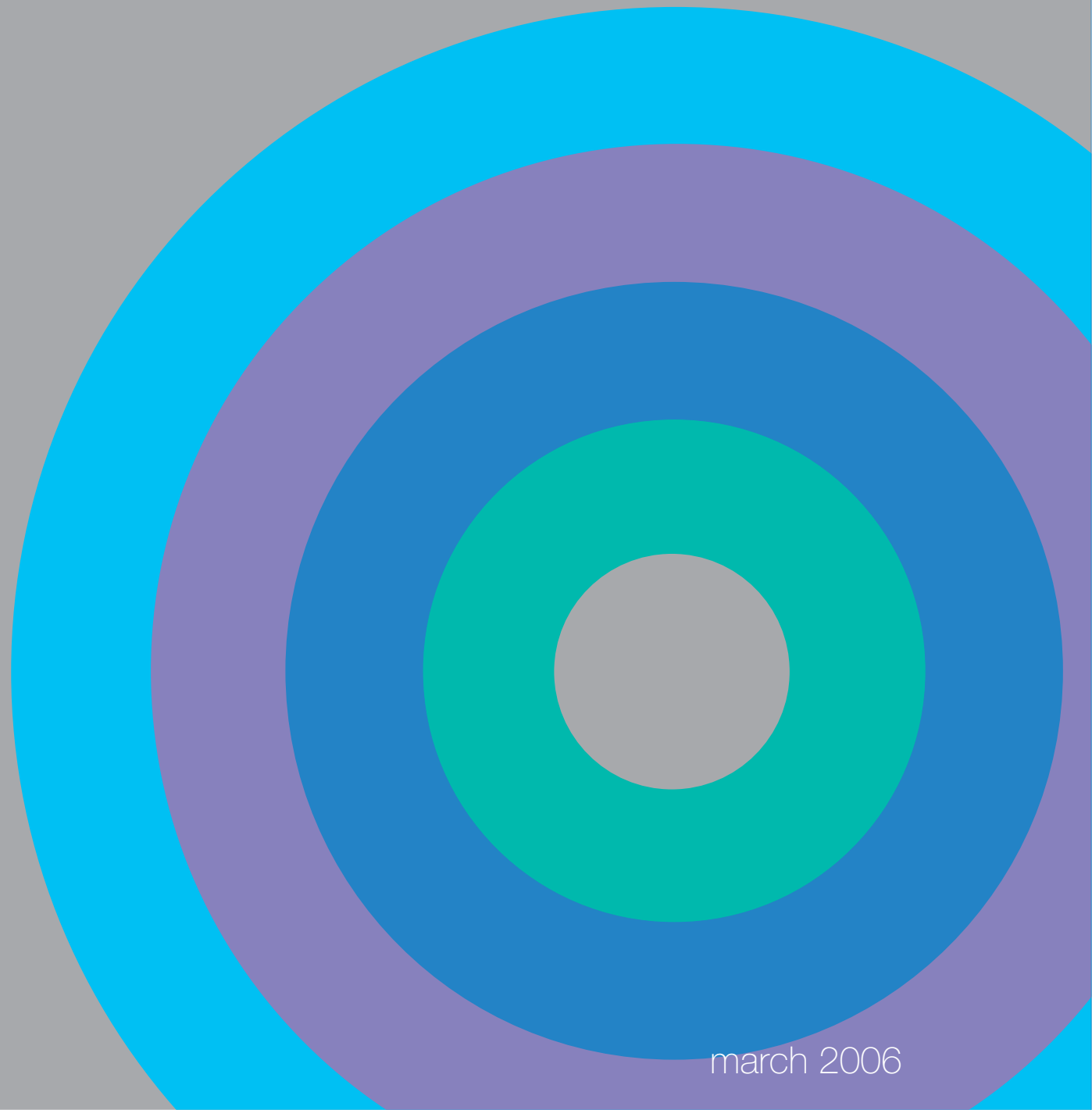


a scope of practice decision making tool





nursesboardsouthaustralia



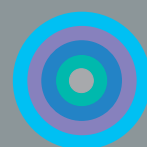
march 2006

The Nurses Board of South Australia

The Nurses Board of South Australia (**nbsa**) has the mandate under the legislation to regulate the practice of nursing and midwifery in the public interest and to determine the scope of nursing and midwifery practice. The Board does so with a view to ensuring that the community is adequately provided with nursing and midwifery care of the highest standard and to achieve and maintain the highest professional standards of competence and conduct.

