can be performed by a non-nurse⁶, the registered nurse will need to consider, within a risk management framework, who the most appropriate person (eg nursing student⁷, Aboriginal or Torres Strait Islander Health Worker⁸, support worker, volunteer, family member, carer, other) is to perform the activity. In making this decision, the registered nurse will need to decide whether:

- performance of the activity by a non-nurse will achieve the desired client outcomes, and the client consents, if at all possible, to the activity being performed by a non-nurse
- there is organisational support in the form of local policies/guidelines/protocols for the performance of this activity by a non-nurse (for students, support from the educational institution for this activity to be delegated to students should also be established)
- there is professional consensus (ie support from the nursing profession or other experienced nurses) and evidence for the performance of this activity by a non-nurse
- the non-nurse is competent (ie, has the necessary education, experience and skill) to perform the activity safely
- the non-nurse's competence has been assessed by a registered nurse
- the non-nurse is ready (confident) to perform the activity and understands their level of accountability for the activity
- there is a registered nurse available to provide the required level of supervision and support, including education.

6 A non-nurse is any person who is not authorised to practise as a registered or enrolled nurse

7 For students, the decision to delegate an activity to them to perform should be congruent with the educational goals in their registered nurse or enrolled nurse program of study, and demonstrated level of their individual knowledge and skill.

8 The relationships between Aboriginal and Torres Strait Islander health workers and nurses vary according to context. They may work autonomously or be accountable to a registered nurse for activities the registered nurse has delegated to them.

If **all** of these factors are positive, then the registered nurse can delegate⁹ the activity and ensure that the appropriate level of supervision is provided. If any of these factors is negative, the activity should not be delegated. In the absence of another competent non-nurse, or if necessary additional support (education, competence assessment, supervision etc) cannot be provided, the activity should either be performed by a nurse or referred to another service provider. In the latter case, the registered nurse would continue to collaborate to ensure the provision of any ongoing nursing care required by the client. Further consultation and planning may be necessary to achieve changes at the organisational or professional level to permit delegation in future, if this is considered appropriate.

Whatever the decision, documentation and evaluation of the outcomes of the decision must be completed. All parties to the decision, including the client, the registered nurse, the person performing the activity, and other health care team members, should participate in the evaluation, if at all possible. The employer may also be involved in evaluation of an organisational change. The evaluation should consider outcomes for the client, for the person performing the activity, for the person delegating the activity and for any others affected by the decision.

9 A delegation can only be made by a person who is competent to perform the activity they are delegating.

GUIDE FOR MIDWIFERY PRACTICE DECISIONS

Decision-making within a sound risk management, professional, regulatory and legislative framework is a considered, rational process that enables midwives to work to their full and potential scope of practice. The statements of principle set out below provide guidance to midwives and others about the factors to be considered to ensure that safety is not compromised when making decisions about midwifery practice and about whether to delegate activities to others.

Statements of principle	Explanatory statements
1. The primary motivation for any decision about a care activity is to meet women's or babies' health needs or to enhance health outcomes.	<p>Decisions about activities are made in a planned and careful fashion and:</p> <ul style="list-style-type: none">■ in partnership with the woman, and in collaboration with other members of the multidisciplinary health care team■ by a midwife, based on a comprehensive assessment of the woman/newborn and their needs■ only where there is a justifiable, evidence-based reason to perform the activity■ after identifying the potential risks/hazards associated with the care activity, and strategies to avoid them.
2. Midwives are accountable for making professional judgements 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.	<p>Judgements are made in a collaborative way, through consultation and negotiation with women and other members of the health care team, and are based on considerations of:</p> <ul style="list-style-type: none">■ lawfulness (legislation and common law)■ compliance with evidence, professional standards, policies and guidelines■ which discipline should provide the education and competence assessment for the activity■ the context of practice and the service provider/employer's policies and protocols■ whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice. <p>Midwives wishing to integrate activities that are not currently part of the accepted contemporary scope of midwifery practice into their own practice ensure that:</p> <ul style="list-style-type: none">■ they have the necessary educational preparation and experience to do so safely■ their competence has been assessed by a qualified, competent health professional or health service provider (who may be a more experienced midwife)■ they are confident of their ability to perform the activity safely■ they have any necessary authorisations or certifications and organisational support.

