

# NATIONAL COMPETENCY STANDARDS FOR THE ENROLLED NURSE

Introduction	Description of Enrolled Nurse	National Competency Standards	Assessing Competence	Glossary of Terms
--------------	-------------------------------	-------------------------------	----------------------	-------------------

## Introduction

The Australian Nursing and Midwifery Council (ANMC) is a peak national nursing and midwifery organisation established in 1992 with the purpose of developing a national approach to nursing and midwifery regulation. The ANMC works in conjunction with the state and territory nursing and midwifery regulatory authorities (NMRAs) to produce national standards which are an integral component of the regulatory framework to assist nurses and midwives to deliver safe and competent care.

The standards include the national competency standards for enrolled nurses which were first adopted by the ANMC in the early 1990s. These have been reviewed and revised regularly since then. Other standards developed by the ANMC for implementation by the NMRAs include the competency standards for registered nurses, midwives and nurse practitioners, codes of professional conduct and ethics, and a range of position statements and guidelines. The full list of standards, position papers and guidelines produced by the ANMC can be viewed on the website.

The national competency standards for the enrolled nurse are scheduled for review in 2007. This review will be undertaken by a team of expert nursing consultants and will include extensive consultation with nurses around Australia. The purpose underpinning the review will be to contemporise the standards to reflect the changing role of the enrolled nurse within the health environment of today. Whilst ANMC anticipates the resulting standards will be different in some areas from the existing competency standards, they will remain broad and principle based so that they are sufficiently dynamic for practising nurses and the NMRAs to use as a benchmark to assess competence to practice in a range of settings.

## What are the standards used for?

The national competency standards for the enrolled nurse are the core competency standards by which your performance may be assessed to retain your license to practice as an enrolled nurse in Australia.

As an enrolled nurse, these core competency standards provide you with the framework for assessing your competence. They may also be used by your state/territory NMRA to assess competence as part of the annual renewal of license process, to assess nurses educated overseas seeking to work in Australia, and to assess nurses returning to work after breaks in service. They are also used to assess nurses involved in professional conduct matters. In addition, they may also be used by the NMRAs to assess nurses involved in professional conduct matters and to communicate to consumers the standards that can be expected from nurses.

Universities and the Vocational Educational Training sector also use the standards when developing nursing curricula, and to assess student and new graduate registered and enrolled nurse performance.

These are YOUR standards — we believe you will find them easy to understand and user friendly. Included also are the principles of assessment which will assist you in understanding how these standards may be used to assess performance.

## Description of the enrolled nurse on entry to practice

---

The enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Core as opposed to minimum enrolled nursing practice requires the enrolled nurse to work under the direction and supervision of the registered nurse as stipulated by the relevant nurse registering authority. At all times, the enrolled nurse retains responsibility for his/her actions and remains accountable in providing delegated nursing care.

Core enrolled nurse responsibilities in the provision of patient-centred nursing care include recognition of normal and abnormal in assessment, intervention and evaluation of individual health and functional status. The enrolled nurse monitors the impact of nursing care and maintains ongoing communication with the registered nurse regarding the health and functional status of individuals. Core enrolled nurse responsibilities also include providing support and comfort, assisting with activities of daily living to achieve an optimal level of independence, and providing for emotional needs of individuals. Where state law and organisational policy allows, enrolled nurses may administer prescribed medicines or maintain intravenous fluids, in accordance with their educational preparation.

Enrolled nurses are required to be information technology literate with specific skills in the application of health care technology. Enrolled nurses demonstrate critical and reflective thinking skills in contributing to decision making which includes reporting changes in health and functional status and individual responses to health care interventions.

Enrolled nurses work as a part of the health care team to advocate for and facilitate the involvement of individuals, their families and significant others in planning and evaluating care and progress toward health outcomes.

These responsibilities are illustrative of the types of core activities that an enrolled nurse would be expected to undertake on entry to practice.

All enrolled nurses have a responsibility for ongoing self-development to maintain their knowledge base to carry out their role.

## Domain: Professional and Ethical Practice

### Competency Unit 1

#### Functions in accordance with legislation, policies and procedures affecting enrolled nursing practice

##### Competency Element 1.1

Demonstrates knowledge of legislation and common law pertinent to enrolled nursing practice.

- Identifies policies, acts and legislation in which the enrolled nurse is named either by inclusion or exclusion
- Describes the common law requirements of enrolled nurse practice
- Able to discuss the implications of acts and legislation governing the practice of other health professionals with whom enrolled nurses work
- Discusses the legal issues relevant to nursing practice
- Acts in accordance with enrolled nurse responsibilities under legislation
- Reports to the appropriate person when actions or decisions by others are believed to be not in the best interests of individuals or groups

##### Competency Element 1.2

Demonstrates knowledge of organisational policies and procedures pertinent to enrolled nursing practice.

- Identifies policies and procedural guidelines impacting on enrolled nursing practice
- Provides nursing care according to organisational policies and guidelines
- Identifies organisational policies and procedures pertinent to other health professionals with whom enrolled nurses work

##### Competency Element 1.3

Fulfills the duty of care in the course of enrolled nursing practice.

- Acts in accordance with own competency level and recognised standards of enrolled nursing practice
- Identifies and clarifies enrolled nurse responsibility for aspects of care in consultation with the registered nurse and other members of the health care team
- Performs nursing interventions in accordance with organisational policy
- Performs nursing interventions according to the agreed plan of care

##### Competency Element 1.4

Acts to ensure safe outcomes for individuals and groups by recognising and reporting the potential for harm

- Identifies situations in the provision of nursing care where there is potential for harm and takes appropriate action to minimise or prevent harm to self and others
- Seeks consent of individuals and groups before providing nursing care
- When incidents of unsafe practice occur, the enrolled nurse reports immediately to the registered nurse or other relevant person and where appropriate explores ways to prevent re-occurrence

##### Competency Element 1.5

Reports practices that may breach legislation, policies and procedures relating to nursing practice to the appropriate person.

- Identifies and reports breaches of law, policies and procedures related to nursing practice to the individual concerned
- Identifies and reports breaches of law, policies and procedures related to nursing practice to responsible registered nurse, line manager, nursing authorities or other appropriate authority

## Enrolled Nurse Competency Standards with Interpretive Cues (continued)

---

### Competency Unit 2

**Conducts nursing practice in a way that can be ethically justified**

#### Competency Element 2.1

Acts in accordance with the nursing professions's codes

- Discusses the application of the nursing profession's codes to own practice

#### Competency Element 2.2

Demonstrates an understanding of the implications of these codes for enrolled nursing practice

- Demonstrates acceptance of individuals and groups to whom care is provided regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
- Maintains an effective process of care when confronted with differing values and beliefs

### Competency Unit 3

**Conducts nursing practice in a way that respects the rights of individuals and groups**

#### Competency Element 3.1

Practises in accordance with organisational policies relevant to individual/group rights in the health care context.

- Confidentiality of health records and interactions with others in the health care setting is maintained
- Discussions concerning individuals/groups are restricted to the health care setting, learning situations and/or relevant members of the health care team

#### Competency Element 3.2

Demonstrates an understanding of the rights of individuals/groups in the health care setting.

- Acknowledges and accommodates preferences of individuals/groups appropriately in the provision of nursing care
- Promotes independence of individuals/groups within the health care setting by involving individuals/groups as active participant(s) in care
- Provides nursing care in a way that is sensitive to the needs and rights of individuals/groups

#### Competency Element 3.3

Liaises with others to ensure that the rights of individuals/groups are maintained.

- Liaises with the registered nurse when uncertain about the rights of individuals/groups within the health care setting or when rights are overlooked or compromised
- Negotiates with the registered nurse changes to care when individuals seek to change or refuse prescribed care
- Includes individuals/groups in consultation with registered nurse to resolve conflict

## Enrolled Nurse Competency Standards with Interpretive Cues (continued)

### Competency Element 3.4

Demonstrates respect for the values, customs, spiritual beliefs and practices of individuals and groups.

- Assists individuals/groups within the health care setting to maintain spiritual beliefs and practices
- Responds in a morally appropriate way by not imposing own values and attitudes when confronted with differing values, customs, spiritual beliefs and practices

### Competency Element 3.5

Liaises with others to ensure that the spiritual, emotional and cultural needs of individuals/groups are met.

- Seeks assistance from other members of the health team to provide care and resources which are sensitive to the needs of individuals/groups

### Competency Element 3.6

Contributes to the provision of relevant health care information to individuals and groups.

- Consults with the registered nurse and other members of the health care team to facilitate the provision of accurate information to, protect rights of, and enable informed decisions by, individuals and groups

## Competency Unit 4

**Accepts accountability and responsibility for own actions within enrolled nursing practice**

### Competency Element 4.1

Recognises own level of competence

- Acts in accordance with enrolled nurse educational preparation
- Recognises responsibility for ensuring that nursing care provided to individuals/groups is within own level of competence
- Consults with the responsible registered nurse to ensure that tasks and responsibilities delegated by the registered nurse are commensurate with own level of competence

### Competency Element 4.2

Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unregulated care workers

- Recognises differences in accountability and responsibility of the registered nurse and enrolled nurse in the provision of nursing care
- Clarifies enrolled nurse role and responsibilities in the context of healthcare settings
- Demonstrates awareness that other members of the health team have different responsibilities and levels of accountability for practice

### Competency Element 4.3

Differentiates the responsibility and accountability of the registered nurse and enrolled nurse in the delegation of nursing care

- Recognises the registered nurse's responsibility and accountability for delegation of nursing care
- Accepts responsibility and accountability for delegated care within own level of competence

## **Domain: Critical Thinking and Analysis**

### **Competency Unit 5**

**Demonstrates critical thinking in the conduct of enrolled nursing practice**

#### **Competency Element 5.1**

Uses nursing standards to assess own performance.

