

## Framework

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Effective xx xx 2019

### Decision-making framework for nurses and midwives

#### Introduction

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

The NMBA *Decision-making framework for nurses and midwives* (the DMF) is an evidence-based contemporary document that is to be used in conjunction with standards for practice, policies, regulations and legislation related to nursing or midwifery.

#### Purpose of the decision-making framework

The purpose of the DMF is to guide decision-making relating to scope of practice and delegation to promote consistent safe, person-centred and evidence-based decision-making across the nursing and midwifery professions. The DMF contributes to flexibility in practice and enables reflection on current practice and practice change, based on the application of the DMF principles.

#### The decision-making framework

The DMF consists of two parts:

1. **Principles of decision-making**, and
2. Nursing and midwifery **guides to decision-making** that include the:
  - a. Guide to nursing practice decisions
  - b. Guide to midwifery practice decisions, and
  - c. Guide to delegation decisions.

The NMBA also provides the *Decision-making framework: summary for nurses* and the *Decision-making framework: summary for midwives* as supporting guidance to be used in conjunction with the DMF.

#### Background

Registered nurses and midwives are responsible and accountable for the coordination, delegation and supervision of enrolled nurses<sup>1</sup> and others who assist them in the provision of care. The DMF provides guidance for individual practice decisions by registered nurses, enrolled nurses and midwives. It also provides guidance for decisions about expanding scope of practice and if, and when, it is appropriate for registered nurses or midwives to delegate aspects of care to others, such as other registered nurses or

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<sup>1</sup> Enrolled nurses must work under the direct or indirect supervision of a registered nurse or midwife. This supervision cannot be replaced/substituted by another health professional.

midwives, enrolled nurses, students and health workers. The education, experience and competence of the individual, and in the context in which they practise, are considered when using the DMF.

Registered nurses, enrolled nurses and midwives are accountable for making professional judgements about when an activity is within their scope of practice and, when it is not, for initiating consultation and collaboration with, or referral to, other members of the healthcare team. Judgements are made in a collaborative way, through professional consensus, consultation and negotiation with other members of the healthcare team, and are based on considerations of:

- lawfulness (legislation and common law)
- compliance with evidence, professional standards, and regulatory standards, policies and guidelines
- context of practice and the health service provider/employer's policies and protocols, and
- whether there is organisational support, sufficient staffing levels and appropriate skill mix, for the practice.

Organisations in which nurses and midwives work are responsible for ensuring there are sufficient resources to enable safe and competent care for the people for whom healthcare services are provided. This includes policies and practices that support the development of nursing and midwifery practice within a risk management framework.

The DMF establishes a foundation for decision-making that is based on competence. The substitution of health workers for nurses or midwives must not occur when the knowledge and skills of nurses or midwives are needed. Under the National Law, nurses or midwives cannot 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.

### Using the DMF

The DMF provides a consistent approach to decisions about nursing or midwifery practice in all contexts. The DMF is 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.

The DMF provides a mechanism for:

- registered nurses, enrolled nurses and midwives to use when considering, determining and self-assessing their individual practice
- purposeful engagement with employers, managers and policy-makers in interpreting, planning for and changing practice
- initiating discussion regarding professional issues and raising awareness in relation to scope of practice and decision-making
- embedding the principles and concepts underpinning the DMF within educational programs that prepare registered nurses, enrolled nurses or midwives for practice, and
- 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 DMF.

The DMF has been developed to assist in decision-making about nursing or midwifery practice and practice changes. Influences for change in nursing or midwifery practice may arise from many factors, including:

- evidence-based research
- legislative change
- technological change
- expectations of people receiving care
- safety and quality of healthcare
- 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 healthcare roles
  - changes in the structure and funding of health, and
- changes to the healthcare workforce.

The NMBA *Standards for practice for registered nurses*, *Standards for practice for enrolled nurses* and *Standards for practice for midwives* set the minimum standards for practice and clear standards regarding scope of practice and delegation.

Consultation document

## Part one: Principles of decision-making

These principles underpin the DMF for nursing and midwifery. The principles support the provision of safe, person-centred and evidence-based care and, in partnership with the person, promote shared decision-making and care delivery in a culturally safe and respectful way. Through the principles, and the guides to practice decision based on them (Part two of the DMF), nurses and midwives are equipped to make decisions in a consistent way.