Statements of principle	Explanatory statements
<p>3. Midwives are accountable for making decisions about who is the most appropriate person to perform an activity that is in the midwifery plan of care and would currently normally be performed by a midwife.</p>	<p>Decisions about midwifery practice are made by midwives in partnership with the woman to ensure that the right person (midwife or non-midwife) is in the right place to provide the right service for the woman/newborn at the right time.</p> <p>Decisions are based on, justified and supported by, considerations of whether:</p> <ul style="list-style-type: none"> ■ there is a legislative or professional requirement for the activity to be performed by a particular category of health professional or health care worker ■ the midwife has assessed the woman’s or newborn’s needs and determined with the woman that the activity should be performed by a particular category of health professional or health care worker ■ there is an organisational requirement for an authority/certification/credential to perform the activity ■ the level of education, knowledge, experience, skill and assessed competence of the person who will perform an activity that has been delegated to them by a midwife from a midwifery plan of care, has been ascertained by a midwife to ensure the activity will be performed safely ■ the person is competent and confident of their ability to perform the activity safely, or is ready to accept delegation, and understands their level of accountability in performing the activity ■ the appropriate level of clinically-focussed supervision can be provided by a midwife for a person performing an activity delegated to them by a midwife ■ the organisation in which the midwife works has an appropriate policy, quality and risk management framework, sufficient staffing levels, appropriate skill mix and adequate access to other health professionals to support the person performing the activity, and to support the decision maker in providing support and clinically-focussed supervision.
<p>4. Midwifery practice decisions are best made in a collaborative context of planning, risk management, and evaluation.</p>	<p>Organisational employers/managers, other health workers and midwives share a joint responsibility to create and maintain:</p> <ul style="list-style-type: none"> ■ environments (including resources, education, policy, evaluation and competence assessment) that support safe decisions and competent, evidence-based practice to the full extent of the scope of midwifery practice ■ processes for providing continuing education, skill development and appropriate clinically-focussed supervision ■ infrastructure that supports and promotes autonomous and interdependent practice, transparent accountability, and ongoing evaluation of the outcomes of care and practice decisions.

The midwifery practice decision flowchart illustrates the processes that a midwife would follow in making decisions about midwifery practice, taking account of the guiding principles set out above. A summary guide for midwifery practice decisions is also provided.

Midwifery practice decision flowchart narrative

Any activity intended to achieve desired/beneficial outcomes for the woman or newborn is based on a comprehensive health assessment by a midwife and is determined in partnership with the woman. Practice changes may also arise from evaluations of services and a desire to improve access to or efficiency of services to groups of clients. The first decision that the midwife will need to make is whether the activity is within the current, contemporary scope of midwifery practice as envisaged in professional practice standards and legislation.

If the **activity IS within the current contemporary scope of midwifery practice**, the midwife will need to consider the organisation's quality and risk management framework as well as its capacity in terms of staffing, resources and access to other health professionals. If the organisational capacity is insufficient to support the activity, further planning and consultation should be undertaken before proceeding, and referral may be necessary in the meantime.

The midwife will also need to conduct a risk assessment to determine the appropriate person to perform the activity. Factors to be considered in making this decision include whether a midwife should perform the activity because:

- the woman or newborn's health status is such that the activity should be performed by a midwife
- the complexity of care required by the woman or newborn indicates that a midwife should perform the activity, because specific knowledge or skills are required
- professional standards for midwives indicate that the activity should be performed by a midwife
- there is evidence that the activity is best performed by a midwife
- any state/territory or Commonwealth legislation requires a midwife to perform the activity
- any local or organisational policy, guideline or protocol requires the activity to be performed by a midwife
- the model of care mandates that the activity should be performed by a midwife.

If the **activity is NOT within the current, contemporary scope of midwifery practice**, the midwife will need to consider whether she/he (or another midwife) wishes to integrate the activity into their own practice, and/or the employer wishes to initiate practice change. If not, then the woman or newborn will need to be referred to an appropriate health professional or health service provider, and the midwife will need to establish a collaborative relationship with that person/service to ensure the provision of ongoing midwifery care for the woman and her newborn.