- Undertakes regular self-evaluation of nursing practice
- Reflects on the consequences of own practice for others
- Recognises the importance of evidence based practice
- Practices in accordance with contemporary health care developments as guided by the registered nurse
- Recognises the registered nurse as a point of reference to assist enrolled nurse decision-making

#### **Competency Element 5.2**

Recognises the need for and participates in continuing self/professional development

- Seeks additional knowledge/information when presented with unfamiliar situations
- Identifies learning needs through consideration of practice in consultation with colleagues
- Participates in ongoing educational development

#### **Competency Element 5.3**

Recognises the need for care of self

- Identifies and uses networks and resources that facilitate personal wellbeing
- Promotes a positive self-image

## **Domain: Management of Care**

### **Competency Unit 6**

**Contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups**

#### **Competency Element 6.1**

Accurately collects and reports data regarding the health and functional status of individuals and groups

- Accurately collects information on the health and functional status of individuals and groups
- Uses health care technology appropriately
- Uses a range of data gathering techniques including, observation, interview, physical examination and measurement
- Documents information regarding the health and functional status of individuals accurately and clearly according to organisational guidelines
- Reviews information about the health and functional status of individuals and groups in the context of previous information
- Reports changes in health and functional status to the registered nurse or appropriate members of the health team

#### **Competency Element 6.2**

Participates with the registered nurse and individuals and groups in identifying expected health care outcomes.

- Contributes to the development of care plans in conjunction with the registered nurse and individuals/groups

#### **Competency Element 6.3**

Participates with the registered nurse in evaluation of progress of individuals and groups toward expected outcomes and reformulation of care plans.

- Collects relevant data to evaluate the progress of individuals/groups toward expected outcomes as guided by the registered nurse
- Contributes to the review of care plans in conjunction with the registered nurse and individuals/groups

## Enrolled Nurse Competency Standards with Interpretive Cues (continued)

### Competency Unit 7

#### Manages nursing care of individuals and groups within the scope of enrolled nursing practice

##### Competency Element 7.1

Implements planned nursing care to achieve identified outcomes

- Implements planned nursing care as outlined in care plans
- Provides nursing care to address immediate health care needs and progress toward expected outcomes
- Promotes independence whilst assisting with activities of daily living
- Clarifies roles and responsibilities for planned care with other members of the health care team

##### Competency Element 7.2

Recognises and reports changes in the health and functional status of individuals/groups to the registered nurse.

- Observes for changes in the health and functional status of individuals/groups in the course of nursing practice
- Reports changes in the health and functional status of individuals/groups to the registered nurse in a timely manner
- Collects, documents and reports appropriate data to the registered nurse regarding the health and functional status of individuals/groups
- Provides information to support observations of change in health and functional status of individuals and groups
- Documents and reports accurate information regarding changes in health and functional status of individuals/groups
- Participates in team meetings and case conferences

##### Competency Element 7.3

Ensures communication, reporting and documentation are timely and accurate.

- Communicates information to individuals/groups accurately and in accordance with organisational policies regarding disclosure of information
- Clarifies written orders for nursing care with the registered nurse when unclear
- Documents nursing care in accordance with organisational policy
- Documents nursing care in a comprehensive, logical, legible, accurate, clear and concise manner, using accepted abbreviations and terminologies when appropriate
- Demonstrates awareness of legal requirements governing written documentation and consults with the registered nurse to ensure these requirements are met

##### Competency Element 7.4

Organises workload to facilitate planned nursing care for individuals and groups.

- Prioritises nursing care of individuals and groups appropriately
- Manages own workload in accordance with the nursing care plan
- Works with other members of the health team to carry out planned nursing care for individuals and groups
- Prioritises the delivery of nursing care to individuals/groups as guided by the registered nurse

## Enrolled Nurse Competency Standards with Interpretive Cues (continued)

### Domain: Enabling

#### Competency Unit 8

**Contributes to the promotion of safety, security and personal integrity of individuals and groups within the scope of enrolled nursing practice**

##### Competency Element 8.1

Acts appropriately to enhance the safety of individuals and groups at all times.

- Identifies potential risks/hazards to individuals/groups associated with health care environments
- Functions within own level of competence to promote the safety of self and others in all aspects of nursing practice
- Adheres to no lift/manual handling policies and procedures to optimise the safety of self and others
- Anticipates the safety needs of individuals/groups and takes measures to promote safety and prevent harm
- Adheres to standards and procedures related to restraint, infection control and the administration of therapeutic substances
- Applies relevant principles to ensure the safe administration of therapeutic substances

##### Competency Element 8.2

Establishes maintains and concludes effective interpersonal communication.

- Forms therapeutic relationships with clients
- Recognises when health and functional status affects the ability of individuals and groups to communicate and modifies actions accordingly
- Uses appropriate resources to communicate with individuals/groups
- Explains nursing care to individuals and groups
- Introduces self to individuals and groups and explains enrolled nurse role in the provision of health care
- Communicates appropriately with families and significant others within own level of competence

##### Competency Element 8.3

Applies appropriate strategies to promote the self-esteem of individuals and groups.

- Facilitates independence of individuals/groups in the provision of nursing care
- Encourages and supports participation by individuals/groups in self care
- Consults with the individual/group to ascertain the degree of assistance required

##### Competency Element 8.4

Acts appropriately to maintain the dignity and integrity of individuals and groups.

- Provides nursing care to individuals and groups in a manner respectful of privacy and integrity
- Respects the cultural and social context of individuals / groups when providing nursing care



## Enrolled Nurse Competency Standards with Interpretive Cues (continued)

### Competency Unit 9

**Provides support and care to individuals and groups within the scope of enrolled nursing practice**

#### Competency Element 9.1

Provides for the comfort needs of individuals and groups experiencing illness or dependence.

- Consults with individuals/groups to determine comfort needs and preferences for nursing interventions

#### Competency Element 9.2

Collaborates with the registered nurse and members of the health care team in the provision of nursing care to individuals and groups experiencing illness or dependence.

- Consults with the registered nurse and other members of the health care team to provide for the comfort of individuals/groups when the nursing care required is outside of own level of competence

#### Competency Element 9.3

Contributes to the health education of individuals or groups to maintain and promote health.

- Provides accurate and appropriate education to individuals/groups related to the maintenance and promotion of health in consultation with the registered nurse
- Provides education to individuals/groups as appropriate

#### Competency Element 9.4

Communicates with individuals and groups to enable therapeutic outcomes.

- Explains nursing care to individuals/groups to whom care is provided
- Determines understanding by seeking feedback on information given

### Competency Unit 10

**Collaborates with members of the health care team to achieve effective health care outcomes**

#### Competency Element 10.1

Demonstrates an understanding of the role of the enrolled nurse as a member of the health care team.

- Provides care to individuals/groups as part of the health care team, under the supervision and direction of the registered nurse

#### Competency Element 10.2

Demonstrates an understanding of the role of members of the health care team in achieving health care outcomes.

- Supports the therapeutic activities of other health care team members in the provision of health care
- Promotes positive working relationships with members of the health care team

#### Competency Element 10.3

Establishes and maintains collaborative relationships with members of the health care team.

- Provides assistance to other members of the health care team in provision of care to individuals/groups

#### Competency Element 10.4

Contributes to decision-making by members of the health care team.

- Provides other members of the health care team with accurate and relevant information to assist in decisionmaking and provision of care to individuals/groups

## Assessing Competence

---

Whilst it is important that all nurses are aware of the competencies to practice, and are able to assess their own performance using these, there are also occasions where individual nurses may be assessed by others to ensure that they are competent to practice. The competencies may also be used as the standards by which nurses are assessed when their conduct or professional practice is in question.

To assist assessors, the ANMC has developed a document entitled 'Principles for the Assessment of National Competency Standards for Nurses and Midwives'. The full document, which includes a detailed description of the assessment model used, is available from the ANMC. It is recommended that anyone undertaking the role of assessor should familiarise themselves with this document prior to undertaking the assessment. The actual principles for assessment are reproduced here to assist nurses undergoing assessment to understand the basis upon which the assessment of their performance will be made.

## Principles for the Assessment of National Competency Standards for Nurses

### Principle 1

#### Principle of Accountability

- Assessors are accountable to the public and to the profession to undertake a valid and reliable assessment of candidates.
- Assessors are accountable for assessing candidates as competent against the ANMC National Competency Standards and as suitable for licensure by a state or territory regulatory authority when required.
- Assessors will ensure that candidates are assessed in the practice setting.
- Candidates who have not demonstrated competence in the practice setting should not be recommended to a regulatory authority for enrolment.

### Principle 2

#### Principle of Performance Based Assessment

- Clinical competence is performance based and therefore the assessment must be carried out by assessors in the context of the candidate/person interaction.
- Assessment of practice is considered a valid model of assessment of core competencies for the licensing of nurses and midwives. This mode is useful as a multi-purpose procedure as it provides a global assessment of the candidate's knowledge, skills, values, and attitudes.
- Regulatory authorities have a responsibility to ensure that the assessment model focuses on knowledge, and performance that is closely related to the demands of the practice situation.

