

## Framework

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Effective 3 February 2020 (updated August 2022)

### Decision-making framework for nursing and midwifery

**A guide to practice decisions on scope of practice, delegation and supervision for nurse practitioners, registered nurses, enrolled 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 nursing and midwifery* (the DMF) is an evidence-based<sup>1</sup> 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 and to promote decision-making which is:

- consistent
- safe
- person-centred/woman-centred, and
- evidence-based.

The DMF contributes to flexibility in practice and enables reflection on current practice and practice change.

#### 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: nursing* and the *Decision-making framework summary: midwifery* as supporting guidance to be used in conjunction with the DMF.

#### Background

The DMF provides guidance for registered nurses, enrolled nurses and midwives on:

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<sup>1</sup> The DMF is based on research from an academic literature review and stakeholder consultation.

- individual practice decisions
- expanding scope of practice, and
- when registered nurses or midwives can delegate aspects of care to others, such as other registered nurses or midwives, enrolled nurses, students and health workers.

### Scope of practice

Registered nurses, enrolled nurses and midwives are responsible 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.

Scope of practice decisions should be made in a collaborative way, through professional consensus, consultation and negotiation with the person or woman, relevant family members and other members of the healthcare team.

Decisions about scope of practice should be based on considerations of:

- the person or woman's health status and any relevant social determinants to their healthcare
- 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.

Practitioners with notations on registration that reflect limited foundational education must only practice within the scope of practice relevant to that foundational education. This applies to:

Registered nurses who have a sole qualification in mental health, paediatric or disability nursing do not have a qualification that is substantially equivalent to an NMBA approved qualification leading to registration as a registered nurse. Depending on their qualification, these RNs are registered with a notation stating:

- solely qualified in the area of mental health nursing, or
- solely qualified in the area of paediatric nursing, or
- solely qualified in the area of disability nursing.

Enrolled nurses with a notation stating:

- does not hold a Board approved qualification in administration of medicines, and/or
- may only practice in the area of mothercraft nursing

### Responsibilities for employers of nurses and midwives

Organisations in which nurses and midwives work must ensure 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 and the provision of safe quality care. **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 must not be directed, pressured or compelled by an employer to engage in any practice that falls short of, or is in breach of, any professional standard, guidelines or code of conduct, ethics or practice for their profession.

### Using the DMF

#### Using the DMF in all practice settings

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. Nursing and midwifery practice settings extend to working in a non-clinical relationship with people/women, working in management, leadership,

governance, administration, education, research, advisory, regulatory, policy development roles or other roles that impact on safe, effective delivery of services in the profession and/or use of the nurse's and midwife's professional skills.

### **How the DMF can be used**

The DMF can be used:

- by registered nurses, enrolled nurses and midwives when considering, determining and self-assessing their individual practice
- for purposeful engagement with employers, managers and policy-makers in interpreting, planning for and changing practice
- to initiate discussion about professional issues and to raise awareness in relation to scope of practice and decision-making
- to embed the principles and concepts underpinning the DMF within educational programs that prepare registered nurses, enrolled nurses or midwives for practice, and
- to identify practice that falls outside the accepted scope of nursing or midwifery practice, or decision-making processes that are not consistent with the statements of principle in the DMF.

The DMF also provides guidance about how registered nurses and midwives delegate aspects of nursing and/or midwifery practice. The DMF does not provide guidance regarding appropriate allocation or assignment of tasks.

The DMF should be read in conjunction with NMBA *Registered nurse standards for practice*, *Enrolled nurse standards for practice* and *Midwife standards for practice*.

## Part one: Principles of decision-making

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

The principles that underpin decision-making for the nursing and midwifery practice are:

1. Nurses and midwives should make decisions about everyday practice, and changes to practice over time, that prioritise meeting the health needs of the community.
2. Planning, negotiation and implementation of practice change for individuals or groups of nurses and midwives should be focussed on meeting the health needs of the community.
3. Consent is gained from the person or woman receiving care.
4. The promotion and provision of quality, culturally safe health services should be the drivers for change in practice, which should be made in partnership with the person or woman and the broader community.
5. Nurses and midwives should integrate a comprehensive approach to managing risk into their practice to enhance safety and quality.
6. Evidence-based practice applies to all domains and contexts of practice for nursing and midwifery.
7. Changes to the practice of individuals or groups should be guided by:
  - the needs of and feedback from those receiving care
  - the evolution of new practice areas/capabilities
  - negotiation between health workers, and
  - evolving health service needs.
8. When making decisions about practice change, nurses and midwives should 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, and
  - contextual/organisational support for practice.
9. The DMF forms part of the nursing and midwifery professional practice framework and should be used when making decisions about practice change.

