



Scope of practice – framework for nurses and midwives

RPP005_0508
Approved by Council 2005
Amended June 2008
Next review 2010





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Introduction

The Queensland Nursing Council (Council) is responsible for administering the *Nursing Act 1992* (Queensland). Council’s role is to help ensure safe and competent nursing and midwifery practice.

One of Council’s functions (Section 7(b) of the *Nursing Act 1992*) is to determine the scope of practice for Queensland’s nurses and midwives. To fulfil this function, Council has developed the *Scope of practice – framework for nurses and midwives* (The Framework).

Do you need more detailed information, clarification or examples?
Throughout this document icons point you to other sources of information:



Framework information sheets and case studies



Website



Overview and exclusions

Since its first release in 1998, the *Scope of practice – framework for nurses and midwives* (Framework) has proven to be a valid, reliable and useful decision-making tool.

In this 2005 version, greater emphasis has been placed on the:

- ▀ central role clients play in any scope of practice decision
- ▀ differences in the roles and responsibilities of health care team members
- ▀ importance of professional competency standards
- ▀ benefits of collaboration and teamwork.

The Framework acknowledges the professionalism of nurses and midwives

To help ensure safe and competent practice, all Australian nurses and midwives must hold a licence. To obtain this annual licence, each applicant must meet levels of competence that are equivalent to the Australian core competency standards. In Queensland, the Framework, used as a decision-making tool, builds on these competency standards because it enables the profession, in collaboration with health service providers, to advance or expand nurses' and midwives' scope of practice in a planned and structured way.

Nurses and midwives are widely respected health care providers, combining education and professionalism with a caring concern for clients. The Framework complements the key professional characteristics of accountability for practice, advocacy, autonomy and collaboration. In particular, it supports professional accountability when each individual uses their professional discretion to make scope of practice decisions.

Consumer confidence

Clients and health service providers can be confident that the decisions nurses and midwives make using the Framework will result in the maintenance of the high standard of care that clients expect from the professions.

Any changes in a nurse's or midwife's scope of practice must primarily be aimed at meeting clients' health needs. For example:

- ▀ An enrolled nurse (EN) using the Principles for advancing the scope of practice of RNs, ENs and midwives, (Set 1) can safely accept a delegation that advances their scope of practice to meet an individual client's health needs
- ▀ A registered nurse (RN) or midwife using the Principles for expanding the scope of practice of registered nurses and midwives (Set 2), can incorporate a new health service into their scope of practice to provide clients with better access to health care.

Nurses' and midwives' scope of practice

The scope of practice for nurses and midwives cannot be defined as a simple list of tasks or procedures.

In rapidly evolving health care environments, nurses and midwives must frequently incorporate new knowledge and skills into their practice. Therefore, a list of approved activities would quickly become out of date. The Framework's more sustainable approach of providing a broad, principle-based definition, allows individual nurses and midwives in any setting to reflect on their current "scope of practice" by comparing it with the definition below.

The scope of nursing and midwifery practice is that which nurses and midwives are educated, competent and authorised to perform. The actual scope of an individual nurse's or midwife's practice is influenced by the:

- ▀ context in which they practice
- ▀ clients' health needs
- ▀ level of competence, education and qualifications of the individual nurse or midwife
- ▀ service providers' policies.

Other information in the Framework

The Framework also explains:

- ▀ nurses' and midwives' accountabilities and responsibilities in relation to delegated activities
- ▀ how nurses and midwives maximise their contribution to client care by contributing to the professional development of others and by developing their own careers
- ▀ the decision-making process that RNs and midwives use (Set 3) when they delegate care activities to unlicensed health care workers (HCWs).



Exclusions - when the Framework does *not* apply

A nurse or midwife can use the relevant principles to determine what activities or tasks they can delegate or accept. But, in the following circumstances the Framework should not be used:

1.0 Actions in an emergency

Nothing in this document can be construed as preventing a nurse, midwife or other person from taking appropriate action in an emergency.

2.0 Activities that a registered nurse or midwife cannot delegate

Council has excluded some nursing and midwifery activities from the Framework's decision-making processes and allocated these activities (see A, B, C below) to the sole domain of RNs or midwives.

When determining what should be excluded, Council considered that:

- RNs and midwives making practice decisions have more autonomy than ENs. ENs contribute to care planning but may not act independently because the RN or midwife retains overall responsibility. For example, when ENs accept a delegation, they may not re-delegate that activity to another person. This is because RNs and midwives are responsible for ensuring the quality of the work through their involvement in teaching, competence assessment, supervision and the evaluation of clients' outcomes.
- the national competency standards give certain responsibilities exclusively to RNs and midwives
- the *Nursing Act 1992* contains some practice restrictions (detailed in section C below).

The following activities (A, B, C) cannot be delegated to people who are not RNs or midwives:

A) Care planning and delegation of activities from a nursing/midwifery care plan

- The comprehensive assessment of individuals and groups.
- The interpretation of assessment data.
- The formulation and documentation of a plan of care including establishing the priorities of care.
- The evaluation of client responses and other information, for the purposes of making changes to the care plan.
- The responsibility for the delegation to others of activities from the nursing or midwifery care plan.

A midwife must not delegate the responsibility for midwifery care planning to any person who is not a midwife. RNs or ENs undertaking activities delegated to them from a midwifery care plan must work with the support and supervision of a midwife.

An RN must not delegate the responsibility for nursing care planning to any person who is not an RN. Direct-entry midwives or ENs undertaking activities delegated to them from a nursing care plan must work with the support and supervision of an RN.

B) Some aspects of drug administration by ENs

The *Health (Drugs and Poisons) Regulations 1996* authorises certain individuals to administer, prescribe or supply drugs.



See Council's website for information on:
➤ delegation and clinically-focused supervision.