The principles that underpin the DMF are:

1. nurses and midwives are guided to make decisions about everyday practice and changes to practice over time to meet the health needs of the community
2. planning, negotiation and implementation of practice change for individuals or groups of registered nurses, enrolled nurses and midwives is facilitated to meet the health needs of the community
3. the promotion and provision of quality, culturally safe health services is made in conjunction with people and the broader community as the drivers for change in practice
4. safety and quality are enhanced when integrated with a comprehensive approach to managing risk
5. evidence-based practice applies to all domains and contexts of practice
6. changes to the practice of individuals or groups are guided by:
  - evolution of new practice areas/capabilities
  - negotiation between health workers, and
  - employers making or accepting delegations.
7. registered nurses, enrolled nurses and midwives consider 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 scope of practice (education, authorisation and competence for practice)
  - arrangements and decision-making in delegation
  - contextual/organisational support for practice, and
8. the DMF forms part of the nursing and midwifery professional practice framework.

## Part two: Nursing and midwifery guides to practice decisions

### The Guide to 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 and actions set out below provide direction to nurses and others about processes that will help to ensure that safety is not compromised when making decisions about scope of practice, about whether to delegate activities to others and for supervision support.

Statement	Actions
<p>1. The primary motivation for any decision about a care activity is to meet people's health needs or to enhance health outcomes.</p>	<p>Decisions about activities are made in a planned and careful fashion and:</p> <ul style="list-style-type: none"> <li>• in partnership with the person, their families and support network and in collaboration with other members of the multidisciplinary healthcare team</li> <li>• based on a comprehensive assessment of the person and their health and cultural needs</li> <li>• only where there is a justifiable, evidence-based reason to perform the activity</li> <li>• after identifying the potential risks/hazards associated with the care activity and strategies to avoid them.</li> </ul>
<p>2. Nurses are accountable for making professional judgements about when an activity is beyond their scope of practice and for initiating consultation with, or referral to, other members of the healthcare team.</p>	<p>Judgements are made in a collaborative way, through consultation and negotiation with other members of the healthcare team, and are based on considerations of:</p> <ul style="list-style-type: none"> <li>• lawfulness (legislation and common law)</li> <li>• compliance with evidence, professional standards, and regulatory standards, policies and guidelines</li> <li>• which is the most appropriate discipline to provide the education and competence assessment for the activity</li> <li>• context of practice and the service provider/employer's policies and protocols</li> <li>• whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice.</li> </ul>
<p>3. Expansion to scope of practice occurs when a nurse assumes responsibility for an activity that is currently outside the nurses' scope of practice, or where an employer seeks to initiate a change, because of evaluations of services and a desire to improve access to or efficiency of services to groups of people.</p>	<p>Nurses planning to integrate activities that are not currently part of their practice, or accepted contemporary scope of nursing practice, into their own practice, must ensure:</p> <ul style="list-style-type: none"> <li>• the activity is within the current contemporary scope of nursing practice and the standards for practice would support the nurse performing the activity</li> <li>• there is no legislative basis that would prevent a nurse performing the activity</li> <li>• they have any necessary authorisations, certifications and organisational support to perform the activity</li> <li>• they have the necessary educational preparation, experience, capacity, competence and confidence to safely perform the activity</li> <li>• their competence has been assessed by a qualified, competent health professional or provider (who may be a more experienced/qualified registered nurse)</li> <li>• that any identified risk has been assessed and if appropriate to proceed, mitigating measures have been adopted</li> <li>• consultation with relevant stakeholders has occurred, if necessary</li> <li>• the person receiving care consents to the activity being performed by a nurse</li> <li>• the organisation in which the activity is to be performed is prepared to support the nurse in performing the activity</li> <li>• they are confident of their ability to perform the activity safely</li> </ul>