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

### 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 should be made:</p> <ul style="list-style-type: none"> <li>• in partnership with the person, supporting shared decision-making</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, and</li> <li>• after identifying the potential risks/hazards associated with the care activity and strategies to avoid them.</li> </ul>
<p>2. Nurses are responsible 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 should be made in a collaborative way, through consultation and negotiation with the person, relevant family members and other members of the healthcare team. Decisions should be based on considerations of:</p> <ul style="list-style-type: none"> <li>• the person's health status and any relevant social determinants to their healthcare</li> <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 health professional to provide the education and/or competence-based assessment for the activity</li> <li>• context of practice and the service provider/employer's policies and protocols, and</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 should ensure:</p> <ul style="list-style-type: none"> <li>• the activity is within the contemporary scope of nursing practice and the relevant 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, qualifications 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 approved provider (who may be a more experienced 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 who is undergoing training or expanding their skill set to include that particular activity, and</li> <li>• the organisation in which the activity is to be performed is prepared to support the nurse in performing the activity.</li> </ul>

Statement	Actions
<p>4. Registered nurses (the delegator) are accountable for making decisions about who is the most appropriate health professional or health worker to delegate to (delegatee) to perform an activity that is in the nursing plan of care.</p>	<p>Decisions about nursing practice should be made in partnership with the person whenever possible and to ensure that the right health professional or health worker is available at the right time to provide the care needs for the person.</p> <p>Decisions should be based on whether:</p> <ul style="list-style-type: none"> <li>• the activity should be performed by a particular category of health professional or health worker</li> <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 and determined that the activity can be delegated</li> <li>• the person has consented to the delegation of the activity, and re consented to the activity being undertaken by the nominated delegatee</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 delegatee has been previously assessed by a registered nurse to ensure the activity will be performed safely</li> <li>• the delegatee 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 the delegatee performing an activity delegated to them, and</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 delegatee 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, and</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.

## 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 the woman's health needs, or to enhance health outcomes.</p>	<p>Decisions about activities should be made:</p> <ul style="list-style-type: none"> <li>• in partnership with the woman, supporting shared decision-making</li> <li>• based on a comprehensive assessment of the woman and their health and cultural needs</li> <li>• only where there is a justifiable, evidence-based reason to perform the activity, and</li> <li>• after identifying the potential risks/hazards associated with the care activity and strategies to avoid them.</li> </ul>
<p>2. Midwives are responsible 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 should be made in a collaborative way, through consultation and negotiation with the woman, relevant family members and other members of the healthcare team. Decisions should be based on considerations of:</p> <ul style="list-style-type: none"> <li>• the woman's health status and any relevant social determinants to their care</li> <li>• lawfulness (legislation and common law)</li> <li>• compliance with evidence, professional midwifery standards, and regulatory standards, policies and guidelines</li> <li>• which is the most appropriate health professional to provide the education and/or competence-based assessment for the activity</li> <li>• context of practice and the service provider/employer's policies and protocols, and</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 should ensure:</p> <ul style="list-style-type: none"> <li>• the activity is within the 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, qualifications 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 approved provider (who may be a more experienced/ 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 woman receiving care consents to the activity being performed by a midwife who is undergoing training or expanding their skill set to include that particular activity,</li> <li>• the organisation in which the activity is to be performed is prepared to support the midwife in performing the activity, and</li> <li>• they are confident of their ability to perform the activity safely.</li> </ul>

Statement	Actions
<p>4. Midwives (the delegator) are accountable for making decisions about who is the most appropriate health professional or health worker to delegate (delegatee) to perform an activity that is in the midwifery plan of care.</p>	<p>Decisions about midwifery practice should be made by midwives in partnership with the woman and ensure that the right midwife or health worker is available at the right time to provide the care needs for the woman.</p> <p>Decisions should be based on, justified and supported by, considerations of whether:</p> <ul style="list-style-type: none"> <li>• the activity should be performed by a particular category of health professional or health worker</li> <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 needs and determined that the activity can be delegated</li> <li>• the woman has consented to the delegation of the activity, and reconsented to the activity being undertaken by the nominated delegate</li> <li>• 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 delegate, has been previously assessed by a midwife to ensure the activity will be performed safely</li> <li>• the delegatee 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 the delegatee performing an activity delegated to them, and</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 delegatee 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, and</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.

## Guide to delegation decisions

Delegations are made to meet people's needs and to ensure timely safe and effective access to healthcare services. Delegation is a consultative, multi-level activity, requiring rational decision-making, consent from the various parties involved and a process of risk assessment. Delegation may only take place after education, where required, and an assessment of competence.

The delegation relationship exists when:

- a registered nurse (the delegator) delegates aspects of nursing practice in any practice setting to another person (the delegatee).
- a midwife (the delegator) delegates aspects of midwifery practice in any practice setting to another person (the delegatee).

Delegation is different from allocation or assignment of tasks.

The delegator retains accountability for the decision to delegate, monitoring performance and evaluating outcomes. The delegatee is unable to sub-delegate without referring back to the delegator. Enrolled nurses work as part of the multidisciplinary team, providing delegated care under the supervision of a registered nurse or midwife. This supervision cannot be replaced or substituted by another health professional.