C) Legislated practice restrictions

The *Nursing Act 1992* includes the following restricted practice provisions (amendments 2005):

- Practising nursing is restricted to registered and enrolled nurses and others who are authorised to practise nursing by Council (Section 77H).
- Caring for women in childbirth¹ is a practice restricted to midwives (authorised by Council). (Section 77I)

Council may prosecute individuals for unauthorised (unlicensed) nursing practice or for caring for a woman in childbirth without being authorised as a midwife. There are some exceptions listed in the *Nursing Act 1992*.

Nursing and midwifery practice cannot be defined as a simple list of tasks. Therefore, Council will consider every case of alleged unauthorised practice on its own merits. When making a decision on what is unauthorised practice, Council may take into account the:

- practice restrictions in the Act
- information contained within this document – *Scope of practice framework for nurses and midwives*
- client's needs and expectations
- nature of the activity
- context of the alleged breach, including client outcomes and the organisational environment
- responsibilities and actions of any nurse or midwife involved in the matter.



See Council's website for information on:
➤ nursing practice restrictions
➤ midwifery practice restrictions.

¹ Childbirth is defined in the *Nursing Act 1992* as the process of labour and delivery beginning with uterine contractions and ending with the expulsion of the placenta and membranes from the woman giving birth.



Responsibility for using the Framework in team care settings

In team care settings², it is important for each nurse or midwife to establish if they are *responsible* for the care or activities carried out by others.

If an RN or midwife identifies that they are responsible, then the activity must be regarded as a *delegated* nursing or midwifery activity and they must apply the Framework principles. (See Section C)

To help establish who is responsible and to clarify the RN / midwife to client relationship, the RN or midwife could:

- ▀ check their job description/contract of employment
- ▀ consider if the contracting client and/or the employer who is contracted to supply the service, or the funder of the service *expects* that the RN or midwife is responsible for:
 - care planning - assessment, planning and/or evaluation of the client's responses/outcomes
 - the assessment, planning and/or evaluation of the activity
 - clinically supervising HCWs carrying out the task (that is, the HCWs are working under the RN's or midwife's direction).



See Council's website for information on:

- ▀ delegation and clinically-focused supervision of unlicensed health care workers.

Disagreement over the application of the Framework

Each nurse or midwife is individually responsible for decisions made in relation to nursing or midwifery care plans.

Infrequently, disagreements arise over the application of the Framework. For example, an RN may use the relevant scope of practice principles and decide that, in their professional judgement, they disagree with their employer's direction to delegate care to another level of health care provider.

To resolve such a disagreement the RN could take one or more of the following actions:

- ▀ Refer all parties to the definitions of accountability and responsibility in Section D and the extra information on Council's website.
- ▀ Advise all parties that, if a licensed nurse or midwife carries out an action that is contrary to their professional judgement, they may risk disciplinary action by Council. Consequently, employers and other staff or management involved may risk being prosecuted under section 121A of the *Nursing Act 1992*. Section 121A outlines the penalties for assisting or coercing a nurse or midwife to engage in unprofessional conduct.
- ▀ Seek clarification from Council's professional staff about the application of the Framework.
- ▀ Seek advice from the relevant union and/or a legal representative.



See Council's website for information on:

- ▀ resolving disagreement over application of Framework
- ▀ penalties for assisting or coercing a nurse or midwife to engage in unprofessional conduct, Section 121A.



² Team care settings - such as RNs working with unlicensed HCWs in residential aged care or midwives working with RNs and ENs in maternity settings.

Section A – Role relationships of health care personnel

This section includes information about the different categories of nurses, midwives, and health care personnel.

In addition **Diagram 1: Map of role relationships among health care personnel** (pictured at the bottom of this page) emphasises the collaborative relationships which exist between health care personnel. It also shows the role that RNs and midwives have in delegating care activities.

The health care team

To meet clients' complex health care needs, nurses and midwives work within a health care team which includes other health professionals and unlicensed HCWs. To be effective, team care must be based on mutual understanding, trust, respect and co-operation. Therefore, the contribution and knowledge of each team member is valued and respected.

1.0 Clients

Clients are individuals, groups, or communities who receive nursing or midwifery care. They include patients and consumers, as well as their families or representatives.

2.0 Licensed nurses and midwives

The *Nursing Act 1992* stipulates that the only people who can use the titles registered nurse, enrolled nurse or midwife are people who are permitted by Council to practise nursing or midwifery. (Section 141)

Licence to practise

Every nurse or midwife must hold a licence that is evidence that they have been permitted to practise in Queensland. Council issues a licence on the basis of the applicant's qualifications, fitness (suitability) and competence for practice.

Licence endorsements

Appropriately qualified nurses are able to apply for an endorsement on their licence that can authorise them to practise:

1. as a midwife
2. as a nurse practitioner
3. as a mental health nurse
4. to perform specific activities. For example, RNs who hold a drug therapy protocol (DTP) endorsement and who work in an approved program, can independently supply medication to clients, without the need for the client to be assessed by a doctor. Also, ENs can obtain an endorsement which authorises them to administer prescribed, restricted and scheduled (Schedule 4 and 8) drugs.

Annual renewal of licence

Each year, when nurses and midwives apply to renew their licences, they must reflect on their practice and declare they are competent to practise safely. This process supports the professional requirement for ongoing competence development and learning. Council randomly audits applicants to ensure that they can provide evidence to support their declaration.

On Council's online register any person can check the details of a nurse's or midwife's licence.

2.1 Registered nurse (RN)

An RN is a person with appropriate educational preparation and competence for practice, who is registered and licensed under the *Nursing Act 1992* to practise nursing in Queensland.

In Queensland, the RN course is a three year/six semester bachelor degree at a Council accredited university/education provider.