### Principle 3

#### Principle of Contextual Relevance

- The regulatory authorities recognise that the nature of professional nursing and midwifery practice is such that to attempt to evaluate competence in a single and narrowly prescribed procedural assessment model fails to recognise the multifaceted nature of nursing and midwifery practice and the comprehensive knowledge required.
- The context in which assessment of competence occurs is considered to be an essential component in the competency standards assessment framework.
- The practice setting involves many contextual factors including the environment, the relationship with the persons receiving care and the behaviour of others in the practice setting that cause the candidate to act in a particular way. These factors should be taken into account during the assessment process.

### Principle 4

#### Principle of Evidence Based Assessment

- Evidence based assessment utilises a model of evidence based professional judgement.
- The process of assessing competence requires an accumulation of data, or evidence about performance over a period of time and in a range of situations.
- The judgement about whether a candidate has reached a satisfactory standard of performance is based on the interaction between the assessor's comprehensive knowledge of the expected standards of performance and the interpretation of the assessment data, including the context within which it is collected.
- Assessors can obtain data or provide evidence of performance through:
  - self-assessment by the candidate
  - observation by the assessor of the candidate
  - interviews by the assessor with the others in the setting, for example peers, persons receiving nursing or midwifery care, supervisors
  - analysis by the assessor of all relevant documentation.
- Assessors work with and observe the candidate being assessed in the practice context. Pieces of evidence about the candidate's practice are gathered by the assessor and these pieces of evidence are put together and inferences are drawn about competence.
- Inferences should always be checked to validate the assessment judgement.
- Assessors use professional judgement, which involves the drawing of inferences and the use of tacit knowledge to form a conclusion about the competence of a particular candidate.
- For tacit knowledge to be used confidently as a basis for assessment it is essential that assessors have a full understanding of the expected standard of performance.

### Principle 5

#### Principle of Validity and Reliability in Assessment

- Validity in the assessment process is the extent to which assessment meets the intended outcomes. Reliability in the assessment process refers to the consistency or accuracy of the outcomes of the assessment process.
- The assessors' knowledge and skill are the most crucial elements involved in enhancing the validity and reliability of the assessment process.
- Evidence (pieces of information about the performance of the candidate being assessed) is gathered by the assessor. Assessors therefore can provide evidence to justify their assessment judgements.
- A variety of sources of evidence about the performance of a candidate enhances the rigour of the assessment process and gives validity and reliability to the judgement. Sources of evidence may include:
  - observation of performance
  - audit of documents such as care plans and clinical records
  - interviewing the candidate to reveal intentions and attitudes
  - interviewing colleagues and persons receiving care to collect data regarding outcomes of care
  - testing (for example drug calculation, written assignments, multi choice questions)
  - examining records of previous achievements
- Reflection and re-interpretation of evidence about the performance of the candidate is an important element in the assessment process and adds to the reliability of the assessment judgement.

### Principle 6

#### Principle of Participation and Collaboration

- Assessment of performance should be based on a participative and collaborative relationship between the assessor and the candidate.
- The tenet of impartiality, confidentiality and declaring any conflict of interest will underpin this participative and collaborative relationship. This will ensure that participants in the assessment process will feel confident in the assessment methods.
- Participation and collaboration in the assessment process involves high levels of communication, reflection on and re-interpretation of performance.
- Formalised review processes established by organisations undertaking assessment will address grievances held by candidates who are being assessed and assist in ensuring participation and collaboration between others in the assessment process. These processes will also provide a mechanism for rigorous scrutiny of the result of assessment judgements

## Glossary

**ANMC:** Australian Nursing and Midwifery Council

**Appropriate:** Matching the circumstances, meeting needs of the individual, groups or situation

**Attributes:** Characteristics which underpin competent performance

**Core Competency Standards:** Essential competency standards for Standards registration or licensure.

**Competence:** The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

**Competent:** The person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of nurse being assessed.

**Competency Unit:** Represents a major function/functional area in the total competencies of a Registered Nurse in a nursing context representing a stand-alone function which can be performed by the individual.

**Competency Element:** Represents a sub-function of the competency unit.

**Competency Standards:** Consists of competency units and competency elements.

**Contexts:** The setting/environment where competence can be demonstrated or applied.

**Cues:** Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

**Domain:** An organised cluster of competencies in nursing practice

**Enrolled Nurse:** A person licensed under an Australian State or Territory Nurses Act or Health Professionals Act to provide nursing care under the supervision of a Registered Nurse. Referred to as a Registered Nurse Division II in Victoria.

**Exemplars:** Concrete, key examples chosen to be typical of competence. They are not the standard but are indicative of the standard.

**Registered Nurse:** A person licensed to practice nursing under an Australian State or Territory Nurses Act or Health Professionals Act. Referred Nurse Division 1 in Victoria.

This work is copyright October 2002. Apart from any use as permitted under the Copyright Act 1968, no part of this work may be reproduced by any means electronic or otherwise without the written permission of the copyright holders. Requests and enquiries concerning reproduction rights should be addressed to the Chief Executive Officer, Australian Nursing and Midwifery Council

The ANMC acknowledges that the methods and processes in assessment of competencies will be further developed, and that the content of this document will be reviewed in three years. Comments should be addressed to

**Australian Nursing & Midwifery Council**

T +61 2 6257 7960

F +61 2 6257 7955

PO Box 873

Dickson ACT 2602

AUSTRALIA

[www.anmc.org.au](http://www.anmc.org.au)

# NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED NURSE

Introduction	Description of Registered Nurse	Domains	National Competency Standards	Glossary of Terms
--------------	---------------------------------	---------	-------------------------------	-------------------

## Introduction

The Australian Nursing and Midwifery Council Incorporated (ANMC) is a peak national nursing and midwifery organisation established in 1992 with the purpose of developing a national approach to nursing and midwifery regulation. The ANMC works in conjunction with the state and territory nursing and midwifery regulatory authorities (NMRAs) to produce national standards which are an integral component of the regulatory framework to assist nurses and midwives to deliver safe and competent care.

The standards include the national competency standards for registered nurses which were first adopted by the ANMC in the early 1990s. These have been reviewed and revised regularly since then. Other standards developed by the ANMC for implementation by the NMRAs include the competency standards for enrolled nurses, midwives and nurse practitioners, codes of professional conduct and ethics, and a range of position statements and guidelines. The full list of standards, position papers and guidelines produced by the ANMC can be viewed on the website.

In 2004/2005 the ANMC undertook a review of the national competency standards for the registered nurse to ensure that they remain contemporary and congruent with the legislative requirements of the NMRAs.

This review, which was undertaken by a team of expert nursing consultants, included extensive consultation with nurses around Australia. The resulting standards, whilst different in some areas from the previous competency standards, remain broad and principle based so that they are sufficiently dynamic for practicing nurses and the NMRAs to use as a benchmark to assess competence to practice in a range of settings.

## What are the standards used for?

The national competency standards for the registered nurse are the core competency standards by which your performance is assessed to obtain and retain your license to practice as a registered nurse in Australia.

As a registered nurse, these core competency standards provide you with the framework for assessing your competence, and are used by your state/territory NMRA to assess competence as part of the annual renewal of license process, to assess nurses educated overseas seeking to work in Australia, and to assess nurses returning to work after breaks in service. They are also used to assess nurses involved in professional conduct matters. The NMRAs may also apply the competency standards in order to communicate to consumers the standards that they can expect from nurses.

Universities also use the standards when developing nursing curricula, and to assess student and new graduate performance.

These are YOUR standards — developed using the best possible evidence, and using information and feedback provided by nurses in a variety of settings. Included also are the principles of assessment which will assist you in understanding how these standards may be used to assess performance. We believe you will find them easy to understand, and user friendly.

ANMC would like to thank nurses throughout Australia for their willing input to the development of these standards.

## Description of the registered nurse on entry to practice

---

The registered nurse demonstrates competence in the provision of nursing care as specified by the registering authority's licence to practice, educational preparation, relevant legislation, standards and codes, and context of care. The registered nurse practices independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.

The registered nurse provides evidence-based nursing care to people of all ages and cultural groups, including individuals, families and communities. The role of the registered nurse includes promotion and maintenance of health and prevention of illness for individual/s with physical or mental illness, disabilities and/or rehabilitation needs, as well as alleviation of pain and suffering at the end stage of life.

The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individual/s and the multidisciplinary health care team so as to achieve goals and health outcomes. The registered nurse recognises that ethnicity, culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an impact on an individual's responses to, and beliefs about, health and illness, and plans and modifies nursing care appropriately. The registered nurse provides care in a range of settings that may include acute, community, residential and extended care settings, homes, educational institutions or other work settings and modifies practice according to the model/s of care delivery.

The registered nurse takes a leadership role in the coordination of nursing and health care within and across different care contexts to facilitate optimal health outcomes. This includes appropriate referral to, and consultation with, other relevant health professionals, service providers, and community and support services.

The registered nurse contributes to quality health care through lifelong learning and professional development of herself/himself and others, research data generation, clinical supervision and development of policy and clinical practice guidelines. The registered nurse develops their professional practice in accordance with the health needs of the population/society and changing patterns of disease and illness.

## Domains

The competencies which make up the ANMC National Competency Standards for the Registered Nurses are organised into domains.

### Professional Practice

This relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

### Critical Thinking and Analysis

This relates to self – appraisal, professional development, and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.

### Provision and Coordination of Care

This domain relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals /groups, planning, implementation and evaluation of care.

### Collaborative and Therapeutic Practice

This relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to the nurse understanding their contribution to the interdisciplinary health care team.