If a midwife wishes to integrate the activity into their midwifery practice, or the organisation wishes to initiate practice change, they will need to consider a number of factors such as lawful authority, professional consensus, risk management, organisational support and the preparation and experience of the midwife before proceeding. These factors include whether:

- the activity can legally be performed by a midwife, with due consideration given to the need for the woman to consent to the activity being performed by a midwife
- professional standards would support a midwife performing the activity
- a risk assessment has found no risks indicating that the activity should be performed by another qualified person/service
- the organisation in which the activity is to be performed is prepared to support the midwife in performing the activity
- consultation and planning with all relevant stakeholders¹⁰ have occurred
- the midwife has the education, authorisation, experience, competence and confidence to safely perform the activity.

¹⁰ The identification of which stakeholders are relevant is dependent on the context, and may include other health professionals, other service providers or educational institutions.

If the midwife decides on the basis of **any one** of the above factors that the activity needs to be performed by a midwife, the competence and confidence of the midwife will need to be determined, as will their understanding of their level of accountability. Whether education, competence assessment, support or clinically-focussed supervision from a more experienced midwife is required will also need to be established, based on consideration of what may be needed and is available.

Before new activities can be integrated into a midwife's practice, changes to legislation, community expectations, professional standards, public health policy, local/organisational policies, educational opportunities, resource provision, levels of supervision, roles and responsibilities, and/or the individual's competence may be required. Midwives may need to identify whether there are any professional or industry standards or expectations for education and training to prepare for the new role, including accredited education programs leading to formal qualifications, and, if not, may need to collaborate in the development of appropriate education and assessment pathways

If **all** of these factors are positive, the activity can be performed by a midwife, and the outcomes evaluated.

If the desired education, level of supervision or support is not available, the decision maker will need to refer the activity to a more experienced midwife to perform.

If **all** of these factors are found to be positive, then the midwife can perform the activity. However, if at any of the decision points a negative response occurs, the midwife would need to undertake further education or consultation and planning before proceeding, and/or refer the woman or newborn to another health professional or service provider. In the latter case, the midwife would need to continue to collaborate to ensure the provision of any ongoing midwifery care.

If the midwife decides that the activity can be performed by a non-midwife¹¹, the midwife will need to consider, within a risk management framework, who the most appropriate person (midwifery student¹², nurse, Aboriginal or Torres Strait Islander Health Worker¹³, support worker, volunteer, family member, carer, other) is to perform the activity. In making this decision, the midwife will need to decide whether:

- performance of the activity by a non-midwife would achieve the desired outcomes for the woman or newborn, and the woman consents to the activity being performed by a non-midwife
- there is organisational support in the form of local policies/guidelines/protocols for the performance of this activity by a non-midwife (for students, support from the educational institution for this activity to be delegated to students should be established)
- there is consensus in the midwifery profession regarding the performance of this activity by a non-midwife
- the non-midwife is competent (has the necessary education, experience and skill) to perform the activity safely
- the non-midwife's competence has been assessed by a midwife
- the non-midwife is ready (confident) to perform the activity and understands their level of accountability for the activity
- there is a midwife available to provide the required level of supervision and support, including education.

11 A non-midwife is any person who is not authorised to practise as a midwife

12 For students, the decision to delegate an activity to them to perform should be congruent with their educational goals in their midwifery program of study and demonstrated level of individual knowledge and skill.

13 The relationships between Aboriginal and Torres Strait Islander health workers and midwives vary according to context. They may work autonomously or be accountable to a midwife for activities the midwife has delegated to them.

If **all** of these factors are positive, then the midwife can delegate¹⁴ the activity and ensure that the appropriate level of supervision is provided. If any of these factors is negative, the activity should not be delegated. In the absence of another competent non-midwife, or if necessary additional support (education, competence assessment, supervision etc) cannot be provided, the activity should either be performed by a midwife or referred to another service provider. In the latter case, the midwife would continue to collaborate to ensure the provision of any ongoing midwifery care that was required by the woman or newborn. Further consultation and planning may be necessary to achieve changes at the organisational or professional level to permit delegation in future, if this is considered appropriate.