Diagram 1:
Map of role relationships among health care personnel

Legend



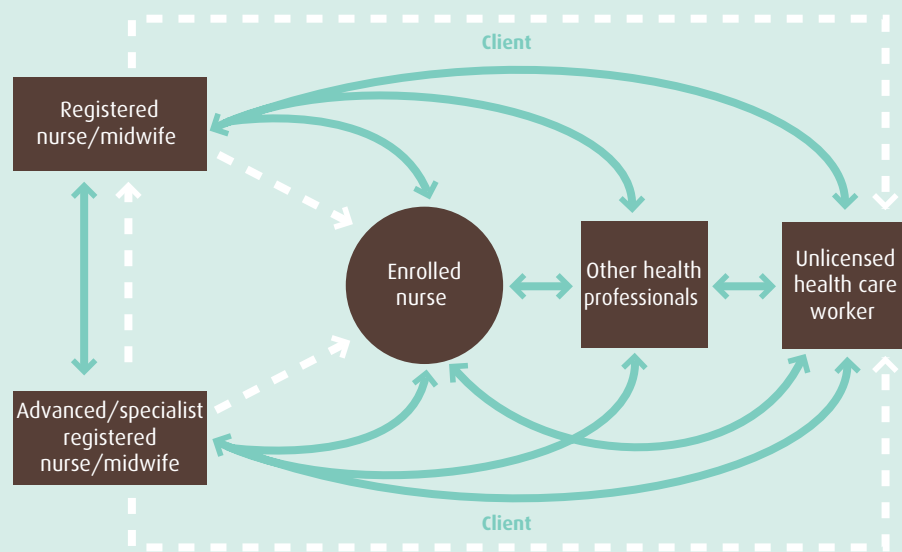
Collaboration

Refers to working in partnership with clients and members of the health care team for the benefit of clients.



Delegation

Is the conferring of authority on a person to perform activities



2.2 Midwife

A midwife³ is a person with appropriate educational preparation and competence for practice, who is licensed under the *Nursing Act 1992* to practise midwifery in Queensland.

Midwifery authorisations

Council issues two types of midwifery licence. To differentiate between the two, Council uses different titles.

1. RN-midwife: A licensed RN who has an additional midwifery qualification. Their licence records that they are a registered nurse with a midwifery endorsement.
2. Direct-entry midwife (DEM): A person who has a midwifery qualification, usually completed through a three-year “direct-entry” program, but who does not have an RN qualification. Their licence records that they are a “midwife only.”

2.3 Enrolled nurse (EN)

An EN is a person with appropriate educational preparation and competence for practice who is enrolled and licensed under the *Nursing Act 1992* to practise nursing in Queensland.

As an associate of the RN, an EN must practise with the support and professional supervision of an RN or midwife.

The Queensland EN course is an 18-month/three semester diploma at a Council approved education provider.

Level-of-care transition from EN to RN/midwife

RNs/midwives and ENs work together in a team. ENs contribute to decision-making by using critical and reflective thinking skills. For example, ENs’ core responsibilities include recognising normal and abnormal in assessment, and carrying out delegated interventions. ENs monitor the impact of care by evaluating an individual’s health and functional status while communicating regularly with the RN or midwife.

At times there may be a need for the RN or midwife to be more directly involved with the client, especially when:

- ▀ the client’s responses are unpredictable or changing rapidly, and/or
- ▀ the client needs continual assessment, care plan changes and evaluation.

2.4 Nurse practitioner (NP)

In 2005, Council approved a policy for the regulation of the nurse practitioner (NP) role in Queensland. Nurse practitioners are RNs who have an NP endorsement on their licence.

The NP is a registered nurse, educated to function autonomously and collaboratively in an advanced and expanded clinical nursing role. The role includes assessment and management of clients and may include:

- ▀ the direct referral of clients to other health care professionals
- ▀ prescribing medications
- ▀ ordering diagnostic investigations.



See Council’s website for information on:
▀ nurse practitioners

3.0 Other health professionals

Other health professionals include doctors, physiotherapists, and pharmacists, etc. These health professionals are people who have the necessary education to qualify for a licence to provide a health service for which they are individually accountable. A central licensing authority grants their licence to practise and monitors their professional standards.

4.0 Unlicensed health care workers (HCWs)

Unlicensed HCWs are paid employees whose roles include carrying out non-complex personal care tasks. HCWs include assistants in nursing, personal care assistants, orderlies, ward attendants etc. As valued members of the health care team their role relationship with licensed nurses and midwives will vary according to the context.

HCWs may have a care-worker qualification or no formal education for their role. They are not professionally regulated, so are not bound by standards set by a central licensing authority.

Council does not regulate or determine the scope of practice of HCWs. However, when RNs and midwives delegate tasks to HCWs they must use the *Principles for delegating to unlicensed health care workers* (Set 3).

HCWs must work with the support and supervision of an RN or midwife when carrying out tasks delegated to them by an RN or midwife from a care plan.

5.0 Aboriginal health workers and Torres Strait Islander health workers

Aboriginal health workers and Torres Strait Islander health workers are unlicensed health care workers. However, their practice is varied and complex. They often work in local communities integrating health practices with the unique cultural values of that community. They may plan, deliver and evaluate primary health care and health promotion programs.

The role relationship of these health workers with RNs and midwives will vary according to the context. In some contexts, these health workers may function independently or in collaboration with others. Alternatively, they may be accountable to an RN or midwife for activities that are delegated to them from a nursing or midwifery care plan.

³ In this document, unless stated otherwise, any use of the term “midwife” refers to both RN-midwives and DEMs.

Section B - Nursing and midwifery practice

This section:

- provides definitions of nursing and midwifery practice, scope of practice and information on key practice standards
- explains how nurses and midwives practise on a continuum from beginning to advanced practice
- provides information about the collaborative way nurses and midwives work together
- explains how nurses and midwives can develop their careers while at the same time maximising their contribution to client care.

Diagram 2: The continuum of practice (pictured at the bottom of this page) links the continuum of nursing and midwifery practice to the Framework's principles.