Decision making in nursing and midwifery practice is complex and dependent on a range of inter-related factors. Using **A Scope of Practice Decision Making Tool** will assist nurses, midwives, employers and policy makers in understanding and considering these factors in relation to decisions and discussions about practice.

The **nbsa** acknowledges and commends the work undertaken by the Queensland Nursing Council (QNC) in leading the way in the development of the QNC Scope of Practice Decision Making Framework (October) 1998 and the review undertaken in 2004 as well as the work of the Nurses Board of Western Australia Framework (NBWA). Although the **nbsa** Tool has been developed in the context of practice in South Australia it has been based on and is consistent with the QNC and NBWA Frameworks. The **nbsa** supports the establishment of nationally consistent frameworks for scope of practice decision making.



The Nurses Board of South Australia upholds that no nurse or midwife may be directed, pressured or compelled by an employer, or any other person in a position of authority, to engage in any practice that falls short of, or is in breach of any professional standard, guideline and/or code of conduct or practice.

Purpose of the Tool

The purpose of the **nbsa A Scope of Practice Decision Making Tool** is to assist in decision making processes and self assessment by nurses, midwives and their employers to critically examine and expand their scope of practice where appropriate.

- This applies equally to a registered nurse or midwife whether in a clinical setting providing direct care, a Nursing or Midwifery Manager, Educator or Researcher or a Director of Nursing/Midwifery.
- In endorsing this Tool the **nbsa** aims to provide a framework for
 - nurses and midwives to use when considering, determining and self assessing their individual practice
 - employers, managers, and policy makers to interpret, plan and apply to practice
 - stimulating discussion regarding professional issues and raising awareness in relation to scope of practice and decision making
 - the **nbsa** to use in investigating and assessing complaints of unprofessional conduct

1 Introduction	4
Scope of Practice of the Individual	4
Scope of Practice of the Professions	4
2 Statements for Consideration in Relation to Scope of Practice	5
3 Regulation of Practice	6
4 Legislation, Standards and Codes of Practice	7
5 Scope of Nursing Practice	8
Principles Underpinning Scope of Nursing Practice	9
6 Scope of Midwifery Practice	10
Principles Underpinning Scope of Midwifery Practice	11
7 Levels of Scope of Practice Decision Making	12
Scope of Practice Decision Making	13
8 Scope of Practice Decision Making	14
Scope of Practice Decision Making Flowchart	16
9 Enabling and Expanding Scope of Practice	17
Enabling Individuals to work within the full Scope of Practice of their Profession	17
Expanding Scope of Practice of the Professions	17
Principles for Enabling and Expanding Scope of Practice	18
Enabling /Expanding Scope of Practice – Planning Flowchart	19
10 Professional Collaboration and Inter-relationships	20
Principles for Professional Collaborative Relationships between Registered Nurses and Midwives	22
Nursing and Midwifery Professional Role Relationships	23
11 Explanatory Statements	24
Glossary of Terms	
1 Education and Knowledge	25
2 Competence and Authorisation	26
3 Continuum of Practice	27
4 Accountability and Responsibility	29
5 Delegation and Supervision	30
6 Self Assessment and Self Regulation	32
Related Documents, Resources and Acknowledgements	33

Scope of Practice of the Individual

The scope of practice of a nurse or midwife is that which they are

- **educated**
- **authorised &**
- **competent to perform**

The scope of practice of an individual nurse or midwife may be more specifically defined than the scope of the profession. To practice within the full scope of practice of the profession may require individuals updating or expanding their knowledge, skills and competence.

Scope of Practice of the Professions

The scope of nursing and midwifery practice refers to the broad framework and context of practice of the professions including

- **the range of roles**
- **functions and responsibilities &**
- **decision making capacity**

which nurses and midwives perform in the context of their practice.

Some functions within the scope of practice of the profession may be shared with other professions or other providers. Scope of nursing and midwifery practice is influenced by the setting and environment, policy, education, standards and the health needs of the population.