Statement	Actions
<p>4. 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>Decisions about nursing practice are made in partnership with the person whenever possible and to ensure that the right nurse or health worker is available at the right time to provide the healthcare needs for the person.</p> <p>Decisions are based on, justified and supported by, considerations of whether:</p> <ul style="list-style-type: none"> <li>• there is legislative or professional requirement for the activity to be performed by a particular category of health professional or health worker</li> <li>• the registered nurse has completed a comprehensive health assessment of the person's needs</li> <li>• there is an organisational requirement for an authority/certification/credential to perform the activity</li> <li>• 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 to ensure the activity will be performed safely</li> <li>• the nurse or health worker is competent and confident of their ability to perform the activity safely, is ready to accept the delegation and understands their level of accountability for performing the activity</li> <li>• the appropriate level of clinically-focused supervision can be provided by a registered nurse for a person performing an activity delegated to them</li> <li>• the organisation in which the registered 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-focused supervision.</li> </ul>
<p>5. 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"> <li>• 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</li> <li>• processes for providing continuing education, skill development and appropriate clinically-focused supervision</li> <li>• infrastructure that supports and promotes autonomous and interdependent practice, transparent accountability, and ongoing evaluation of the outcomes of care and nursing practice decisions.</li> </ul>

The nursing practice decisions summary illustrates the processes that a nurse would follow in making decisions about nursing practice, taking account of the statements set out above.

## The Guide to 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 and actions set out below provide direction to midwives and others about the factors to be considered to ensure that safety is not compromised when making decisions about scope of practice, about whether to delegate activities to others, and for supervision.

Statement	Actions
<p>1. The primary motivation for any decision about a care activity is to meet people's health needs or to enhance health outcomes.</p>	<p>Decisions about activities are made in a planned and careful fashion and:</p> <ul style="list-style-type: none"> <li>• in partnership with the woman, and in collaboration with other members of the multidisciplinary healthcare team</li> <li>• by a midwife, based on a comprehensive assessment of the woman/newborn and their health and cultural needs</li> <li>• only where there is a justifiable, evidence-based reason to perform the activity</li> <li>• after identifying the potential risks/hazards associated with the care activity and strategies to avoid them.</li> </ul>
<p>2. Midwives are accountable for making professional judgements about when an activity is beyond their scope of practice and for initiating consultation with, or referral to, other members of the healthcare team.</p>	<p>Judgements are made in a collaborative way, through consultation and negotiation with other members of the healthcare team, and are based on considerations of:</p> <ul style="list-style-type: none"> <li>• lawfulness (legislation and common law)</li> <li>• compliance with evidence, professional standards, and regulatory standards, policies and guidelines</li> <li>• which is the most appropriate discipline to provide the education and competence assessment for the activity</li> <li>• context of practice and the service provider/employer's policies and protocols</li> <li>• whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice.</li> </ul>
<p>3. Expansion to scope of practice occurs when a midwife assumes responsibility for an activity that is currently outside the midwife's scope of practice, or where an employer seeks to initiate a change, because of evaluations of services and a desire to improve access to or efficiency of services to groups of people.</p>	<p>Midwives planning to integrate activities that are not currently part of their practice, or accepted contemporary scope of midwifery practice, into their own practice, must ensure:</p> <ul style="list-style-type: none"> <li>• the activity is within the current contemporary scope of midwifery practice and the standards for practice would support the midwife performing the activity</li> <li>• there is no legislative basis that would prevent a midwife performing the activity</li> <li>• they have any necessary authorisations, certifications and organisational support to perform the activity</li> <li>• they have the necessary educational preparation, experience, capacity, competence and confidence to safely perform the activity</li> <li>• their competence has been assessed by a qualified, competent health professional or provider (who may be a more experienced/qualified midwife)</li> <li>• that any identified risk has been assessed and if appropriate to proceed, mitigating measures have been adopted</li> <li>• consultation with relevant stakeholders has occurred, if necessary</li> <li>• the person receiving care consents to the activity being performed by a midwife</li> <li>• the organisation in which the activity is to be performed is prepared to support the midwife in performing the activity</li> <li>• they are confident of their ability to perform the activity safely</li> </ul>

Statement	Actions
<p>4. 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.</p>	<p>Decisions about midwifery practice are made by midwives in partnership with the woman and to ensure that the right midwife or health worker is available at the right time to provide the healthcare needs for the woman/newborn.</p> <p>Decisions are based on, justified and supported by, considerations of whether:</p> <ul style="list-style-type: none"> <li>• there is a legislative or professional requirement for the activity to be performed by a particular category of health professional or health worker</li> <li>• 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 worker</li> <li>• there is an organisational requirement for an authority/certification/credential to perform the activity</li> <li>• 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</li> <li>• the midwife or health worker is competent and confident of their ability to perform the activity safely, is ready to accept the delegation and understands their level of accountability in performing the activity</li> <li>• the appropriate level of clinically-focused supervision can be provided by a midwife for a person performing an activity delegated to them</li> <li>• 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-focused supervision.</li> </ul>
<p>5. 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"> <li>• 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</li> <li>• processes for providing continuing education, skill development and appropriate clinically- focused supervision</li> <li>• infrastructure that supports and promotes autonomous and interdependent practice, transparent accountability, and ongoing evaluation of the outcomes of care and practice decisions.</li> </ul>

The midwifery practice decisions summary illustrates the processes that a midwife would follow in making decisions about midwifery practice, taking account of the statements set out above.