1.0 Nursing and midwifery practice

Nursing and midwifery practice in Australia

Nurses and midwives in Australia respect and uphold the rights of Australia's Indigenous people and acknowledge the cultural diversity in Australian society.

Nursing and midwifery practice in Queensland

The Queensland Nursing Council, on behalf of licensed nurses and midwives, is a signatory to a social charter. A social charter is a joint statement by those who share common views. The *Social charter for nursing in Queensland* states what the profession contributes to the community as well as what the community expects of the profession. The charter is reviewed annually.



See Council's website for information on:
the social charter.

Definitions of nursing and midwifery practice. These definitions illustrate the values and spheres of the profession's practice.

Nursing and midwifery practice is the application of knowledge, skills and attitudes towards alleviating, supporting or enhancing actual or potential responses of individuals or groups to health issues.

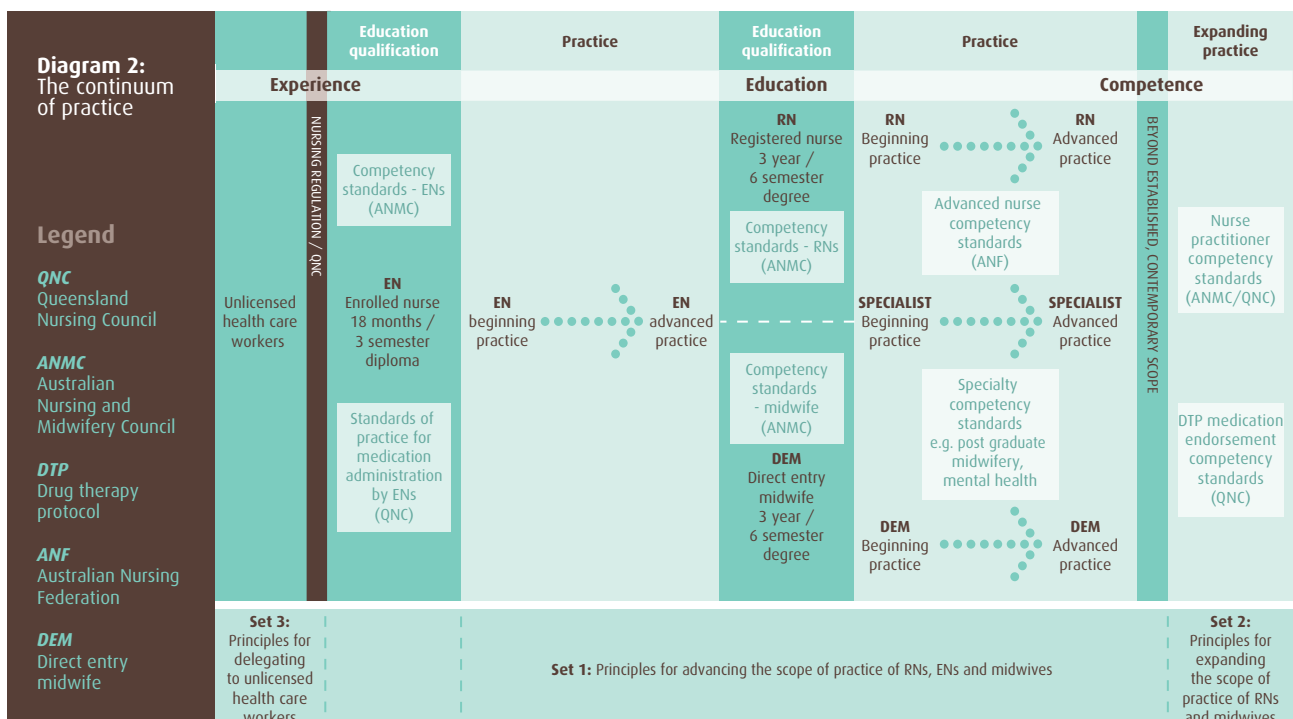
Nurses' and midwives' spheres of practice may include:

- giving direct care, including assessing, planning, implementing and evaluating care
- coordinating care and supervising others
- leading, managing
- teaching, education, health promotion and counselling
- undertaking research
- developing health, nursing and midwifery policy.

Council has adopted the International Council of Nursing (ICN) and the International Confederation of Midwives (ICM) definitions of nursing and midwifery. Council has also published a definition of midwifery practice in the *Code of practice for midwives*.

Definition of nursing - International Council of Nursing (2002)

"Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles."



Definition of midwifery - International Confederation of Midwives (2005)

“The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventive measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical or other appropriate assistance and the carrying out of emergency measures.”

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and childcare.

In its *Code of practice for midwives* (2000) the Queensland Nursing Council has stated that:

“Midwifery practice enhances and promotes the normal process of childbirth while being flexible and responsive to change. Midwives recognise and respect the uniqueness and dignity of each woman and respond to her need for care, irrespective of the woman’s childbearing beliefs, values and expectations, life experiences, ethnic origin, religious beliefs, the nature of her health problem or any other factor. Midwifery care is woman centred and occurs in an open and interactive environment in which the woman and midwife negotiate a partnership to achieve the best possible health outcomes.”

2.0 Scope of practice

Professional practice is dynamic and influenced by changes in the environment and by differences between practice settings. Therefore, the scope (or parameters) of practice for nurses and midwives are fluid.

ENs, RNs and midwives work together as a professional team. They negotiate their scope of practice based on their knowledge of each other’s education and core competencies and by applying the *Principles for advancing the scope of practice of registered nurses, enrolled nurses and midwives*. (See Section C)

The scope of nursing and midwifery practice is that which nurses and midwives are educated, competent and authorised to perform.

The actual scope of an individual nurse’s or midwife’s practice is influenced by the:

- ▀ context in which they practise
- ▀ client’s health needs
- ▀ level of competence, education and qualifications of the individual nurse or midwife
- ▀ service provider’s policies.