Regulatory context

- Nurses and midwives are increasingly taking on expanded roles and activities in the interest of comprehensively addressing client needs in a safe and cost effective environment. At the same time, nurses and midwives are reclaiming roles and activities that were previously within their responsibilities. Nurses and midwives are still expected to maintain the core aspects underpinning the philosophy of care and caring. **Nursing and midwifery is not moving incrementally forward rather it is concentrically expanding.**
- Nursing and midwifery practice has moved toward broad, enabling scope of practice frameworks which support nurses and midwives as professionals to make decisions about and within the professions' scope of practice. The professions have moved away from prescriptive policy and certification of tasks and activities.
- Decision making within scope of practice needs to be structured and based on a defined framework which supports and guides nursing and midwifery practice in a contemporary and accountable manner. The **nbsa** has the mandate under the *Act* to determine this framework.
- Scope of practice decision making within a sound risk management, professional, regulatory and legal framework should be seen as an enabling process for nurses and midwives to work within their full and potential scope of practice and not merely the addition of tasks and activities.

Responsibility

- As self regulating professionals, nurses and midwives must be able to assess and articulate their own competence and scope of practice.
- Nurses and midwives should proactively lead the development of nursing and midwifery practice to meet client needs rather than reactively adopting roles through health industry transition and change.

Influences

- Historically, scope of practice decision making has often been reactive and unplanned without due consideration and support. This has resulted in decisions being made on an ad hoc basis which may vary between settings and individuals.
- Influences on scope of nursing and midwifery practice include changes in technology, legislation, community expectation, resources, collective vision of the nursing and midwifery professions themselves and work practices of other health professions and providers.
- Changes occurring within the nursing and midwifery professions include methods of delivery of care, increased specialisation, increased autonomy and accountability, emerging new health provider roles, changes in structure and funding of education, reducing resources and reduced numbers of nurses and midwives and an aging workforce.
- The scope of nursing and midwifery practice is broader than that of the individual nurse or midwife, the broadest parameters of which are set by legislation and professional standards and the individual parameters determined by organisational policy, culture and individual competence, knowledge and skill.

3 Regulation of Practice

In South Australia the regulation of nurses and midwives is legislated under the **Nurses Act 1999 (currently under review)**

Registration and Enrolment

A person is eligible for registration as a nurse or midwife or enrolment as a nurse on an appropriate part of the register if the person -

- has qualifications approved or recognised by the Board for the purpose of registration under this Act and
- has met the requirements determined by the Board for the purpose of registration or enrolment under this Act and
- is a fit and proper person to be a nurse or midwife.

Title Protection

The titles *nurse* and *midwife* are protected under statutory legislation. This means to use the title *nurse* or *midwife*, a person must be registered or enrolled under this Act.

Practicing Certificate and Self Declaration of Competence

A nurse or midwife practicing in South Australia must hold a certificate of registration or enrolment from the Nurses Board of South Australia as evidence that they are registered or enrolled in South Australia and have been authorised to practice as a nurse or midwife on the basis of their qualifications and competence for practice. Nurses and midwives are required to renew their certificate of registration or enrolment annually and must reflect on their practice and competence and sign a self declaration that they are competent in the areas in which they practice.

Registered Nurse

A registered nurse is authorised to practice without supervision and is accountable and responsible for the provision of nursing care. The registered nurse is further accountable for assessment and decisions in relation to delegation and supervision (both direct and indirect) to enrolled nurses and unlicensed healthcare workers. The registered nurse cannot delegate this accountability. In South Australia nurses on the register include *registered general nurses, mental health nurses and nurse practitioners*.

Enrolled Nurse

An enrolled nurse practices under the supervision (direct or indirect) of a registered nurse. The enrolled nurse retains responsibility for their actions and remains accountable to the registered nurse for all delegated decisions and functions. In South Australia enrolled nurses who meet specific requirements may apply to the Board for authorisation to work without the supervision of a registered nurse.

Midwife

A midwife is authorised to practice without supervision and is accountable and responsible for the provision of midwifery care. The midwife is further accountable for assessment and decisions in relation to delegation and supervision (both direct and indirect) to enrolled nurses. The midwife cannot delegate this accountability. In South Australia midwives on the register include midwives with midwifery and nursing qualifications and midwives with direct entry midwifery qualifications.