## The Guide to delegation decisions

A delegation relationship exists when one member of the multidisciplinary healthcare team delegates aspects of a person's care, which they are competent to perform and which they would normally perform themselves, to another member of the healthcare team from a different discipline, or to a less experienced member of the same discipline. Registered nurses and midwives play a key role in the coordination and delegation of care.

Delegation of care should be made following a risk assessment by the registered nurse or midwife. The delegation relationship exists when:

- a registered nurse delegates aspects of nursing practice in any practice setting to another person such as another registered nurse, a midwife, an enrolled nurse, a student nurse, another health professional or a health worker.
- a midwife delegates aspects of midwifery practice in any practice setting to another person such as another midwife, a registered nurse, an enrolled nurse, a student midwife, another health professional or a health worker.

Registered nurses and midwives are responsible and accountable for the coordination, delegation and supervision of enrolled nurses and others who assist them in the provision of care. While enrolled nurses work as part of the multidisciplinary team, they must be supervised by registered nurses or midwives. This supervision cannot be replaced or substituted by another health practitioner.

Delegations are made to meet people's needs and to ensure access to healthcare services — that is, the right person is available at the right time to meet the needs of people in their care. 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 people on the assumption that the required activities of 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.

The registered nurse or midwife who is delegating retains accountability for the decision to delegate. Activities delegated to another person cannot be delegated by that person to any other individual, unless they have since obtained the autonomous authority to perform the activity. If further delegation is required, it must involve consultation with the registered nurse or midwife. For example, enrolled nurses delegated care by the registered nurse collaborates with the registered nurse for the ongoing provision of nursing care and in with collaboration with other members of the healthcare team.

The decision to delegate an activity to students should align with the educational goals in their program of study and demonstrated level of their individual knowledge and skill.

The person receiving the delegation is at all times responsible for their actions and is accountable for providing delegated care.

## The Guide to delegation decisions

Delegation phase	Actions
1. Assessment	<p>The registered nurse or midwife will need to conduct a risk assessment to determine the appropriate person to perform the activity. Factors to be considered in making the decision include whether a nurse or midwife should perform the activity because:</p> <ul style="list-style-type: none"> <li>• the persons health status is such that the activity should be performed by a nurse or midwife because specific knowledge or skill is needed</li> <li>• professional standards indicate that the activity should be performed by either a nurse or a midwife</li> <li>• there is evidence that the activity is best performed by a nurse or midwife</li> <li>• any state/territory or Commonwealth legislation specifies that a nurse or midwife should perform the activity</li> <li>• any local or organisational policy, risk matrix, guideline or protocol requires a nurse or midwife to perform the activity, and</li> <li>• the model of care mandates that the activity should be performed by a nurse or midwife</li> </ul>
2. Responsibilities when considering delegating	<p>To maintain a high standard of care when delegating activities, the registered nurse or midwife's responsibilities include:</p> <ul style="list-style-type: none"> <li>• a comprehensive, collaborative assessment of the needs of the person receiving care</li> <li>• an assessment of the knowledge, skill, authority and ability of the person (nurse, midwife, student or health worker) accepting the delegation</li> <li>• ensuring that the person to whom the delegation is being made understands their accountability and is confident and willing to accept the delegation</li> <li>• regular review of the delegation, providing guidance, support and clinically-focussed supervision</li> <li>• identification of potential risks/hazards, and</li> <li>• evaluation of outcomes of the delegation.</li> </ul>
3. Responsibilities when accepting a delegation	<p>A key component of delegation is the readiness of the person receiving the delegation to accept the delegation. The registered nurse or midwife must ensure the person receiving the delegation knows they have the responsibility to:</p> <ul style="list-style-type: none"> <li>• be aware of the extent of the delegation and the associated monitoring and reporting requirements</li> <li>• at all times, be responsible for their actions and accountable for providing delegated care</li> <li>• agree the level of clinical supervision needed</li> <li>• seek support and direct clinical supervision until confident of their own ability to perform the activity.</li> <li>• participate in an evaluation of the delegation.</li> </ul>