3.0 Key practice standards for RNs, ENs and midwives

Nurses and midwives must practise in accordance with:

- ▀ standards established through legislation and common law
- ▀ the relevant professional standards (see Table 1) including:
 - (i) the national code of ethics which identifies the fundamental moral commitments and values that nurses and midwives can be expected to hold
 - (ii) the national code of professional conduct which states the minimum standards for professional conduct
 - (iii) the Australian Nursing and Midwifery Council (ANMC) national core competency standards which outline the scope of practice of a nurse or midwife who is beginning practice.
- ▀ other Queensland Nursing Council endorsed codes and standards.



When using the Framework’s principles it is important to refer to the standards in Table 1. The standards are accessible through Council’s website.

	Code of ethics	Code of conduct	RN core competency standards	EN core competency standards	Code of practice for midwives	Code of ethics for midwives	Midwifery competency standards	Nurse practitioner competency standards
	Produced by ANMC	Produced by ANMC	Produced by ANMC	Produced by ANMC	Produced by Council & ANMC	Produced by ACMI	Produced by ANMC	Produced by Council
RN	✓	✓	✓					
RN-midwife	✓	✓	✓		✓	✓	✓	
Direct-entry midwife	✓	✓			✓	✓	✓	
NP	✓	✓	✓					✓
EN	✓	✓		✓				

Table 1 - Key professional practice standards



4.0 The continuum of practice

Nurses and midwives practise on a continuum from beginning to advanced practice. RNs and midwives may also become specialists. Furthermore, RNs and midwives who are practising at advanced levels may expand their practice beyond what is viewed as the established, contemporary scope of practice.

Beginning practice

Beginning practice for an RN, DEM or EN is the initial practice for which they are educated and have demonstrated beginning level competencies.

Beginning practice for an RN-midwife or RN specialist is when they first practise in the specialist or midwifery field. RN specialists may have educational qualifications before entering the speciality or may gain experience while acquiring a qualification.



See Council's website for information on:
▀ transition support processes.

Specialist practice

Specialist practice:

- ▀ follows on from a base of comprehensive professional preparation
- ▀ focuses on a specific area of nursing
- ▀ is directed towards a defined population or a defined area of activity
- ▀ is based on a greater depth of knowledge and skill
- ▀ may occur at any point on a continuum from beginning to advanced.



See Council's website for information on:
▀ specialist practice competency standards.

Some specialist groups have credentialing/assessment programs through which members can voluntarily be assessed against these specialist standards.

Advanced practice

Nurses and midwives may advance their practice through continuing education, experience and ongoing competence development.

Set 1 - *Principles for advancing the scope of practice of registered nurses, enrolled nurses and midwives* allows RNs, ENs and midwives to advance their practice by using a delegation process.

RNs and midwives may also advance their practice through self-education and self-assessment of competence.

Advanced EN practice

ENs advance their scope of practice by accepting activities delegated by RNs and midwives, using Set 1 - *Principles for advancing the scope of practice of registered nurses, enrolled nurses and midwives*.

Advanced RN and midwifery practice

Advanced RN or midwifery practice is characterised by:

- ▀ greater and increasing complexity
- ▀ more effective integration of theory, practice and experience
- ▀ increasing degrees of autonomy in judgements and interventions.

RNs practising at an advanced level should meet the Australian Nursing Federation's *Competency standards for the advanced registered nurse*.

Advanced practice for the RN specialist is when they have effectively integrated theory and practice relating to the speciality area.

Expanded RN and midwifery practice

RNs and midwives who are practising at an advanced level may expand their practice beyond what is viewed as the established, contemporary scope of practice by using Set 2 - *Principles for expanding the scope of practice of registered nurses and midwives*.

Section C – The three sets of principles

This section includes:

SET 1 Principles for advancing the scope of practice of registered nurses, enrolled nurses and midwives.

SET 2 Principles for expanding the scope of practice of registered nurses and midwives.

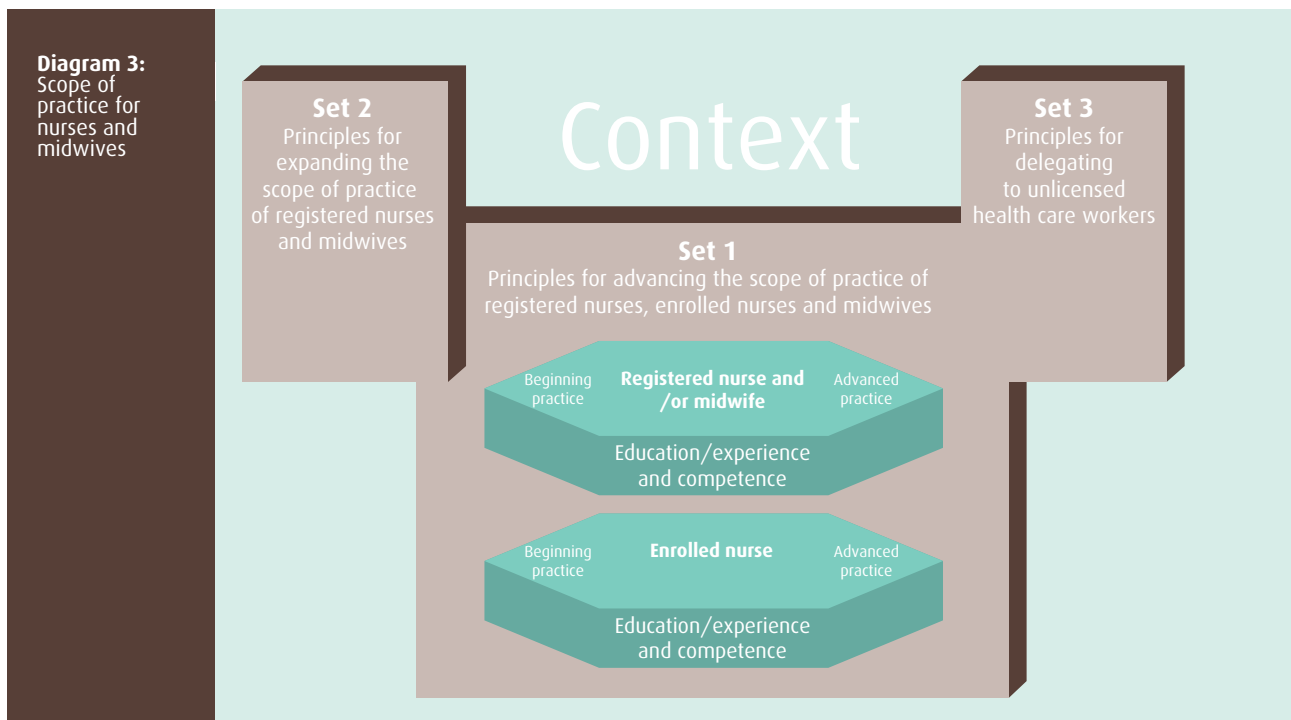
SET 3 Principles for delegating to unlicensed health care workers.