Mental Health Nurse

A mental health nurse is authorised to practice in mental health without supervision and is accountable and responsible for the provision of nursing care. The mental health nurse is further accountable for assessment and decisions in relation to delegation and supervision (both direct and indirect) to enrolled nurses. The mental health nurse cannot delegate this accountability.

Nurse Practitioner

A nurse practitioner is a registered nurse authorised to function in an advanced and extended clinical role. The scope of practice of the nurse practitioner will be determined by the context in which the nurse practitioner is authorised to practice. A Nurse Practitioner in South Australia may have completed a Masters level qualification.

4 Legislation, Standards and Codes of Practice

Nurses and midwives are accountable to the public, the **nbsa**, their employer and their profession for the provision of the highest standard of nursing or midwifery care. As regulated professionals nurses and midwives are required to meet mandatory (essential) educational requirements and demonstrate achievement and maintenance of professional standards, competencies and codes of conduct. Nurses and midwives are required to be competent in their area of practice and ensuring continuing competence through ongoing self assessment and self regulation.

In South Australia nurses and midwives are expected to practice in a manner consistent with the following:

	RN	RMHN	RN/RM	RM	EN	NP
National Context						
ANMC Competency Standards for Registered Nurse	✓	✓	✓			✓
ANMC Competency Standards for Enrolled Nurse ✓					✓	
ANMC Code of Ethics ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
ANMC Code of Conduct ✓ ✓	✓	✓	✓	✓	✓	✓
ANMC Competency Standards for Midwives ✓ ✓			✓	✓		
ACMI Competency Standards for Midwives ✓ ✓			✓	✓		
ANMC Competency Standards for the Nurse Practitioners ✓						✓
ANMC Scope of Practice Decision Making Framework * ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
ANZCMHN Competency Standards for Mental Health Nurses ✓ ✓		✓				✓+
South Australian Context						
Nurses Act 1999 ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
nbsa Standards for Medication Management ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
nbsa Standards for Use of Restraint ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
nbsa Standards for Therapeutic Relationships Professional Boundaries ✓	✓	✓	✓	✓	✓	✓
nbsa Professional Practice Standards for Nurse Practitioners ✓						✓
nbsa Standards for ENs to Practice without Supervision					✓#	
nbsa Scope of Practice Decision Making Tool ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
nbsa Guidelines for Documentation * ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
nbsa Enrolled Nurse Scope of Practice *					✓	
Other relevant Professional Practice Standards						
Other relevant professional practice standards consistent with their area of practice ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
Organisational policy and procedure ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓	✓	✓	✓	✓	✓
Other legislative standards and policies relevant to the nursing and/or midwifery professions ✓ ✓	✓	✓	✓	✓	✓	✓

✓ ✓ ✓ ✓

* under development

only enrolled nurses authorised by the **nbsa** to practice without supervision would be required to comply with this standard.

+ only nurse practitioners authorised in the Band or Area of Practice of mental health would be required to comply with this standard

Scope of nursing practice must be understood and considered in the context of national and international definitions and position statements of nursing.

World Health Organisation (WHO) Definition of Nursing 1996

Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the changing context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health as well as prevent ill health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying.

Nursing promotes the active involvement of the individual and his or her family, friends, social group and community, as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination while promoting a healthy environment.

Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills, and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences.

The ICN Definition of Nursing

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

International Council of Nurses (ICN) Scope of Nursing Practice Position 2004 (excerpt)

The scope of practice is defined within a legislative regulatory framework, and communicates to others the roles, competencies (knowledge, skills and attitudes) and the professional accountability of the nurse. Nursing’s authority comes from evidence-based knowledge related to its sphere of practice.

The scope of practice is not limited to specific tasks, functions or responsibilities but includes direct care giving and evaluation of its impact, advocating for patients and for health, supervising and delegating to others, leading, managing, teaching, undertaking research and developing health policy for health care systems. Furthermore, as the scope of practice is dynamic and responsive to health needs, development of knowledge, and technological advances, periodic review is required to ensure that it continues to be consistent with current health needs and supports improved health outcomes.

However, nursing is also allied to other health professions through its collaborating, referring, and co-ordinating activities, and thus has developed a distinct as well as a shared body of knowledge and practice. The practice and competence of an individual nurse within the legal scope of practice is influenced by a variety of factors including education, experience, expertise and interests as well as the context of practice. Therefore, definitions of roles and scope of practice need to reflect what is distinctly nursing, while communicating the multidisciplinary and interdisciplinary nature of health care.