## National Competency Standards for the Registered Nurse

### Professional Practice

Relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

#### 1. Practises in accordance with legislation affecting nursing practice and health care

##### 1.1 Practises in accordance with legislation affecting nursing practice and health care

- identifies legislation governing nursing practice
- describes nursing practice within the requirements of common law
- describes and adheres to legal requirements for medications
- identifies legal implications of nursing interventions
- actions demonstrate awareness of legal implications of nursing practice
- identifies and explains effects of legislation on the care of individuals/groups
- identifies and explains effects of legislation in the area of health
- identifies unprofessional practice as it relates to confidentiality and privacy legislation

##### 1.2 Fulfils the duty of care

- performs nursing interventions in accordance with recognised standards of practice
- clarifies responsibility for aspects of care with other members of the health team
- recognises the responsibility to prevent harm
- performs nursing interventions following comprehensive and accurate assessments

##### 1.3 Recognises and responds appropriately to unsafe or unprofessional practice

- identifies interventions which prevent care being compromised and/or law contravened
- identifies appropriate action to be taken in specified circumstances
- identifies and explains alternative strategies for intervention and their likely outcomes
- identifies behaviour that is detrimental to achieving optimal care
- follows up incidents of unsafe practice to prevent re-occurrence



## National Competency Standards for the Registered Nurse (continued)

---

### 2. Practises within a professional and ethical nursing framework

#### 2.1 Practises in accordance with legislation affecting nursing practice and health care

- accepts individuals/groups regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
- ensures that personal values and attitudes are not imposed on others
- conducts assessments that are sensitive to the needs of individuals/groups
- recognises and accepts the rights of others
- maintains an effective process of care when confronted by differing values, beliefs and biases
- seeks assistance to resolve situations involving moral conflict
- identifies and attempts to overcome factors which may constrain ethical decisions in consultation with the health care team

#### 2.2 Integrates organisational policies and guidelines with professional standards

- maintains current knowledge of and incorporates relevant professional standards into practice
- maintains current knowledge of and incorporates organisational policies and guidelines into practice
- reviews and provides feedback on the relevance of organisational policies and professional standards procedures to practice
- demonstrates awareness and understanding of developments in nursing that have an impact on the individual's capacity to practice nursing
- considers individual health and wellbeing in relation to being fit for practice

#### 2.3 Practise in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups

- demonstrates respect for individual/group common and legal rights in relation to health care
- identifies and adheres to strategies to promote and protect individual/group rights
- considers individual/group preferences when providing care
- clarifies individual/group requests to change and/or refuse care with relevant members of the health care team
- advocates for individuals/groups when rights are overlooked and/or compromised
- accepts individuals/groups to whom care is provided regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
- ensures that personal values and attitudes are not imposed on others
- undertakes assessments which are sensitive to the needs of individuals/groups
- recognises and accepts the rights of others
- maintains an effective process of care when confronted by differing values, beliefs and biases
- provides appropriate information within the nurse's scope of practice to individuals/groups
- consults relevant members of the health care team when required
- questions and/or clarifies orders and decisions that are unclear, not understood or questionable
- questions and/or clarifies interventions that appear inappropriate with relevant members of the health care team

## National Competency Standards for the Registered Nurse (continued)

### 2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures

- identifies when resources are insufficient to meet care needs of individuals/groups
- communicates skill mix requirements to meet care needs of individuals/groups to management
- protects the rights of individuals and groups and facilitates informed decisions
- identifies and explains policies/practices which infringe on the rights of individuals or groups
- clarifies policies, procedures and guidelines when rights of individuals or groups are compromised
- recommends changes to policies, procedures and guidelines when rights are compromised

### 2.5 Understands and practises within own scope of practice

- seeks clarification when questions, directions and decisions are unclear or not understood
- undertakes decisions about care that are within scope of competence without consulting senior staff
- raises concerns about inappropriate delegation with the appropriate registered nurse
- demonstrates accountability and responsibility for own actions within nursing practice
- assesses consequences of various outcomes of decision making
- consults relevant members of the health care team when required
- questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team

### 2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care

- maintains a current knowledge base
- considers ethical responsibilities in all aspects of practice
- ensures privacy and confidentiality when providing care
- questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team

### 2.7 Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unlicensed care workers

- understands requirements of statutory and professionally regulated practice
- understands requirements for delegation and supervision of practice
- raises concerns about inappropriate delegation with relevant organisational or regulatory personnel

## National Competency Standards for the Registered Nurse (continued)

### Critical Thinking and Analysis

Relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.

#### 3. Practises within an evidence-based framework

3.1 Identifies the relevance of research to improving individual/group health outcomes

- identifies problems/issues in nursing practice which may be investigated through research
- considers potential for improvement in reviewing the outcomes of nursing activities and individual/group care
- discusses implications of research with colleagues
- participates in research
- demonstrates awareness of current research in own field of practice

3.2 Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care

- uses relevant literature and research findings to improve current practice
- participates in review of policies, procedures and guidelines based on relevant research
- identifies and disseminates relevant changes in practice or new information to colleagues
- recognises that judgements and decisions are aspects of nursing care
- recognises that nursing expertise varies with education, experience and context of practice

3.3 Demonstrates analytical skills in accessing and evaluating health information and research evidence

- demonstrates understanding of the registered nurse role in contributing to nursing research
- undertakes critical analysis of research findings in considering their application to practice
- maintains accurate documentation of information which could be used in nursing research
- clarifies when resources are not understood or their application is questionable

3.4 Supports and contributes to nursing and health care research

- participates in research
- identifies problems suitable for research

3.5 Participates in quality improvement activities

- recognises that quality improvement involves ongoing consideration, use and review of practice in relation to practice outcomes, standards and guidelines and new developments
- seeks feedback from a wide range of sources to improve the quality of nursing care
- participates in case review activities
- participates in clinical audits

## National Competency Standards for the Registered Nurse (continued)

### 4. Participates in ongoing professional development of self and others

#### 4.1 Uses best available evidence, standards and guidelines to evaluate nursing performance

- undertakes regular self-evaluation of own nursing practice
- seeks and considers feedback from colleagues about, and critically reflects on, own nursing practice
- participates actively in performance review processes

#### 4.2 Participates in professional development to enhance nursing practice

- reflects on own practice to identify professional development needs
- seeks additional knowledge and/or information when presented with unfamiliar situations
- seeks support from colleagues in identifying learning needs
- participates actively in ongoing professional development
- maintains records of involvement in professional development which includes both formal and informal activities

#### 4.3 Contributes to the professional development of others

- demonstrates an increasing responsibility to share knowledge with colleagues
- supports health care students to meet their learning objectives in cooperation with other members of the health care team
- facilitates mutual sharing of knowledge and experience with colleagues relating to individual/group/unit problems
- contributes to orientation and ongoing education programs
- acts as a role model to other members of the health care team
- participates where possible in preceptorship, coaching and mentoring to assist and develop colleagues
- participates where appropriate in teaching others including students of nursing and other health disciplines, and inexperienced nurses
- contributes to formal and informal professional development

#### 4.4 Uses appropriate strategies to manage own responses to the professional work environment

- identifies and uses support networks
- shares experiences related to professional issues mutually with colleagues
- uses reflective practice to identify personal needs and seek appropriate support

## National Competency Standards for the Registered Nurse (continued)

---

### Provision and Coordination of Care

Relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals/groups, planning, implementation and evaluation of care.

#### **5. Conducts a comprehensive and systematic nursing assessment**

5.1 Uses a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group

- approaches and organises assessment in a structured way
- uses all available evidence sources, including individuals/groups/significant others, health care team, records, reports, and own knowledge and experience
- collects data that relates to physiological, psychological, spiritual, socio-economic and cultural variables on an ongoing basis
- understands the role of research-based, and other forms of evidence
- confirms data with the individual/group and members of the health care team
- uses appropriate assessment tools and strategies to assist the collection of data
- frames questions in ways that indicate the use of a theoretical framework/structured approach
- ensures practice is sensitive and supportive to cultural issues

5.2 Uses a range of assessment techniques to collect relevant and accurate data

- uses a range of data gathering techniques, including observation, interview, physical examination and measurement in obtaining a nursing history and assessment
- collaboratively identifies actual and potential health problems through accurate interpretation of data
- accurately uses health care technologies in accordance with manufacturer's specification and organisational policy
- identifies deviations from normal, or improvements in the individual's/group's, health status
- identifies and incorporates the needs and preferences of individuals/group into a plan of care

5.3 Analyses and interprets assessment data accurately

- recognises that clinical judgements involve consideration of conflicting information and evidence
- identifies types and sources of supplementary information for nursing assessment
- describes the role of supplementary information in nursing assessment
- demonstrates knowledge of quantitative and qualitative data to assess individual/group needs

## National Competency Standards for the Registered Nurse (continued)

### **6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team**

#### **6.1 Determines agreed priorities for resolving health needs of individuals/groups**

- incorporates relevant assessment data in developing a plan for care
- determines priorities for care, based on nursing assessment of an individual's/group's needs for intervention, current nursing knowledge and research
- considers individual/group preferences when determining priorities for care actively in performance review processes

#### **6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement**

- establishes realistic short- and long-term goals that identify individual/group health outcomes and specify condition for achievement
- identifies goals that are measurable, achievable, and congruent with values and beliefs of the individual/group and/or significant others
- uses resources to support the achievement of outcomes
- identifies criteria for evaluation of expected outcomes