Diagram 3 *the Scope of practice for nurses and midwives*, explains the relationship between the three sets of principles. It also emphasises the need to always consider the context when making scope of practice decisions.

See Section D – Definitions - for more information about the words and phrases used in the principles.



See Council's website for examples of how the principles can be applied in specific practice settings.





Set 1: Principles for advancing the scope of practice of registered nurses, enrolled nurses and midwives

These principles enable RNs, ENs and midwives to change or advance their scope of practice through the process of delegation. These principles should be used when making a *new delegation*.

A new delegation is the conferring of authority to a person to perform activities which *are not normally part of their role*.

For example, this may occur when delegating an activity:

- from an RN or midwife to an EN
- from an RN or midwife practising at an advanced level to a nurse or midwife practising at a beginning level
- from an RN working in a specialist area to an RN who is new to the area.

RNs and midwives who advance their practice through self-education and self-assessment of competence must also use these principles.

When all the principles have been met, the activity can be incorporated safely into the person’s scope of practice.

Do not use these principles if you are an RN or midwife already practising at an advanced level and the new activity/practice/service is *beyond* what is viewed as being within the established, contemporary scope of practice.

Instead use Set 3.

Set 1: Principles for advancing the scope of practice of registered nurses, enrolled nurses and midwives

Words in bold - See definitions in Section D

1. The primary motivation for the **delegation** of the nursing/ midwifery **activity** is to meet **clients’** health needs and to improve health outcomes.
2. The change in the scope of practice of the nurse/ midwife is:
 - lawful
 - appropriate for the **context**
 - consistent with **standards** acceptable to the profession and nursing/ midwifery organisations, and
 - consistent with the service provider’s policies.
3. There has been appropriate **consultation and planning**.
4. The nurse/ midwife accepting the delegated activity
 - agrees to accept the **activity**
 - has the appropriate **education**
 - is assessed as **competent**, and
 - understands their degree of **accountability**.
5. An RN or midwife has assessed the **competence** of the person who will perform the activity.
6. Processes exist for ensuring:
 - continuing **education**
 - assessment of **competence**, and
 - appropriate clinically-focused **supervision**.

This responsibility is shared by the RN or midwife delegating the activity, the nurse or midwife to whom the activity is being delegated, and the service provider.

If all six principles are met then it is safe to proceed with the delegation, BUT if the context changes, the principles must be reapplied.

Reminder: There are some activities that an RN or midwife cannot delegate (see the Section: Overview and exclusions).



Set 2: Principles for expanding the scope of practice of registered nurses and midwives

These principles should be used by RNs or midwives, who are practising at advanced levels and wish to expand their practice.

Nursing and midwifery practice has always evolved to meet clients' health needs, and registered nurses and midwives have expanded their scope of practice by integrating new health services. This expansion (beyond what is viewed as the established, contemporary or "traditional" scope of practice) occurs when RNs or midwives assume the responsibility to provide a new health care activity or a service.

When the new activity becomes more accepted it becomes part of "usual" practice. For example, when it was first proposed to allow medication endorsements which could enable RNs or RN-midwives to supply client's medication without it being ordered by a doctor, the profession used these principles to provide structure to the decision-making process. By 2005, over 2,000 nurses had incorporated this activity into their scope of practice and, in some areas, it is now accepted as a standard practice.

Expanded scope of practice may include:

- the use of new technology, e.g. laser treatment for cosmetic purposes
- increasingly autonomous roles, e.g. management of patients with chronic heart failure
- the integration of complementary care, e.g. therapeutic massage, healing touch, hypnotherapy, naturopathy
- shared activities with other health professionals, to improve access to a skilled health professional, e.g. taking X-rays, ultrasound therapy
- changes in referral, diagnostic, prescribing and medication supply authorisations.

When all of Set 2's principles have been met, the activity can be incorporated safely into the RN's or midwife's scope of practice.

*Do not use Set 2's principles if you are an EN or the new activity/practice/service is *within* the established, contemporary scope of practice of registered nurses and midwives.*

Instead use Set 1

Set 2: principles for expanding the scope of practice of registered nurses and midwives

Words in bold - See definitions in Section D

1. The primary motivation to expand the scope of practice for registered nurses and midwives is to meet **clients'** health needs and to improve health outcomes.
2. Any expansion of the scope of practice enhances existing aspects of professional practice.
3. The expansion in the registered nurse's or midwife's scope of practice is:
 - lawful
 - appropriate for the **context**
 - consistent with **standards** acceptable to the profession and nursing/midwifery organisations
 - consistent with the service provider's policies.
4. Expansion of the scope of practice is based on appropriate **consultation and planning**.
5. The registered nurse/midwife expanding their practice:
 - is already practising at an advanced level
 - has the appropriate **education**
 - is assessed as **competent**
 - understands their degree of **accountability**.
6. A competent health professional has assessed the **competence** of the RN or midwife who will incorporate the activity into their practice.