Adopted in 1998

(Replaced previous ICN Positions: “Nursing Authority”, adopted in 1975 and “Nurses’ Accountability for Defining the Nursing Role”, adopted in 1985.)

Revised in 2004

Principles Underpinning Scope of Nursing Practice

- Principle 1** The philosophy of nursing practice includes an emphasis on client/family/community centred care and scope of practice decision making must be considered in relation to the needs, choices of the client and the identified outcomes of care. Nursing care occurs in partnership with the client, their families and support network.
- Principle 2** The health care environment is based on collaborative and professional relationships in which nurses and other health professionals and health providers recognise and respect the unique contribution of each role in providing the highest standard of and access to health care.
- Principle 3** Nursing scope of practice decisions occur within a primary healthcare context and focus on maintaining continuity of care including implementing appropriate referral processes to ensure effective, efficient and safe health care.
- Principle 4** Nurses are accountable for communicating, consulting and collaborating with other health professionals and health providers regarding activities of care planning, implementation and evaluation of care. Communication occurs in a context of risk management.
- Principle 5** Nursing practice is lawful and consistent with standards, policy and legislative obligations, requirements and restrictions. All nurses are accountable and responsible for their own decisions, actions and practice.
- Principle 6** It is the responsibility of all nurses to understand and apply the relevant standards of professional practice within their scope of practice.
- Principle 7** Nurses provide leadership and require supportive practice environments to enable them to fulfill and work within their full scope of nursing practice.

Scope of midwifery practice must be understood and considered in the context of national and international definitions and position statements of midwifery.

International Confederation of Midwives (July 2005)

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

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

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

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.

Adopted by the International Confederation of Midwives Council meeting 19th July 2005 Brisbane, Australia. Supersedes the ICM ‘Definition of the Midwife’ 1972 and its amendments of 1990

Australian College of Midwives Incorporated Code of Practice for Midwives

The midwife has the educational preparation and competence to;

- give necessary advice, care and support to the woman preconceptually, and during pregnancy, labour, birth and the postpartum period;
- assist the birthing woman, conduct deliveries and care for the infant;
- recognise the signs of deviations from normal in the woman or infant which necessitates referral, and to initiate the necessary emergency measures;
- care for the woman and infant and provide support and guidance in the postnatal period;
- provide health education and counseling for the woman, her family and the community;
- participate in health promotion and education which could include childbirth and parenthood classes;
- provide comprehensive family planning information and advice;
- participate in data collection and documentation of care; and maintenance of records; and
- undertake and participate in research for the development of midwifery practice.

All these activities are of equal importance in midwifery practice.

Principles Underpinning Scope of Midwifery Practice

Principle 1 The philosophy of midwifery practice includes an emphasis on a partnership with child bearing women and scope of practice decision making must be considered in relation to the woman’s needs and choices and the identified outcomes of care. Midwifery occurs in partnership with the woman, her family and support network.

Principle 2 The midwifery practice environment is based on collaborative and professional relationships in which midwives and other health professionals and health providers recognise and respect the unique contribution of each role in providing the highest standard of and access to midwifery care.

Principle 3 Midwifery scope of practice decisions occur within a primary healthcare context and focus on maintaining continuity of care including implementing appropriate referral processes to ensure effective, efficient and safe health care.

Principle 4 Midwives are accountable for communicating, consulting and collaborating with other health professionals and health providers regarding activities of care planning, implementation and evaluation of care. Communication occurs in a context of risk management.

Principle 5 Midwifery practice is lawful and consistent with standards, policy and legislative obligations, requirements and restrictions. All midwives are accountable and responsible for their own decisions, actions and practice.

Principle 6 It is the responsibility of all midwives to understand and apply the relevant standards of professional practice within their scope of practice.

Principle 7 Midwives provide leadership and require supportive practice environments to enable them to fulfill and work within their full scope of midwifery practice.

Scope of practice decision making is made at four distinct and cohesive levels.