#### **6.3 Documents a plan of care to achieve expected outcomes**

- ensures that plans of care are based on an ongoing analysis of assessment data
- plans care that is consistent with current nursing knowledge and research
- documents plans of care clearly

#### **6.4 Plans for continuity of care to achieve expected outcomes**

- collaboratively supports the therapeutic interventions of other health team members
- information necessary for continuity of the plan of care is maintained and documented
- responds to individual/group or carer's educational needs
- provides or facilitates an individual/group or carer's resources and aids as required
- identifies and recommends appropriate agency, government and community resources to ensure continuity of care
- initiates necessary contacts and referrals to external agencies
- forwards all information needed for continuity of care when an individual/group is transferred to another facility or discharged

## National Competency Standards for the Registered Nurse (continued)

### 7. Provides comprehensive, safe and effective evidence - based nursing care to achieve identified individual/group health outcomes

#### 7.1 Effectively manages the nursing care of individuals/groups

- uses resources effectively and efficiently in providing care
- performs actions in a manner consistent with relevant nursing principles
- performs procedures confidently and safely
- monitors responses of individuals/groups throughout each intervention and adjusts care accordingly
- provides education and support to assist development and maintenance of independent living skills

#### 7.2 Provides nursing care according to the documented care or treatment plan

- acts consistently with the predetermined plan of care
- uses a range of appropriate strategies to facilitate the individual/group's achievement of short and long term expected goals

#### 7.3 Prioritises workload based on the individual's/group's needs, acuity and optimal time for intervention

- determines priorities for care, based on nursing assessment of an individual/group's needs for intervention, current nursing knowledge and research
- considers the individual/group's preferences when determining priorities for care

#### 7.4 Responds effectively to unexpected or rapidly changing situations

- responds effectively to emergencies
- maintains self-control in the clinical setting and under stress conditions
- implements crisis interventions and emergency routines as necessary
- maintains current knowledge of emergency plans and procedures to maximise effectiveness in crisis situations
- participates in emergency management practices and drills according to agency policy

#### 7.5 Delegates aspects of care to others according to their competence and scope of practice

- delegates aspects of care according to role, functions, capabilities and learning needs
- monitors aspects of care delegated to others and provides clarification/assistance as required
- recognises own accountabilities and responsibilities when delegating aspects of care to others
- delegates to and supervises others consistent with legislation and organisational policy

#### 7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately

- supervises and evaluates nursing care provided by others
- uses a range of direct and indirect techniques such as instructing, coaching, mentoring, and collaborating in the supervision and support of others
- provides support with documentation to nurses being supervised or to whom care has been delegated
- delegates activities consistent with scope of practice/competence

#### 7.7 Educates individuals/groups to promote independence and control over their health

- identifies and documents specific educational requirements and requests of individuals/groups
- undertakes formal and informal education sessions with individuals/groups as necessary
- identifies appropriate educational resources, including other health professionals

#### 7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care

- recognises when nursing resources are insufficient to meet an individual's/group's needs
- demonstrates flexibility in providing care where resources are limited
- recognises the responsibility to report to relevant persons when level of resources risks compromising the quality of care

**8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team**

8.1 Determines progress of individuals/groups toward planned outcomes

- recognises when individual's/group's progress and expected progress differ and modifies plans and actions accordingly
- discusses progress with the individual/group
- evaluates individual/group responses to interventions
- assesses the effectiveness of the plan of care in achieving planned outcomes

8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data

- revises expected outcomes, nursing interventions and priorities with any change in an individual's/group's condition, needs or situational variations
- communicates new information and revisions to members of the health care team as required

**Collaborative and Therapeutic Practice**

Relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to the nurse understanding their contribution to the interdisciplinary health care team.

**9. Establishes, maintains and appropriately concludes therapeutic relationships**

9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries

- demonstrates empathy, trust and respect for the dignity and potential of the individual/group
- interacts with individuals/groups in a supportive manner
- effectively initiates, maintains and concludes interpersonal interactions
- establishes rapport with individuals/groups that enhances their ability to express feelings, and fosters an appropriate context for expression of feeling
- understands the potential benefits of partnership approaches on nurse individual/group relationships
- demonstrates an understanding of standards and practices of professional boundaries and therapeutic relationships

9.2 Communicates effectively with individuals/groups to facilitate provision of care

- uses a range of effective communication techniques
- uses language appropriate to the context
- uses written and spoken communication skills appropriate to the needs of individuals/groups
- uses an interpreter where appropriate
- provides adequate time for discussion
- establishes, where possible, alternative communication methods for individuals/groups who are unable to verbalise
- uses open/closed questions appropriately



## National Competency Standards for the Registered Nurse (continued)

---

### 9.3 Uses appropriate strategies to promote an individual's/group's self-esteem, dignity, integrity and comfort

- identifies and uses strategies which encourage independence
- identifies and uses strategies which affirm individuality
- uses strategies which involve the family/significant others in care
- identifies and recommends appropriate support networks to individuals/groups
- identifies situations which may threaten the dignity/integrity of an individual/group
- implements measures to maintain dignity of individuals/groups during periods of self-care deficit
- implements measures to support individuals/groups experiencing emotional distress
- information is provided to individuals/groups to enhance their control over their own health care

### 9.4 Assists and supports individuals/groups to make informed health care decisions

- facilitates and encourages individual/group decision-making
- maintains and supports respect for an individual/group's decision through communication with other members of the interdisciplinary health care team
- arranges consultation to support individuals/groups to make informed decisions regarding health care

### 9.5 Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security

- demonstrates sensitivity, awareness and respect for cultural identity as part of an individual's/group's perceptions of security
- demonstrates sensitivity, awareness and respect in regard to an individual's/group's spiritual needs
- involves family and others in ensuring that cultural and spiritual needs are met
- identifies, eliminates or prevents environmental hazards where possible
- applies relevant principles to ensure the safe administration of therapeutic substances
- maintains standards for infection control
- applies ergonomic principles to prevent injury to individual/group and self
- prioritises safety problems
- adheres to occupational health and safety legislation
- modifies environmental factors to meet an individual's/group's comfort needs where possible
- promotes individual/group comfort throughout interventions
- uses ergonomic principles and appropriate aids to promote the individual/group's comfort

## National Competency Standards for the Registered Nurse (continued)

### 10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care

10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual's/group's needs and health care setting

- recognises the impact and role of population, primary health and partnership health care models
- recognises when to negotiate with, or refer to, other health care or service providers
- establishes positive and productive working relationships with colleagues
- recognises and understands the separate and interdependent roles and functions of health care team members

10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers

- explains the nursing role to the interdisciplinary team and service providers
- maintains confidentiality in discussions about an individual/group's needs and progress
- discusses individual/group care requirements with relevant members of the health care team
- collaborates with members of the health care team in decision making about care of individuals/groups
- demonstrates skills in written, verbal and electronic communication
- documents, as soon possible, forms of communication, nursing interventions and individual/group responses

10.3 Facilitates coordination of care to achieve agreed health outcomes

- adopts and implements a collaborative approach to practice
- participates in health care team activities
- demonstrates the necessary communication skills to manage avoidance, confusion and confrontation
- demonstrates the necessary communication skills to enable negotiation
- demonstrates an understanding of how collaboration has an impact on the safe and effective provision of comprehensive care
- establishes and maintains effective and collaborative working relationships with other members of the health care team
- consults with relevant health care professionals and service providers to facilitate continuity of care
- recognises the contribution of, and liaises with, relevant community and support services
- records information systematically in an accessible and retrievable form
- ensures that written communication is comprehensive, logical, legible, clear and concise, spelling is accurate and only acceptable abbreviations are used
- establishes and maintains documentation according to organisational guidelines and procedures

10.4 Collaborates with the health care team to inform policy and guideline development

- regularly consults policies and guidelines
- demonstrates awareness of changes to policies and guidelines
- attends meetings and participates in practice reviews and audits
- demonstrates understanding of the implications of national health strategies for nursing and health care practice

## Glossary

---

**ANMC:** Australian Nursing and Midwifery Council

**Appropriate:** Matching the circumstances, meeting needs of the individual, groups or situation

**Attributes:** Characteristics which underpin competent performance

**Core Competency Standards:** Essential competency standards for Standards registration or licensure.

**Competence:** The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

**Competent:** The person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of nurse being assessed.

**Competency Unit:** Represents a major function/functional area in the total competencies of a Registered Nurse in a nursing context representing a stand-alone function which can be performed by the individual.

**Competency Element:** Represents a sub-function of the competency unit.

**Competency Standards:** Consists of competency units and competency elements.

**Contexts:** The setting/environment where competence can be demonstrated or applied.

**Cues:** Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

**Domain:** An organised cluster of competencies in nursing practice.

**Enrolled Nurse:** A person licensed under an Australian State or Territory Nurses Act or Health Professionals Act to provide nursing care under the supervision of a Registered Nurse. Referred to as a Registered Nurse Division II in Victoria.

**Exemplars:** Concrete, key examples chosen to be typical of competence. They are not the standard but are indicative of the standard

**Registered Nurse:** A person licensed to practice nursing under an Australian State or Territory Nurses Act or Health Professionals Act. Referred to as a Registered Nurse Division 1 in Victoria.

This work is copyright January 2006. Apart from any use as permitted under the Copyright Act 1968, no part of this work may be reproduced by any means electronic or otherwise without the written permission of the copyright holders. Requests and enquiries concerning reproduction rights should be addressed to the Chief Executive Officer, Australian Nursing and Midwifery Council.