If all six principles are met then it is safe to proceed with the expansion, BUT if the context changes, the principles must be reapplied.

Set 3: Principles for delegating to unlicensed health care workers (HCWs)

Council does not regulate or determine the scope of practice of HCWs. However, when RNs and midwives delegate tasks to HCWs, they must use the *Principles for delegating to unlicensed health care workers*.

These principles assist RNs and midwives in determining if it is safe and appropriate to delegate activities to HCWs. They may also be used when delegating tasks to unpaid carers such as volunteers. RNs and midwives should also consider that:

- when nurses and midwives carry out care activities they take a comprehensive approach including consideration of the complex physical, mental and emotional needs of the client, whereas HCWs may focus on the completion of the single delegated task
- HCWs may or may not have formal qualifications that would signify a level of competence.

Type of activity

Tasks that are routine and require a narrow range of skill and knowledge may be delegated to HCWs. A task is routine if the need for the procedure, the client's response and the outcome of the procedure have been established over time, and are therefore predictable.

Supervision and accountability

When HCWs perform care activities that have been delegated (new or established delegations) by an RN or midwife from a nursing or midwifery care plan, the HCW must be under the direct or indirect supervision of an RN or midwife. However, the HCW is individually responsible for their own actions as well as being accountable to the RN or midwife for delegated activities.

Level-of-care transition from HCWs to nurses/midwives

A nurse or midwife must be more directly involved with the client, especially when:

- the client's responses are less predictable or changing, **and/or**
- the client needs *frequent* assessment⁴, care planning and evaluation.



See Council's website for case studies and information on:

- delegation and clinically-focused supervision of HCWs
- nursing practice restrictions.

Set 3: Principles for delegating to unlicensed health care workers (HCW)

Words in **bold** - See definitions in Section D

1. **Delegation** of the **activity** is the responsibility of the registered nurse or midwife based on an assessment of the **client's** needs.
2. The delegation by the RN/midwife to the HCW:
 - will benefit the **client**
 - is lawful
 - is appropriate for the **context**
 - is consistent with the service provider's policies.
3. There has been appropriate **consultation and planning**.
4. The HCW accepting the delegated activity:
 - agrees to accept the **activity**
 - has the appropriate **education**
 - is assessed as **competent**
 - understands their degree of **accountability**.
5. An RN or midwife has assessed the **education** and **competence** of the person who will perform the activity.
6. The service provider is aware of their responsibility for a policy framework and resources necessary to ensure:
 - ongoing **education** and **competence** assessment of the HCW
 - **supervision** of the HCW
 - evaluation of the outcomes of the delegation including the benefit to the client.

If all six principles are met then it is safe to proceed with the delegation, **BUT** if the context changes, the principles must be reapplied.

Reminder: There are some activities that an RN or midwife cannot delegate (see the Section: Overview and exclusions)

⁴ In comparison, the statement on level-of-care transition from ENs to RN/Midwives includes the criterion that the client needs continuous assessment.

Section D – Definitions

Below are interpretations of terms used in the Framework. They have been included to assist readers in understanding the three sets of principles.

1.0 Accountability and responsibility

Accountability

Accountability means that a nurse or midwife must be prepared to answer to others, such as clients, Council and employers, for their actions and the responsibilities inherent in their positions. Accountability cannot be delegated.

Responsibility

Responsibility means that a person has an obligation or duty to perform a role or function to an expected standard. Responsibility can be delegated, as long as it is delegated to someone who is competent to carry out the activity. The person who delegates the responsibility shares accountability with the person who accepts the delegation.

Allocation of accountability

RNs, ENs and midwives are individually accountable for their own actions. ENs are also accountable to the RN or midwife for delegated actions (new or established delegations).

RNs and midwives are accountable for delegation decisions and for the standard of care provided under their supervision. If the RN or midwife had taken all reasonable steps to ensure that the delegation decision and level of supervision were appropriate, they would not be held accountable for inappropriate or unauthorised actions by another care provider.

HCWs are individually accountable for their own actions and accountable to the RN or midwife and their employer for delegated actions. (New or established delegations)

Employers are accountable for providing sufficient resources to enable safe and competent care.

Unlicensed personnel, employers and licensed staff who work in a health care environment or provide a health service clearly have a “duty of care” to their clients. They may be at risk of criminal charges or civil damages claims if their conduct falls below certain standards. Licensed staff may also be at risk of disciplinary action by their registering authority.

Documentation and accountability

As part of accountable practice, nurses and midwives must document/record the care that is given, changes in care and scope of practice and delegation decisions.



See Council’s website for information on:
➤ documentation standards.

2.0 Activity

An activity is a service provided to clients as part of a nursing or midwifery care plan. Activities may be clearly defined individual tasks, or more comprehensive nursing/midwifery care.

Nursing and midwifery care is based on the development of a therapeutic relationship and the implementation and evaluation of therapeutic processes. Therapeutic processes include nursing /midwifery interventions and empowerment of clients to exercise maximum choice in relation to their health care.

3.0 Clients

Clients are individuals, groups or communities who receive nursing or midwifery care. The term client includes patients, consumers, and/or their families/representatives.



See Council’s website for information on:
➤ client-centred decision making.



4.0 Competence /competent

Competence is the combination of knowledge, skills, attitudes and values necessary for nurses and midwives to practise at a standard acceptable to clients and others in the professions with similar background and experience. Competent means “having the requisite abilities or qualities”.

Nurses and midwives must meet national competency standards. (See Section B, page 17 – Key professional practice standards)

The Framework stipulates that:

- ▀ before ENs take on a new delegation they must be assessed as competent by an RN or midwife (Set 1)
- ▀ before RNs and midwives expand their practice they must be assessed as competent by another competent health professional, for example, a doctor, pharmacist or radiologist (Set 2)
- ▀ before HCWs accept a new delegation from a nursing or midwifery care plan they must be assessed as competent by an RN or midwife (Set 3).

