



Decision-making framework

Consultation report

30 October 2019

## Overview

The Nursing and Midwifery Board of Australia (NMBA) works in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) in the regulation of nurses and midwives in Australia.

As a part of its systematic process to review, consult on and develop standards, codes and guidelines for the regulation of nurses and midwives in Australia the NMBA, in November 2017, commenced a review of the *National framework for the development of nursing and midwifery decision-making tools* (national framework).

The review process was consistent with the NMBA's commitment to evidence-based structures, systems and processes. The review was informed by research, the nursing and midwifery professions and the public. The research included an international and national literature review of other decision-making frameworks and similar publications, a benchmarking survey of nurses and midwives on their current use of the national framework and a public consultation phase.

There was strong support for the revised *Decision-making framework for nursing and midwifery* (DMF) noting the improved presentation and contemporary language. There was also important feedback for the NMBA in its consideration of a clear statement on delegation, consistent terminology across other NMBA publications, and additional definitions.

This report describes the process of the review, with a particular focus on the feedback received to the public consultation. The NMBA sincerely thanks all those who contributed to the review process and provided valuable feedback during the development of the DMF.

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## Introduction

The review of the national framework commenced in November 2017. The multi-phased review progressed through the following phases:

- a literature review
- a benchmarking survey of nurses and midwives, and
- public consultation.

As a result of the findings from the review, the NMBA developed a proposed *Decision-making framework for nursing and midwifery* (DMF) for public consultation. The proposed DMF was released for public consultation on 23 April 2019 for a period of eight weeks. This report addresses the strategies used for public consultation, themes of the responses to the online survey and written submissions and the findings.

## Public consultation

Public consultation was conducted over an eight-week period from 23 April 2019 to 24 June 2019. A series of strategies were implemented to promote awareness of the public consultation.

A formal public consultation package was sent to NMBA key stakeholders. All nurses and midwives were sent the NMBA e-bulletin advising them of the public consultation and how to participate, with a link to the NMBA public consultation webpage and online survey. The option to provide written feedback was also available. During the consultation a second e-bulletin reminder was sent to nurses and midwives including advice of a week's extension to the survey.

The NMBA webpage had a link to the online survey with the following supporting information available for download:

- a Background Paper
- consultation proposed DMF for nurses and midwives, and
- proposed DMF summaries

## Public consultation responses

Fifteen written submissions were received; 14 from key stakeholders/organisations and one individual (Table 1).

**Table 1: Written key stakeholder/organisation responses to public consultation**

#	Stakeholder respondents	Abbreviation
1.	Nursing and Midwifery Office – NSW	NMO - NSW
2.	Nursing and Midwifery Office – WA	NMO - WA
3.	Victorian Board of the NMBA	Vic-NMBA
4.	Chief Nursing and Midwifery Officer	CNMO
5.	South Australian Board of the NMBA	SA-NMBA
6.	ACT Board of the NMBA	ACT-NMBA
7.	Australian Practice Nurse Association	APNA
8.	Australian College of Midwives	ACM
9.	Nursing and Midwifery Council NSW	NMC-NSW
10.	Australian College of Nursing	ACN
11.	Australian Nursing and Midwifery Federation	ANMF
12.	ACT Disability Aged Carer Advocacy Service (NGO)	ADACAS
13.	Australian Private Hospitals Association	APHA
14.	Tasmanian health department	TAS-DHS
1a.	Nurse	Nurse

Public consultation written submissions were analysed to inform any changes to the proposed DMF.

## Online survey

The online survey invited respondents to comment on key aspects of the proposed DMF. Survey Monkey web-based software was used as the platform for the online survey. There was a total of 10 questions in the survey, with the option to skip questions for those who chose to provide comment on particular aspects of the proposed DMF.

The survey consisted of a series of yes or no responses, and where 'no' was the response, a free text option invited comment. Respondents were able to answer questions on both the nursing and midwifery specific content.

The questions were clustered into:

- Structure and content
- delegation and scope of practice
- decision-making summaries, and
- other comments.

There were 169 entries to the online survey recorded. Of these, only the first question was answered by all 169 respondents. All respondents remained in the survey to the final question, with 62 per cent answering all questions.

### **Structure and content**

There was general agreement in the online survey and in the written submissions that the proposed DMF is more helpful, clear and usable when compared to the national framework. Feedback included suggestions for some amendments to the content, particularly around new and revised definition of terms.

### **Delegation and scope of practice**

Most respondents to these questions in the online survey, and in written responses, agreed that the guides to practice decisions and the guides to delegation were clear. The delegation relationship and responsibilities of the RN, EN and midwife were strongly supported in the online survey.

### **Decision-making summaries**

Respondents to the online survey strongly supported the decision-making summaries for both nurses and midwives.

### **Analysis of feedback**

Thematic analysis was conducted on the free text responses from the survey and written responses.. Where free text responses suggested specific content amendments, these were considered concomitantly with key stakeholder and other organisational/individual specific content feedback. The responses relating to content amendments varied, with some responses providing recommendations for specific rewording and others suggested changes without the provision of replacement statements or phrases.

The themes are provided in Table 1 below.

Table 1. Themed responses

Enrolled nurses and delegation	The clarity of an RN or a midwife being the only practitioners who can delegate is a welcome inclusion. Conversely, several key stakeholders seemed unclear about enrolled nurses and delegation with some stakeholder suggesting a lack of awareness that an enrolled nurse cannot delegate.
Allocation and assignment	The need to differentiate between delegation and the practice of allocation and assignment was identified.
Clarity on who is delegating and who is	Suggestions to differentiate the term 'person' from when it means the person receiving care, and 'person' when it is referring to a health

receiving the delegation	professional. The use of the terms 'delegator' and 'delegatee' have been included in the document for clarity.
Consent and preferences	Positive feedback was received about the clear identification of the person/woman's involvement in care decisions, with suggestions on strengthening the person/woman's role.
Definitions and consistency in use	There were frequent comments about the need for additional definitions, for clarity on current definitions and for the consistent use of definitions across the suite of NMBA publications.

## Summary of changes

The following is a high-level summary of the changes made to the DMF:

- A change to the title of the framework to *Decision-making framework for nursing and midwifery*
- restructuring of the 'Principles of decision-making' to read as guiding statements
- amending the 'Guide to nursing practice decisions' and 'Guide to midwifery practice decisions' to capture content on expanding scope of practice
- removing the duplicate content from the 'Nursing practice decision flowchart narrative' and the Midwifery practice decision flowchart narrative' and combining the content into the 'Guide to nursing practice decisions' and 'Guide to midwifery practice decisions'
- involvement of the person/woman receiving care included in the decision-making process
- clearer content on who can delegate and the role of each party in the delegation process
- use of the terms 'delegator' and 'delegatee' to clarify the care deliverer (nurse, midwife, health worker) from the care recipient (person/woman)
- improved messaging on expanding scope of practice, and
- definitions added and current definitions contemporised.

## Conclusion

The NMBA received and considered carefully a wide range of views in developing the DMF. The NMBA approved the final version *Decision-making framework for nursing and midwifery (DMF)* at its September 2019 meeting. The outcome is a revised DMF that is informed by nurses, midwives and other stakeholders that is contemporary, relevant and useful.

The DMF is guided by principles based on educational preparation, competence, qualifications and experience of the nurse or midwife for individual practice, expanding scope of practice and delegation.

The content of the DMF is supported by a *DMF summary: Nursing* and a *DMF summary; midwifery* which capture key elements of scope and delegation in a single A4 format.

The DMF should be read in conjunction with other NMBA documents such as the Standards for Practice, codes and guidelines.