The ANMC acknowledges that the methods and processes in assessment of competencies will be further developed, and that the content of this document will be reviewed in three years. Comments should be addressed to:

**Australian Nursing & Midwifery Council**

T +61 2 6257 7960

F +61 2 6257 7955

PO Box 873

Dickson ACT 2602

AUSTRALIA

[www.anmc.org.au](http://www.anmc.org.au)

# Codes and Guidelines

The Nursing and Midwifery Board of Australia approves codes and guidelines to provide guidance to the professions. These also help to clarify our views and expectations on a range of issues.

## On this page...

### Codes

- [Codes of ethics](#)
- [Codes of professional conduct](#)

### Guidelines

- [Competency standards](#)
- [Decision making framework](#)
- [Guidelines for registration standards](#)
- [Principles for the assessment of national competency standards](#)
- [Professional boundaries](#)
- [Professional practice guidelines](#)
- [Re-entry to practice policy](#) (354 KB,PDF)

### Codes of Ethics

- [Code of Ethics for Midwives](#) (661 KB,PDF)
- [Code of Ethics for Nurses](#) (453 KB,PDF)

### Codes of Professional Conduct

- [Code of Professional Conduct for Midwives](#) (575 KB,PDF)
- [Code of Professional Conduct for Nurses](#) (510 KB,PDF)

### Competency Standards

- [Competency Standards for the Nurse Practitioner](#) (136 KB,PDF)
- [EN Competency Standards August 2002](#) (472 KB,PDF)
- [Midwifery Competency Standards January 2006](#) (886 KB,PDF)
- [RN Competency Standards January 2006](#) (506 KB,PDF)

### Decision Making Framework

- [DMF A3 Midwifery Flowchart - Final 2010](#) (235 KB,PDF)
- [DMF A3 Nursing Flowchart Final 2010](#) (266 KB,PDF)
- [DMF A4 Midwifery Summary Guide Final 2010](#) (175 KB,PDF)
- [DMF A4 Nursing Summary Guide Final 2010](#) (209 KB,PDF)
- [National Framework for the Development of Decision-making Tools for Nursing and Midwifery Practice](#) (438 KB,PDF)

## Guidelines for Registration Standards

### Midwives

The Board has developed supplementary [Guidelines for Professional Indemnity Insurance Arrangements for Midwives](#) (551 KB,PDF) for the [Nursing and Midwifery Professional Indemnity Insurance Arrangements Registration Standard](#).

### Eligible Midwives

The Board has used the Safety and Quality Framework (S&QF) developed by the Victorian Government at the request of Australian Health Ministerial Advisory Council and incorporated the principles of the S&QF into all new documents relating to midwifery practice. These include the Guidelines and Assessment Framework for Registration Standard for Eligible Midwives and Endorsement for Scheduled Medicines. The principles underpinning the Framework will continue to be used in all future policy documents relating to midwifery.

- [Guidelines and Assessment Framework for the Registration Standard for Eligible Midwives and Endorsement for Scheduled Medicines](#) (486 KB,PDF)
- [Safety and Quality Framework](#) (291 KB,PDF)

### Nurses

Guidelines for Professional Indemnity Insurance Arrangements for Nurses are in development.

### Nurse Practitioner

- [Guidelines on Endorsement as a Nurse Practitioner](#) (502 KB,PDF)
- [Nurse Practitioner - Requirements for Portfolio - Pathway 1](#) (414 KB,PDF)
- [Nurse Practitioner - Requirements for Portfolio - Pathway 2](#) (168 KB,PDF)

## Principles for the Assessment of National Competency Standards

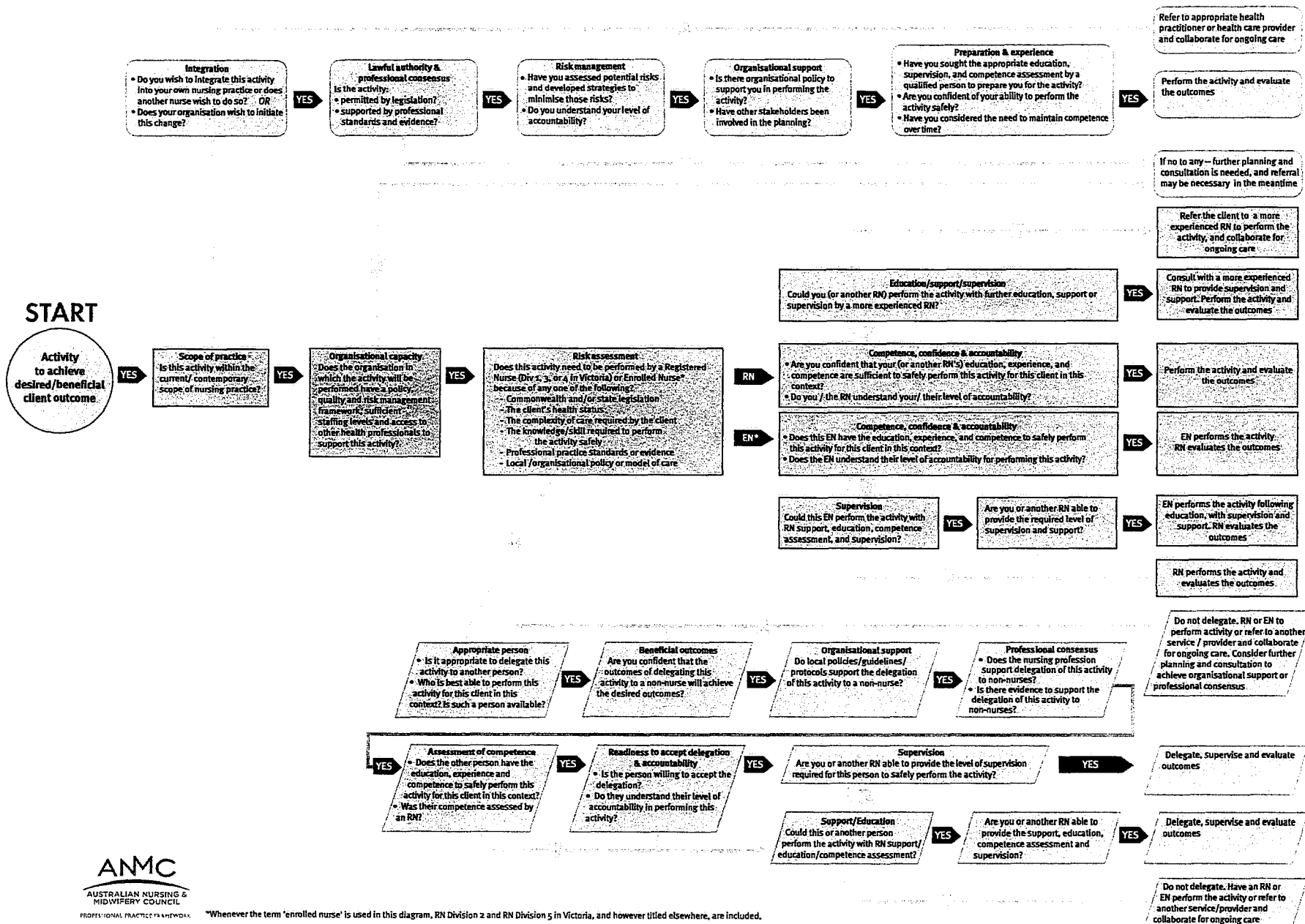
- [Principles for the Assessment](#) (597 KB,PDF)

## Professional Boundaries

- [Professional Boundaries for Midwives - March 2010](#) (1.00 MB,PDF)
- [Professional Boundaries for Nurses - March 2010](#) (1.30 MB,PDF)