Competence assessment

Competence assessment may occur through structured educational programs or a peer review process. Evidence of a person’s competence may include, but is not limited to:

- ▀ written transcripts/course outlines 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.



The ANMC publication *Principles for the assessment of national competency standards for RNs and ENs* can be accessed via the ANMC’s website.
See Council’s website for information on:
▀ competence assessment.

5.0 Consultation and planning

Consultation and planning includes, but is not limited to:

- ▀ obtaining client consent and informing them of their right to make informed choices in relation to their care
- ▀ the development of collaborative relationships with others in the health care team
- ▀ the development of policies before a service is introduced.



See Council’s website for information on:
▀ collaborative relationships
▀ client-centred decision making.

6.0 Context of practice

Context refers to the environment in which nursing and midwifery is practised. It includes:

- ▀ the characteristics of the client and the complexity of care required by clients
- ▀ the type of service or health facility and physical setting
- ▀ the amount of clinical support and/or supervision available from nurses and/or midwives
- ▀ the resources available including the staffing skill mix and level of access to other health care professionals.

Contextual factors can influence the application of every principle.

For example,

- ▀ if the client requires very complex care, then the level of competence of the person providing the care must be high
- ▀ if there is no after-hours on-site medical cover, the level of competence of the staff would need to be high
- ▀ if the facility is geographically spread, the appropriate level of clinically-focused supervision must be able to be maintained at all locations
- ▀ if an EN with medication endorsement is not available to administer medications, the task cannot be delegated to a person who is not authorised under the *Health (Drugs and Poisons) Regulation 1996*.

Context and delegation

An individual nurse’s or midwife’s scope of practice and the activities which can be delegated will vary depending on the practice context. Furthermore, when significant factors in the context change (such as the client’s clinical status or the level of supervision available) then the appropriateness of the original delegation decision must be reassessed.

7.0 Delegation

Delegation is the conferring of authority on a person to perform activities.

1. A *new* delegation is the conferring of authority on a person to perform activities which *are not normally part of their role*.
See - Set 1 and Set 3.
2. For ENs and HCWs, an *established delegation* is when the conferring of authority has already occurred and the context has not changed. RNs/Midwives must support and supervise ENs and HCWs undertaking established delegations.
3. For RNs undertaking activities that have been delegated to them from a midwifery care plan, an *established delegation* is when the conferring of authority has already occurred and the context has not changed. A midwife must support and supervise an RN undertaking an established delegation.
4. For DEMs undertaking activities that have been delegated to them from a nursing care plan, an *established delegation* is when the conferring of authority has already occurred and the context has not changed. An RN must support and supervise a DEM undertaking an established delegation.

In other situations, RNs and midwives, as autonomous professionals functioning within their own sphere of practice, are able to transfer learning from context to context and to adapt their knowledge and skill to meet different practice demands. Once an RN or midwife has incorporated a new delegation into their practice, it is considered an integral part of their role and scope of practice.

RNs' and midwives' responsibilities when delegating activities

To maintain a high standard of care when delegating activities from the care plan, RNs' and midwives' responsibilities must include:

- ▀ teaching and competence assessment
- ▀ clinically-focused supervision
- ▀ evaluation of client outcomes
- ▀ reflection on practice.

Reminder: Activities delegated by an RN or midwife to a person cannot be delegated by that person to any other individual.



See Council's website for information on;
▀ delegation and clinically-focused supervision.

	Teaching and competence assessment	Clinically focused supervision	Evaluation of client outcomes	Reflection on practice	Accountability of the person delegating	Accountability of the person accepting the delegation
New delegation	Required	Direct	Direct and frequent	Continuous	Greater	Less
Established delegation	Not required	Indirect	Indirect and less frequent	Regular intervals	Less	Greater

Table 2 - Delegation summary



8.0 Education

Formal education may include courses leading to a recognised qualification. Informal educational methods may include:

- ▀ reading professional publications
- ▀ attendance at in-service education sessions
- ▀ attendance at seminars or conferences
- ▀ individual, one-to-one education with a person competent in the subject or skill
- ▀ reflection on practice with colleagues.

9.0 Standards

It is important that other nursing and midwifery standards referred to in Section B, Table 1 page 17, are used together with the Framework.

10.0 Supervision

In relation to delegated activities from the care plan, clinically-focused supervision includes:

- ▀ guidance of, and support for, individuals who are performing the activity
- ▀ directing an individual's performance
- ▀ monitoring and evaluation of outcomes, especially the client's outcome/response to the activity.

There are two levels of clinically-focused supervision - direct or indirect. All parties must agree to the level of supervision that will be provided.

Direct supervision is when the RN or midwife is actually present and observes, works with, and directs the person who is being supervised.

Indirect supervision is when the RN or midwife works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The RN or midwife must be available for reasonable access.

Acknowledgement

Council would like to thank the nurses and midwives, members of the public and organisations who assisted in the Framework's review, and the project's Working Party which included representatives from:

- ▀ Queensland Health
- ▀ The Queensland Nurses' Union of Employees
- ▀ The Private Hospitals Association
- ▀ Queensland Nurse Academic Forum
- ▀ The Australian College of Midwives Inc
- ▀ The Nurses Board of Victoria.



See Council's website for information on:

- ▀ delegation and clinically-focused supervision – RNs, ENs, midwives.
- ▀ delegation and clinically-focused supervision of HCWs.

The Queensland Nursing Council (Council) is responsible for administering the *Nursing Act 1992*, (Queensland.) Council's role is to help ensure safe and competent nursing and midwifery practice.

One of Council's functions (Section 7(b) of the *Nursing Act 1992*) is to determine the scope of practice for Queensland's nurses and midwives. To fulfil this function, Council has developed *The scope of practice framework for nurses and midwives* (The Framework).

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