Whatever the decision, documentation and evaluation of the outcomes of the decision must be completed. All parties to the decision, including the woman, the midwife, the person performing the activity, and other health care team members, should participate in the evaluation, if at all possible. The employer may also be involved in the evaluation of an organisational change. The evaluation should consider outcomes for the woman/newborn, for the person performing the activity, for the person delegating an activity and for any others affected by the decision.

¹⁴ A delegation can only be made by a person who is competent to perform the activity they are delegating.

GLOSSARY

A number of terms used in the template tools are defined in a variety of ways in the health industry and elsewhere. For the purposes of this framework, the following definitions have been adopted.

Accountability/accountable

Accountability means that nurses and midwives must be prepared to answer to others, such as health care consumers, their nursing and midwifery regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The registered nurse or midwife who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation.

Activity/activities

An activity is a service provided to consumers as part of a nursing or midwifery plan of care. Activities may be clearly defined individual tasks, or more comprehensive care. The term can also refer to interventions, or actions taken by a health worker to produce a beneficial outcome for a health consumer. These actions may include, but are not limited to, direct care, monitoring, teaching, counselling, facilitating and advocating. In some jurisdictions, legislation specifically prohibits the delegation of nursing care to non-nurses, and mandates that only midwives can care for a woman in childbirth.

Collaboration/collaborate

Collaboration refers to all members of the health care team working in partnership with consumers and each other to provide the highest standard of, and access to, health care. Collaborative relationships depend on mutual respect. Successful collaboration depends on communication, consultation and joint decision making within a risk management framework, to enable appropriate referral and to ensure effective, efficient and safe health care.

Competence/competent

Competence is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability.

Competence assessment

Assessment of an individual's competence may occur through structured educational programs or a peer review process. Evidence of a person's competence may include:

- written transcripts of the skills/knowledge they have obtained in a formal course
- their in-service education session records
- direct observation of their skill
- questioning of their knowledge base
- assessment from the consumer's perspective using agreed criteria
- self assessment through reflection on performance in comparison with professional standards.

Comprehensive (health) assessment

A comprehensive health assessment is the assessment of a consumer's health status for the purposes of planning or evaluating care. Data are collected through multiple sources, including, but not limited to, communication with the consumer, and where appropriate their significant others, reports from others involved in providing care to the consumer, health care records, direct observation, examination and measurement, and diagnostic tests. The interpretation of the data involves the application of nursing or midwifery knowledge and judgement. Health assessment also involves the continuous monitoring and reviewing of assessment findings to detect changes in the consumer's health status.

Consultation/consult

Consultation is the seeking of professional advice from a qualified, competent source and making decisions about shared responsibilities for care provision. It is dependent on the existence of collaborative relationships, and open communication, with others in the multidisciplinary health care team.

Consumer

The term consumer is used generically to refer to client (nursing) and to woman (midwifery). Advising consumers of their right to make informed choices in relation to their care, and obtaining their consent, are key responsibilities of all health care personnel.

Client Clients are individuals, groups or communities of health care consumers who work in partnership with nurses to plan and receive nursing care. The term client includes patients, residents and/or their families/representatives/significant others.

Woman The term 'woman' includes the woman, her baby (born and unborn), and, as negotiated with the woman, her partner, significant others and community.

Context

Context refers to the environment in which nursing or midwifery is practised, and which in turn influences that practice. It includes:

- the characteristics of the consumer and the complexity of care required by them
- the model of care, type of service or health facility and physical setting
- the amount of clinical support and/or supervision that is available
- the resources that are available, including the staff skill mix and level of access to other health care professionals.

Delegation/delegate

A delegation relationship exists when one member of the multidisciplinary health care team delegates aspects of consumer care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline. Delegations are made to meet consumers' needs and to ensure access to health care services — that is, the right person is available at the right time to provide the right service to a consumer. The delegator retains accountability for the decision to delegate and for monitoring outcomes. Delegation may be either the:

- transfer of authority to a competent person to perform a specific activity in a specific context *or*
- conferring of authority to perform a specific activity in a specific context on a competent person who does not have autonomous authority to perform the activity.