The regulatory authority has the responsibility for determining scope of practice and ensuring standards of practice within the legislative framework. Professional organisations accept the responsibility for defining nursing and midwifery roles consistent with regulatory legislative standards yet informed by the views of the professions and society. Employers, through organisational policy, determine the scope of the nurse's and midwife's role within the context of their service provision yet are required to comply and be consistent with the regulatory and legislative obligations and informed by the definitions and positions of the professional organisations. Individual nurses and midwives must self assess their competence and make individual decisions about their practice within unique circumstances and settings. These decisions, though determined by their level of education and competence, must be consistent with regulatory standards, defined scopes of practice and organisational policy. The relationship between these four distinct levels of decision making therefore must consider and be consistent with the obligations, parameters and restrictions required by any of the other levels of decision making.

These levels of decision making are

- interdependent,
- interactive,
- supportive &
- facilitative

Regulatory

The **nbsa** under the *Act* determines the scope of nursing and midwifery practice in relation to regulatory parameters, protecting titles, ensuring minimum educational requirements, endorsing standards and codes, authorising special areas of practice and investigating reports against nurses and midwives who fail to meet these standards/requirements. The **nbsa** through the setting of standards and establishing public expectations, assists nurses and midwives to make accountable, evidence based decisions within their scope of practice. Regulatory decision making includes consideration of all legislation that impacts or is impacted upon by nursing and midwifery practice.

Professional

The nursing and midwifery professions, through peak local, national and international bodies, professional discussion and debate, establish clear parameters through professional guidance, education and policies to support scope of practice decision making. The professions understand, reflect, contribute to and advocate for legislation which enhances nursing and midwifery practice.