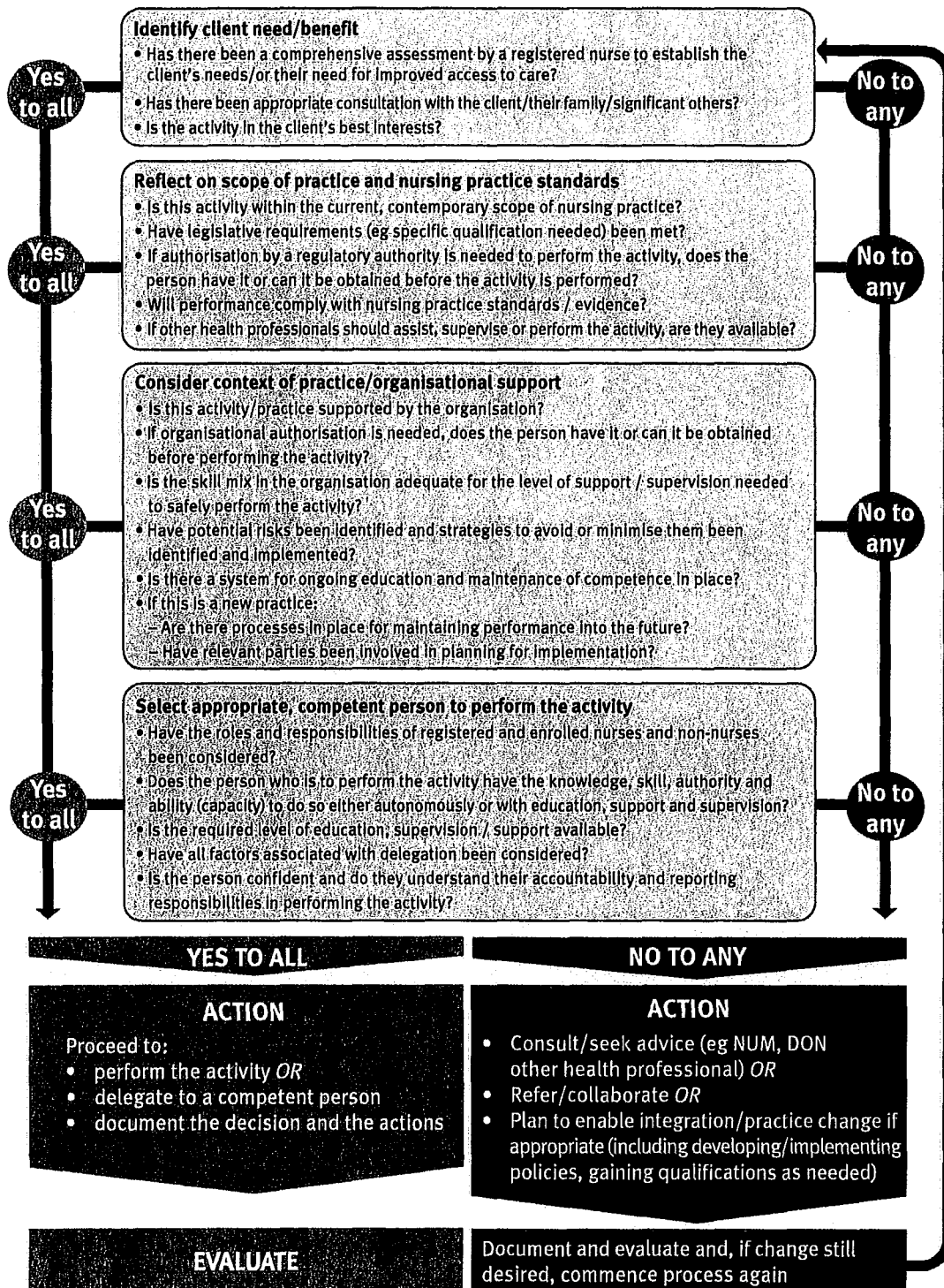
## Professional Practice Guidelines

- [Nursing and Midwifery - Guidelines for Advertising of Regulated Health Services](#) (425 KB,PDF)
- [Nursing and Midwifery - Guidelines for Mandatory Notifications](#) (383 KB,PDF)



# NURSING PRACTICE DECISIONS SUMMARY GUIDE

[NOTE: the order in which these issues are considered may vary according to context]





ANMICS

Australian Nursing and  
Midwifery Council

Australian Nursing and  
Midwifery Council

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

September 2007



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



SEPTEMBER 2007

Published by ANMC September 2007

© Australian Nursing and Midwifery Council

This work is copyright. Apart from any use permitted under the *Copyright Act 1968*, no part of this work may be reproduced by any means, electronic or otherwise, without prior written permission of the copyright holders. Requests and enquiries concerning reproduction rights should be addressed to the Chief Executive Officer, Australian Nursing and Midwifery Council, PO Box 873, Dickson ACT 2602 Australia.

ISBN 0-9775108-4-9

# CONTENTS

<b>Introduction</b>	<b>1</b>
The ANMC	1
The national decision-making framework	1
Purpose of the framework	2
Scope of practice of a profession	2
Scope of practice of an individual	2
<b>National principles for the development of decision-making tools</b>	<b>3</b>
The national principles	3
<b>Template tools for decision-making in nursing or midwifery practice</b>	<b>4</b>
Preface	4
Use of the template tools	5
Rationale for developing the template tools	6
<b>Guide for nursing practice decisions</b>	<b>7</b>
Nursing practice decision flowchart narrative	9
insert flow chart & summary guide	12
<b>Guide of midwifery practice decisions</b>	<b>14</b>
Midwifery practice decision flowchart narrative	16
Insert flow chart and summary	19
<b>Glossary</b>	<b>20</b>
<b>References</b>	<b>27</b>



# INTRODUCTION

## The ANMC

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

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

## The national decision-making framework

The national framework consists of two parts. The first is a set of principles that form the foundation for the development and evaluation of decision-making tools. The second contains two templates for decision-making tools, one for nursing (registered and enrolled nurses<sup>1</sup>) and one for midwifery, in recognition of the differences between the two professions. Terms that are underlined in the text are expanded on in the 'Explanations of terms' used in the 'Template tools' section of this document.

---

### National decision-making framework

#### National Principles for the Development of Decision-Making Tools

##### Templates for Tools for Nursing and Midwifery Practice Decisions

###### Guide for nursing practice decisions

Nursing practice decision flowchart and narrative

Nursing practice decision-making summary diagram

###### Guide for midwifery practice decisions

Midwifery practice decision flowchart and narrative

Midwifery practice decision-making summary diagram

#### Explanations of Terms used in the Template Tools

---

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

# Purpose of the framework

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

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

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

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

## Scope of practice of a profession

A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.

Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

## Scope of practice of an individual

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

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

# NATIONAL PRINCIPLES FOR THE DEVELOPMENT OF DECISION-MAKING TOOLS

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

## The national principles

Decision-making tools:

- guide nurses and midwives in making decisions about everyday practice and changes to practice over time to meet the health needs of the community

- facilitate planning, negotiation and implementation of practice change for individuals or groups of nurses and midwives to meet the health needs of the community

- acknowledge that the promotion and provision of quality health services for individual consumers and for the broader community are the drivers for change in practice

- enhance safety and quality when integrated with a comprehensive approach to managing risk

- recognise and apply to all domains and contexts of practice

- facilitate responsiveness to consumers' needs by health workers through changes to the repertoire of skills of individuals or groups by:

- evolution of new practice areas/capabilities
- negotiation among health workers and between health workers and employers
- making or accepting delegations.

- acknowledge the following determinants of practice and how they may limit or enable practice change:

- legislated authority or restrictions on professional practice
- professional standards of practice
- evidence for practice
- individual capability (knowledge, skill and competence) for practice
- contextual/organisational support for practice

- that are a part of the professional practice frameworks used by nursing and midwifery regulatory authorities and in the self assessment of practice, state explicitly and transparently the role of the tools in circumstances where a nurse or midwife may be called to account for their practice decisions.

# TEMPLATE TOOLS FOR DECISION-MAKING IN NURSING OR MIDWIFERY PRACTICE

## Preface

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

A nursing or midwifery practice decision-making tool is part of the nursing and midwifery regulatory authority's professional practice framework ensuring that nursing and midwifery care are provided in the public interest. Decisions<sup>2</sup> about nursing or midwifery practice using these template tools are therefore made by those who are best qualified and competent to do so — registered nurses<sup>3</sup> and midwives.

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

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

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



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

## Use of the template tools

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

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

The template tools provide a mechanism for:

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

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

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

# Rationale for developing the template tools

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

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

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

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

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

# GUIDE FOR NURSING PRACTICE DECISIONS

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

## Statements of principle

1. The primary motivation for any decision about a care activity is to meet clients' health needs or to enhance health outcomes.
2. Nurses are accountable for making professional judgements about when an activity is beyond their own capacity or scope of practice and for initiating consultation with, or referral to, other members of the health care team.

## Explanatory statements

Decisions about activities are made in a planned and careful fashion and:

- whenever possible, in partnership with the client, their families and support network and in collaboration with other members of the multidisciplinary health care team
- based on a comprehensive assessment of the client and the client's needs
- only where there is a justifiable, evidence-based reason to perform the activity
- after identifying the potential risks/hazards associated with the care activity, and strategies to avoid them.

Judgements are made in a collaborative way, through consultation and negotiation with other members of the health care team, and are based on considerations of:

- lawfulness (legislation and common law)
- compliance with evidence, professional standards, and regulatory standards, policies and guidelines
- which is the most appropriate discipline to provide the education and competence assessment for the activity
- context of practice and the service provider/employer's policies and protocols
- whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice.

Nurses wishing to integrate into their own practice activities not currently part of the accepted, contemporary scope of nursing practice must ensure that:

- they have the necessary educational preparation and experience to do so safely
- their competence has been assessed by a qualified, competent health professional or provider (who may be a more experienced/qualified registered nurse)
- they are confident of their ability to perform the activity safely
- they have any necessary authorisations or certifications and organisational support.

### Statements of principle

3. Registered nurses are accountable for making decisions about who is the most appropriate person to perform an activity that is in the nursing plan of care.

[Enrolled nurses are accountable for making decisions about their own practice and about what is within their own capacity and scope of practice.]

4. Nursing practice decisions are best made in a collaborative context of planning, risk management, and evaluation.

### Explanatory statements

Decisions about nursing practice are made, in partnership with the client whenever possible, to ensure that the right person (nurse or non-nurse) is in the right place to provide the right service for the client at the right time.

Decisions are based on, justified and supported by, considerations of whether:

- there is legislative or professional requirement for the activity to be performed by a particular category of health professional or health care worker
- the registered nurse has completed a comprehensive health assessment of the client's needs
- there is an organisational requirement for an authority/certification/credential to perform the activity
- the level of education, knowledge, experience, skill and assessed competence of the person who will perform an activity that has been delegated to them by a registered nurse from a nursing plan of care has been ascertained by a registered nurse
- the person is competent, confident of their ability to perform the activity safely, or is ready to accept the delegation, and understands their level of accountability for performing the activity
- the appropriate level of clinically-focussed supervision can be provided by a registered nurse for a person performing an activity delegated to them by a registered nurse
- the organisation in which the nurse works has an appropriate policy, quality and risk management framework, sufficient staffing levels, appropriate skill mix and adequate access to other health professionals to support the person performing the activity, and to support the decision-maker in providing support and clinically-focussed supervision.