Delegation is a two-way, multi-level activity, requiring a rational decision-making and risk assessment process, and the end point of delegation may come only after teaching and competence assessment. Delegation is different from allocation or assignment which involves asking another person to care for one or more consumers on the assumption that the required activities of consumer care are normally within that person's responsibility and scope of practice. Many of the same factors regarding competence assessment and supervision that are relevant to delegation also need to be considered in relation to allocation/assignment.

Responsibilities when delegating

To maintain a high standard of care when delegating activities, the professional's responsibilities include:

- teaching (although this may be undertaken by another competent person, and teaching alone is not delegation)
- competence assessment
- providing guidance, assistance, support and clinically-focussed supervision
- ensuring that the person to whom the delegation is being made understands their accountability and is willing to accept the delegation
- evaluation of outcomes
- reflection on practice.

Responsibilities when accepting a delegation

A key component of delegation is the readiness of the recipient of the delegation to accept the delegation. The recipient has the responsibility to:

- negotiate, in good faith, the teaching, competence assessment and level of clinically-focussed supervision needed
- notify in a timely manner if unable to perform the activity for an ethical or other reason
- be aware of the extent of the delegation and the associated monitoring and reporting requirements
- seek support and direct clinically-focussed supervision until confident of own ability to perform the activity
- perform the activity safely
- participate in evaluation of the delegation.

Activities delegated to another person by a registered nurse or midwife cannot be delegated by that person to any other individual, unless they have since obtained the autonomous authority to perform the activity. If changes in the context occur that necessitate re-delegation, a person without that autonomous authority must consult with a registered nurse or midwife.

Education

Formal education includes courses leading to a recognised qualification. Informal educational methods include, but are not limited to:

- reading professional publications
- completing self-directed learning packages
- attending in-service education sessions
- attending seminars or conferences
- individual, one-to-one education with a person competent in the subject or skill
- reflection on practice alone or with colleagues.

Practical experience and assessment of competence by a qualified person are key components of any educational preparation for the performance of a health care activity.

Enrolled nurse

An enrolled nurse is a person with appropriate educational preparation and competence for practice who is licensed under relevant state or territory nursing and midwifery regulatory legislation to practise in that jurisdiction. Whenever the term ‘enrolled nurse’ is used in this document, registered nurse Division 2 and Division 5 (mothercraft nurse) in Victoria and however titled elsewhere, are included.

Evaluation/evaluate

Evaluation is the systematic collection of evidence, measurement against standards or goals, and judgement to determine merit, worth or significance. It focuses on the consumer’s response to nursing or midwifery care to review the plan of care. It can also be used to determine the appropriateness of continuing to undertake an activity, or to delegate it. Relevant stakeholders who should be involved in evaluation include the consumer, and any party affected by the activity, such as other health care workers

Legislation/legislative

Legislation refers not only to nursing and midwifery acts, but also to a diverse range of state/territory and Commonwealth acts and regulations that may affect practice. Examples include the national Aged Care Act and Health Insurance Commission Act, and state/territory mental health acts, Radiation Safety legislation and Drugs and Poisons Regulations.

Midwife/midwifery practice

A midwife is a person with appropriate educational preparation and competence for practice who is licensed under relevant state or territory nursing and midwifery regulatory legislation to practise midwifery in that jurisdiction.

Non-nurse, non-midwife/support workers

A non-nurse is any person who is not authorised/licensed to practise as a registered or enrolled nurse. A non-midwife is any person not authorised/licensed to practise as a midwife. The category includes, but is not limited to, support workers (also known as unlicensed health care workers) such as doulas, assistants in nursing, personal care assistants, orderlies, ward attendants, receptionists.

Support workers are people whose roles include carrying out non-complex components of personal care for consumers that:

- have traditionally been within the scope of practice of regulated health professionals
- may also, or otherwise, be provided by family, volunteers or significant others.

Support workers may have a care-worker qualification or no formal education for their role. They are not professionally regulated, so are not bound by standards set by a licensing authority. Support workers are individually accountable for their own actions and accountable to the registered nurse or midwife and their employer for delegated actions.

Routine client-specific activities requiring a narrow range of skill and knowledge may be delegated to support workers. An activity is routine if the need for the activity, the consumer's response and the outcome of the activity have been established over time, and are therefore predictable.

Nurse/nursing practice

See registered nurse and enrolled nurse.