Delegation phase	Actions
4. Delegation to a health worker	<p>If the registered nurse or midwife decides that the activity can be performed by a health worker, the registered nurse or midwife will need to consider, within a risk management framework, who the most appropriate health worker or student is to perform the activity</p> <p>In making this decision, the registered nurse or midwife will need to decide:</p> <ul style="list-style-type: none"> <li>• Performance of the activity by a health worker will achieve the desired outcomes, and the person consents, if possible, to the activity being performed by a health worker</li> <li>• There is organisational support in the form of local policies/guidelines/protocols for the performance of this activity by a health worker (for students, support from the educational institution for this activity to be delegated to students should also be established)</li> <li>• The health worker is competent (i.e. has the necessary education, experience and skill) to perform the activity safely</li> <li>• The health worker is ready (confident) to perform the activity and understands their level of accountability for the activity, and</li> <li>• There is a registered nurse or midwife available to provide the required level of supervision and support, including education</li> </ul>

If the factors are positive, then the registered nurse or midwife can delegate the activity and ensure that the appropriate level of supervision is provided.

If any of the factors are negative, the delegation should be reconsidered.

In the absence of a competent health worker, or if necessary additional support (education, competence assessment, supervision etc) cannot be provided, the activity should either be performed by a nurse or midwife or referred to another service provider. The registered nurse or midwife would continue to assess to ensure the provision of any ongoing care required by the person. 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 person receiving the care, the registered nurse or midwife, the person performing the activity, and other healthcare team members, should participate in the evaluation, if possible. The employer may also be involved in evaluation of an organisational change. The evaluation should consider outcomes for the person or woman receiving the care, for the person performing the activity, for the person delegating the activity and for any others affected by the decision.

## Definitions

These definitions relate to the use of the terms in this document and align with definitions across other NMBA publications. To note: Person/people is used to refer to those individuals who have entered a therapeutic and/or professional relationship with a nurse or midwife.

**Accountability** means that nurses and midwives answer to the persons in their care, the NMBA, their employers and the public. Nurses and midwives are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing or midwifery role. Accountability cannot be delegated. The registered nurse or midwife who delegates activities to be undertaken by another person remains accountable for the decision to delegate, for monitoring the level of performance by the other person, and for evaluating the outcomes of what has been delegated.

**Activity/activities** is a service provided to people 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 person. 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 health workers, and mandates that only midwives can care for a woman in childbirth.

**Code of conduct** refers to the NMBA [Code of conduct for nurses](#) and [Code of conduct for midwives](#). There are other codes of conduct that also impact on the practice of nurses, midwives, other health professionals and health workers, including state and territory employer-based codes, profession specific codes and the [National code of conduct for health care workers](#) (for those who are not regulated by AHPRA).

**Collaboration/collaborate** refers to all members of the healthcare team working in partnership with people and each other to provide the highest standard of, and access to, healthcare. 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 healthcare.

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

Competence assessment is the assessment of an individual's competence that may occur through structured educational programs or a peer review process. Evidence of a nurse or midwife'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 recipient's perspective using agreed criteria, and
- self-assessment through reflection on performance in comparison with professional standards.

**Comprehensive (health) assessment** is the assessment of a person'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 person, and where appropriate their significant others, reports from others involved in providing care to the person, healthcare 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 person's health status.

**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 healthcare team.

**Context of practice** refers to the conditions that define an individual's practice. These include the: type of practice setting (such as healthcare agency educational organisation and/or private practice)

location of the practice setting (such as urban, rural and/or remote) characteristics of healthcare recipients (such as health status, age, gender, learning needs and culture) focus of nursing or midwifery activities

(such as health promotion, research and/or management) degree to which practice is autonomous, and resources that are available, including access to other health professionals.

**Cultural safety** concept was developed in a First Nations' context and is the preferred term for nursing and midwifery. Cultural safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the presence or absence of cultural safety is determined by the recipient of care; it is not defined by the caregiver (CATSINaM, 2014, p.9). Cultural safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health. Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse's/midwife's personal culture impacts on care. In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a de-colonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in healthcare encounters (CATSINaM, 2017b, p.11). In focusing on clinical interactions, particularly power inequity between patient and health professional, cultural safety calls for a genuine partnership where power is shared between the individuals and cultural groups involved in healthcare. Cultural safety is also relevant to Aboriginal and Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and Torres Strait Islander colleagues (CATSINaM, 2017a).