Organisational employers/managers, other health workers and nurses share a joint responsibility to create and maintain:

- environments (including resources, education, policy, evaluation and competence assessment) that support safe decisions and competent, evidence-based practice to the full extent of the scope of nursing practice
- processes for providing continuing education, skill development and appropriate clinically-focussed supervision
- infrastructure that supports and promotes autonomous and interdependent practice, transparent accountability, and ongoing evaluation of the outcomes of care and nursing practice decisions.

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

## Nursing practice decision flowchart narrative

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

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

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

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

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

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

If the **activity is NOT within the current contemporary scope of nursing practice**, the registered nurse<sup>4</sup> will need to consider whether she/he (or another nurse) wishes to integrate the activity into their own nursing practice and/or whether the employer wishes to initiate a change within the organisation.

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

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

These factors include whether:

- the activity can legally be performed by a nurse, with due consideration given to the need for the client to consent to the activity being performed by a nurse if at all possible
- professional standards would support a nurse performing the activity
- a risk assessment has found no risks indicating that the activity should be performed by another qualified person/service
- consultation and planning with all relevant stakeholders<sup>5</sup> has occurred
- the organisation in which the activity is to be performed is prepared to support the nurse in performing the activity
- the nurse has the education, authorisation, experience, capacity, competence and confidence to safely perform the activity.

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

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

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

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

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

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

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

If the registered nurse decides that the activity can be performed by a non-nurse<sup>6</sup>, the registered nurse will need to consider, within a risk management framework, who the most appropriate person (eg nursing student<sup>7</sup>, Aboriginal or Torres Strait Islander Health Worker<sup>8</sup>, support worker, volunteer, family member, carer, other) is to perform the activity. In making this decision, the registered nurse will need to decide whether:

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

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

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

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

If **all** of these factors are positive, then the registered nurse can delegate<sup>9</sup> the activity and ensure that the appropriate level of supervision is provided. If any of these factors is negative, the activity should not be delegated. In the absence of another competent non-nurse, or if necessary additional support (education, competence assessment, supervision etc) cannot be provided, the activity should either be performed by a nurse or referred to another service provider. In the latter case, the registered nurse would continue to collaborate to ensure the provision of any ongoing nursing care required by the client. Further consultation and planning may be necessary to achieve changes at the organisational or professional level to permit delegation in future, if this is considered appropriate.

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

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





# GUIDE FOR MIDWIFERY PRACTICE DECISIONS

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

## Statements of principle

1. The primary motivation for any decision about a care activity is to meet women's or babies' health needs or to enhance health outcomes.

2. Midwives are accountable for making professional judgements about when an activity is beyond their own capacity or scope of practice and for initiating consultation with, or referral to, other members of the health care team.

## Explanatory statements

Decisions about activities are made in a planned and careful fashion and: in partnership with the woman, and in collaboration with other members of the multidisciplinary health care team by a midwife, based on a comprehensive assessment of the woman/newborn and their needs only where there is a justifiable, evidence-based reason to perform the activity after identifying the potential risks/hazards associated with the care activity, and strategies to avoid them.

Judgements are made in a collaborative way, through consultation and negotiation with women and other members of the health care team, and are based on considerations of:

- lawfulness (legislation and common law)
- compliance with evidence, professional standards, policies and guidelines
- which discipline should provide the education and competence assessment for the activity
- the context of practice and the service provider/employer's policies and protocols
- whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice.

Midwives wishing to integrate activities that are not currently part of the accepted contemporary scope of midwifery practice into their own practice ensure that:

- they have the necessary educational preparation and experience to do so safely
- their competence has been assessed by a qualified, competent health professional or health service provider (who may be a more experienced midwife)
- they are confident of their ability to perform the activity safely
- they have any necessary authorisations or certifications and organisational support.

### Statements of principle

3. Midwives are accountable for making decisions about who is the most appropriate person to perform an activity that is in the midwifery plan of care and would currently normally be performed by a midwife.

4. Midwifery practice decisions are best made in a collaborative context of planning, risk management, and evaluation.

### Explanatory statements

Decisions about midwifery practice are made by midwives in partnership with the woman to ensure that the right person (midwife or non-midwife) is in the right place to provide the right service for the woman/newborn at the right time.

Decisions are based on, justified and supported by, considerations of whether:

- there is a legislative or professional requirement for the activity to be performed by a particular category of health professional or health care worker
- the midwife has assessed the woman's or newborn's needs and determined with the woman that the activity should be performed by a particular category of health professional or health care worker
- there is an organisational requirement for an authority/certification/credential to perform the activity
- the level of education, knowledge, experience, skill and assessed competence of the person who will perform an activity that has been delegated to them by a midwife from a midwifery plan of care, has been ascertained by a midwife to ensure the activity will be performed safely the person is competent and confident of their ability to perform the activity safely, or is ready to accept delegation, and understands their level of accountability in performing the activity
- the appropriate level of clinically-focussed supervision can be provided by a midwife for a person performing an activity delegated to them by a midwife
- the organisation in which the midwife works has an appropriate policy, quality and risk management framework, sufficient staffing levels, appropriate skill mix and adequate access to other health professionals to support the person performing the activity, and to support the decision maker in providing support and clinically-focussed supervision.

Organisational employers/managers, other health workers and midwives share a joint responsibility to create and maintain:

- environments (including resources, education, policy, evaluation and competence assessment) that support safe decisions and competent, evidence-based practice to the full extent of the scope of midwifery practice
- processes for providing continuing education, skill development and appropriate clinically-focussed supervision
- infrastructure that supports and promotes autonomous and interdependent practice, transparent accountability, and ongoing evaluation of the outcomes of care and practice decisions.

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

## Midwifery practice decision flowchart narrative

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

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

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

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

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

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

- the activity can legally be performed by a midwife, with due consideration given to the need for the woman to consent to the activity being performed by a midwife
- professional standards would support a midwife performing the activity
- a risk assessment has found no risks indicating that the activity should be performed by another qualified person/service
- the organisation in which the activity is to be performed is prepared to support the midwife in performing the activity
- consultation and planning with all relevant stakeholders<sup>10</sup> have occurred
- the midwife has the education, authorisation, experience, competence and confidence to safely perform the activity.

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

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

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

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

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

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

If the midwife decides that the activity can be performed by a non-midwife<sup>11</sup>, the midwife will need to consider, within a risk management framework, who the most appropriate person (midwifery student<sup>12</sup>, nurse, Aboriginal or Torres Strait Islander Health Worker<sup>13</sup>, support worker, volunteer, family member, carer, other) is to perform the activity. In making this decision, the midwife will need to decide whether:

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

<sup>11</sup> A non-midwife is any person who is not authorised to practise as a midwife

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

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

If **all** of these factors are positive, then the midwife can delegate<sup>14</sup> the activity and ensure that the appropriate level of supervision is provided. If any of these factors is negative, the activity should not be delegated. In the absence of another competent non-midwife, or if necessary additional support (education, competence assessment, supervision etc) cannot be provided, the activity should either be performed by a midwife or referred to another service provider. In the latter case, the midwife would continue to collaborate to ensure the provision of any ongoing midwifery care that was required by the woman or newborn. Further consultation and planning may be necessary to achieve changes at the organisational or professional level to permit delegation in future, if this is considered appropriate.

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

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

# GLOSSARY

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

## **Accountability/accountable**

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

## **Activity/activities**

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

## **Collaboration/collaborate**

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

## **Competence/competent**

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

## Competence assessment

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

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

## Comprehensive (health) assessment

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

## Consultation/consult

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

## Consumer

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

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

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

## Context

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

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

## Delegation/delegate

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

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

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

### Responsibilities when delegating

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

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

### Responsibilities when accepting a delegation

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

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

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



## Education

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

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

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

## Enrolled nurse

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

## Evaluation/evaluate

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

## Legislation/legislative

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

## Midwife/midwifery practice

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

## Non-nurse, non-midwife/support workers

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

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

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

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

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

### **Nurse/nursing practice**

See registered nurse and enrolled nurse.

### **Organisation/organisational support**

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

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

### **Other health professional/service provider**

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

### **Refer/referral**

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

### **Registered nurse**

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

## Risk assessment/risk management

An effective risk management system is one incorporating strategies to:

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

## Scope of practice

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

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

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

## Student

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

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

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

## Supervision/supervise

There are three types of supervision in a practice context:

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

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

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

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

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

**Indirect supervision** is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised.

### Support workers

See non-nurse, non-midwife.

### Volunteers/family members

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

# REFERENCES

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

- An Bord Altranais (2000) *Scope of Nursing and Midwifery Practice Framework*
- Australian College of Midwives Inc (2004) *National Midwifery Guidelines for Consultation and Referral*
- Nurses Board of South Australia (2006) *A Scope of Practice Decision-Making Tool.*
- Nursing Board of Tasmania (2006) *Final Report on the implementation of a scope of practice decision-making framework.*
- Nurses Board of Victoria (2005) Discussion Document - Guidelines Determining the Scope of Nursing and Midwifery Practice
- Nurses Board of Western Australia (2005) *Report of the Scope of Nursing Practice Project Implementation (Phase 2)*
- Queensland Nursing Council (2005) *Scope of Practice Framework for Nurses and Midwives*