Organisation/organisational support

Employers/organisations are responsible for providing sufficient resources to enable safe and competent care for the consumers for whom they provide health care services. This includes policies and practices that support the development of nursing and midwifery practice to meet the needs and expectations of consumers, within a risk management framework.

In situations where the nurse or midwife is self employed as a sole practitioner, the nurse or midwife assumes the employer's responsibilities for developing and maintaining a policy and risk management framework.

Other health professional/service provider

Other health professionals are people who have the necessary education to qualify for a licence, in their respective professions, to provide a health service for which they are individually accountable. A licensing authority grants their licence to practise and monitors their professional standards. The health professions that are licensed vary between jurisdictions. In this document, the term also refers to what are sometimes known as health practitioners or semi-regulated professions, such as paramedics, and social workers. In some contexts, the term health service provider may be used, and can refer to both individuals and organisations.

Refer/referral

Referral is the transfer of primary health care responsibility to another qualified health service provider/health professional. However, the nurse or midwife referring the consumer for care by another professional or service may need to continue to provide their professional services collaboratively in this period.

Registered nurse

A registered nurse is a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed under the relevant state or territory nursing and midwifery regulatory legislation to practise as a registered nurse in that jurisdiction. Whenever the term 'registered nurse' is used in this document it refers to registered nurse, divisions 1, 3, and 4 in Victoria, and registered mental health nurses, however titled, in other jurisdictions. The term also includes nurse practitioners.

Risk assessment/risk management

An effective risk management system is one incorporating strategies to:

- identify risks/hazards
- assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur
- prevent the occurrence of the risks, or minimise their impact.

Scope of practice

A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform. The scope of professional practice is set by legislation – professional standards such as competency standards, codes of ethics, conduct and practice and public need, demand and expectation. It may therefore be broader than that of any individual within the profession.

The actual scope of an individual's practice is influenced by the:

- context in which they practise
- consumers' health needs
- level of competence, education, qualifications and experience of the individual
- service provider's policy, quality and risk management framework and organisational culture.

Student

Students in courses that lead to eligibility to apply for registration or enrolment as a nurse or registration or authorisation to practise as a midwife are an integral part of the health care team in many settings. As part of their educational program, they are expected to provide care to clients under the supervision of a registered nurse, and to women and babies under the supervision of a midwife. In order to gain the necessary knowledge and skill for professional practice, they may, during their course, undertake under supervision the full range of care activities that are expected of a licensed nurse or midwife.

Decisions about what activities a student may perform will be guided by consideration of whether:

- performance of the activity is congruent with the educational goals of the program in which the student is enrolled, and with the professional role (enrolled nurse, registered nurse, midwife) that the student will undertake once they graduate
- the educational institution supports the performance of the activity by the relevant group of students
- the student is competent and confident to perform the specific activity for the consumer in the current context.

Supervision/supervise

There are three types of supervision in a practice context:

- 1 managerial supervision involving performance appraisal, rostering, staffing mix, orientation, induction, team leadership etc
- 2 professional supervision where, for example, a midwife preceptors a student undertaking a course for entry to the midwifery profession, or a registered nurse supports and supervises the practice of an enrolled nurse
- 3 clinically-focussed supervision, as part of delegation.

In relation to consumer care activities delegated to another person by a midwife from a midwifery plan of care or by a registered nurse from a nursing plan of care, clinically-focused supervision includes:

- providing education, guidance and support for individuals who are performing the delegated activity
- directing the individual's performance
- monitoring and evaluating outcomes, especially the consumer's response to the activity.

There is a range of clinically-focussed supervision between direct and indirect. Both parties (the delegator and the person accepting the delegation) must agree to the level of clinically-focussed supervision that will be provided.

Direct supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.

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. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised.

Support workers

See non-nurse, non-midwife.

Volunteers/family members

Volunteers provide service without expectation of financial reward. In some contexts they provide services similar to those provided by support workers. While they are unpaid, and may be said to participate in care rather than be delegated care activities, the accountabilities of a registered nurse or midwife who involves the volunteer/family member in the provision of care are the same as for delegation.

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The ANMC acknowledges the following sources for the concepts and definitions used in this document:

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