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 delegatee is at all times responsible for their actions and is accountable for providing delegated care.

Registered nurses and midwives (delegators) 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 identifying the competence of staff.

Registered nurses and midwives are responsible and accountable for the coordination, supervision and delegation of/to enrolled nurses and others who assist them in the provision of care.

### The Guide to delegation decisions

Delegation phase	Actions
1. Assessment to determine appropriate delegation	<p>The registered nurse or midwife (delegator) should conduct a risk assessment to determine appropriate delegation for 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/woman's 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>

Delegation phase	Actions
2. Responsibilities when 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/woman receiving care</li> <li>• an assessment of the knowledge, skill, authority and ability of the delegatee accepting the delegation</li> <li>• ensuring that the delegatee understands their accountability and is confident, willing and able 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 adoption of mitigation strategies, 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 delegatee to accept the delegation. The delegatee has 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>• not sub-delegate without referring to the delegator</li> <li>• agree the level of supervision needed</li> <li>• seek support and direct supervision until deemed competent to perform the activity, and</li> <li>• participate in an evaluation of the delegation.</li> </ul>
4. Delegation to a health worker or student	<p>If the delegator decides that the activity can be performed by a health worker or student, the delegator will need to consider, within a risk management framework, and through professional consensus, who the most appropriate health worker or student is to perform the activity.</p> <p>In making this decision, the delegator will need to decide if:</p> <ul style="list-style-type: none"> <li>• performance of the activity by a health worker or student will achieve the desired outcomes, and the person/woman 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 or student is competent (i.e. has the necessary education, experience and skill) to perform the activity safely</li> <li>• the health worker or student 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>

## Definitions

These definitions relate to the use of the terms in this document and, where possible, 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 registered nurse, midwife, enrolled nurse, student, another health professional or health worker, 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/woman. 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, 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 care.

**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/woman'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/woman, and where appropriate their significant others, reports from others involved in providing care to the person/woman, 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/woman's health status.

**Consent** is a person's voluntary and informed agreement to healthcare, which is made with knowledge and understanding of the potential benefits and risks involved. Consent requires clear and easy to understand information, so that the patient is able to make an informed decision.

**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 care 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).

**Delegator** is the person accountable (for this document it means registered nurse or midwife) for making decisions about to who is the most appropriate health professional or health worker to delegate.

**Delegatee** is a health professional or health worker who is delegated aspects of nursing or midwifery care.

**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 health professional or health care worker.

Activities delegated by a registered nurse or midwife (delegator) to another registered nurse, midwife, enrolled nurse, student, another health professional or health worker (delegatee) cannot be delegated by that person, unless they have since obtained the authority to perform the activity. If changes in the context occur that necessitate re-delegation, a person without that authority must consult again 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 care activity.

**Enrolled nurse** is a person who has completed the prescribed educational preparation and competence for practice, who is registered as an enrolled nurse by the NMBA under the National Law. 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. 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 under the National Law. The NMBA has endorsed the International Confederation of Midwives definition of a midwife and applied it to the Australian context. This term also includes endorsed midwife.

**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 into a therapeutic and/or professional relationship with a nurse. These individuals will sometimes be healthcare consumers, 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 people include all the patients, clients, consumers, families, carers, groups and/or communities, however named, that are within the nurse'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.

**Refer/referral** involves a nurse or midwife sending a person/woman 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/woman, usually for a defined time and for a particular purpose, such as care or treatment that is outside the referring health professional'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 by the NMBA under the National Law as a registered nurse. The term also includes nurse practitioner.

**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 contemporary 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** refers to those 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. There are two levels of supervision;

Direct supervision where the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients/clients), and

Indirect supervision where the supervisor and supervisee share the responsibility for individual patients. The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee is delivering.

For the purpose of the supervision of enrolled nurses refer to the [Enrolled nurse standards for practice](#) .

**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.

**Woman-centred care** recognises the woman's baby or babies, partner, family, and community, and respects cultural and religious diversity as defined by the woman herself. Woman-centred care considers the woman's individual circumstances, and aims to meet the woman's physical, emotional, psychosocial, spiritual and cultural needs. This care is built on a reciprocal partnership through effective communication. It enables individual decision-making and self-determination for the woman to care for herself and her family. Woman-centred care respects the woman's ownership of her health information, rights and preferences while protecting her dignity and empowering her choices. Woman-centred care is the focus of midwifery practice in all settings.

**Therapeutic relationships** are different to personal relationships. In a therapeutic relationship the nurse is sensitive to a person's situation and purposefully engages with them using knowledge and skills in

respect, compassion and kindness. In the relationship the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power. For further details see the NMBA's [Code of conduct for nurses and/or Code of conduct for midwives](#).

#### Document control

<b>Approved by</b>	Nursing and Midwifery Board of Australia
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<b>Date modified</b>	February 2022 – updated to reflect commencement of <i>Supervised practice framework</i> August 2022-updated to include information on RNs and ENs with sole qualifications and notations on their registration.