**Delegation** is the relationship that exists when one member of the multidisciplinary healthcare team delegates aspects of care, which they are competent to perform and which they would normally perform themselves, to another member of the healthcare team from a different discipline, or to a less experienced member of the same discipline.

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** includes formal education courses leading to a recognised qualification and 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, and
- 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 healthcare activity.

**Enrolled nurse** is a person with appropriate educational preparation and competence for practice, who is registered as an enrolled nurse under the National Law. Enrolled nurses are accountable for their own practice and remain responsible to a registered nurse or midwife for the delegated care.

**Evaluation** is the systematic collection of evidence, measurement against standards or goals, and judgement to determine merit, worth or significance. It focuses on the persons 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 including any party affected by the activity, such as other health workers.

**Health professionals** are people who have the necessary education to qualify for registration in their respective professions, to provide a health service for which they are individually accountable. Information about health professionals who are nationally regulated is available at [www.ahpra.gov.au](http://www.ahpra.gov.au).

**Health workers** and others (also known as unlicensed healthcare workers) are any people who are not registered to practise under the National Scheme. Health workers may have a care-worker qualification or no formal education for their role. Health workers are individually accountable for their own actions and accountable to the registered nurse or midwife and their employer for delegated actions. Routine activities requiring a narrow range of skill and knowledge may be delegated to health workers. An activity is routine if the need for the activity, the recipient's response and the outcome of the activity have been established over time and is therefore predictable.

**Legislation/legislative** refers not only to National Law, 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** is a person with prescribed educational preparation and competence for practice who is registered by the NMBA. The NMBA has endorsed the International Confederation of Midwives definition of a midwife and applied it to the Australian context.

**Nurse** – See registered nurse and enrolled nurse.

**Organisation/organisational support** includes employers/organisations who are responsible for providing sufficient resources to enable safe and competent care for people for whom they provide healthcare services. This includes policies and practices that support the development of nursing and midwifery practice to meet the needs and expectations of people, 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.

**Person or people** refers to those individuals who have entered a professional and/or therapeutic relationship with a nurse or midwife. These individuals will sometimes be nurses or midwives or healthcare recipients, at other times they may be colleagues or students, this will vary depending on who is the focus of practice at the time. Therefore, the words person or persons include all the women, newborns, infants, patients, clients, families, carers, groups and/or communities, however named, that are within the nurse or midwife's scope and context of practice.

**Person-centred care** is a collaborative and respectful partnership built on mutual trust and understanding through good communication. Each person is treated as an individual with the aim of respecting people's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Person-centred care recognises the role of family and community with respect to cultural and religious diversity. For midwifery practice, the term is woman-centred care.

**Refer/referral** involves a nurse or midwife sending a person to obtain an opinion or treatment from another health professional or entity. Referral usually involves the transfer (all or in part) of responsibility for the care of the person, usually for a defined time and for a particular purpose, such as care or treatment that is outside the referring practitioner's expertise or scope of practice.

**Registered nurse** is a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered under the National Law as a registered nurse. The term also includes nurse practitioners.

**Risk assessment/risk management** consists of an effective risk management system, 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** 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.

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 using DMF. When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.

**Student/s** in courses that lead to eligibility to apply for registration as a nurse or registration or as a midwife are an integral part of the healthcare team in many settings. As part of their educational program, they are expected to provide care to people 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, and
- the student is competent and confident to perform the specific activity for the person in the current context.

**Supervision** includes managerial supervision, professional supervision and clinically focused supervision as part of delegation. For details see the NMBA [Supervision guidelines for nursing and midwifery](#).

**Volunteers/family members** provide service without expectation of financial reward. In some contexts, they provide services similar to those provided by health 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.

**Woman or women** refers to those individuals who have entered into a therapeutic and/or professional relationship with a midwife. The word woman in midwifery is generally understood to be inclusive of the woman's baby, partner and family. Therefore, the words woman or women include all the women, babies, newborn, infants, children, families, carers, groups and/or communities, however named, that are within the midwife's scope and context of practice.