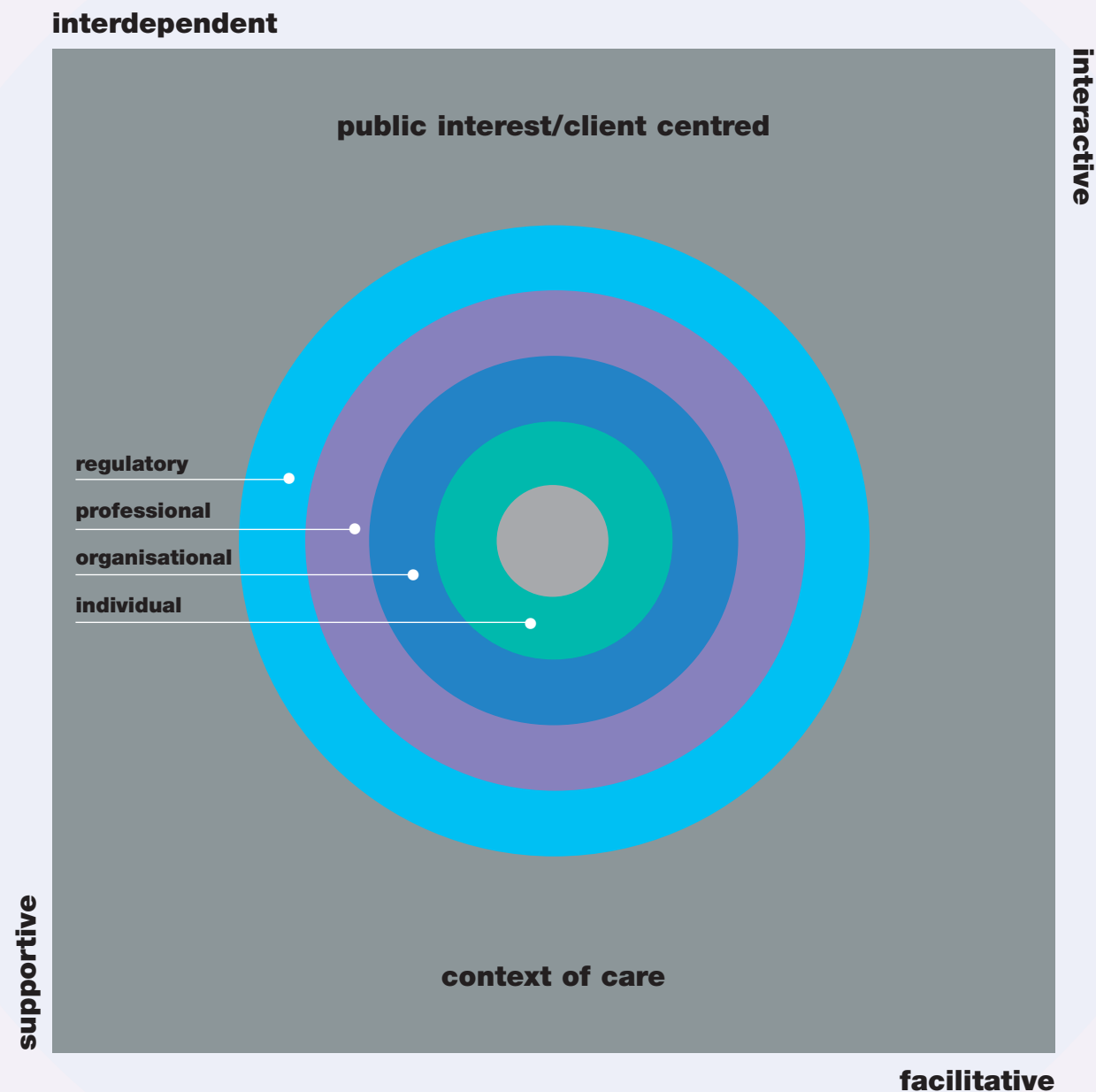
Organisational

Employers, Directors of Nursing and Midwifery and other key collaborative health professionals and providers should develop and review policy and practice that supports the expansion of nursing and midwifery scope of practice reflective of meeting client needs and expectations. Organisational decision making and policy should reflect all legislative obligations in relation to nursing and midwifery practice.

Individual

Nurses and midwives, in a context of self regulation and self assessment of continuing competence, consider their scope of practice and make decisions based on research, education, experience, knowledge, competence, skills and the workplace environment. Nurses and midwives should utilise this *Tool* and reflect upon the *Guiding Principles and Explanatory Statements* when making decisions in relation to their own scope of practice.

Levels of Decision Making



Nurses and midwives should use the **Scope of Practice Decision Making Flowchart (pg 16)** to assist appropriate and accountable decision making. Nurses and midwives consider the four levels of decision making and assess their own scope of practice in this context.

Public Interest/Client Centred

Q Is there an identified client need/benefit? Is there an identified public (client) need and will the public (client) benefit from a nurse or midwife performing the practice? This may be in relation to specific clients, or a specific client group or population whose health outcomes would be enhanced by the expanded scope of practice of a nurse or midwife performing this service.

Public need may be determined by a number of means; there may be identified health service gaps which result in the public not being able to access the service; it may be determined by quality monitoring processes, requests for services directly from the public, local, regional or national health needs assessments or trends; it may be identified as a strategic initiative of the organisation as part of service or regional health reform. The public therefore should be consulted as relevant stakeholders in the decision making process.

Regulatory

Q Is the function within regulated nursing or midwifery practice? Any decision in relation to individual scope of practice should ensure that it is within the legislated scope of practice of nurses and midwives as determined by the *Act*, other relevant legislation/s and regulatory (**nbsa**) standards. Nurses and midwives must understand these regulatory requirements for practice and consider whether the action or function is consistent with regulatory and professional standards and legislation. Nurses and midwives may at times be required to have additional authorisation to perform the function (such as authorisation for a nurse practitioner to prescribe medications or authorisation of an enrolled nurse to practice without supervision).

Professional

Q Is the function within accepted nursing or midwifery practice? Nursing and midwifery practice is guided by standards and guidelines endorsed by the Nurses Board of South Australia, the Australian Nursing and Midwifery Council and other national and international professional associations (such as the Royal College of Nursing Australia, Australian College of Midwives Inc, Australian and New Zealand College of Mental Health Nurses and the Australian Nursing Federation). Decisions in relation to expanding scope of practice should be made in the context (or raise issues in relation to the need for review or development) of such standards and guidelines.

The scope of practice of individual nurses and midwives is broad and may overlap with other professions. Individual scope of practice is influenced by the practice setting, the health needs of the client/s, the level of education, authorisation and competence of the individual and the policy of the service provider.

Organisational

Q Is there organisational support to perform the function? Nurses and midwives must be able to meet professional standards of practice whilst operating within organisational policies and procedures. Employers have the responsibility to provide appropriate policies and procedures, orientation and staff development based on practice needs to ensure competency. No agency policy or procedure however can absolve individual nurses or midwives from accountability for their own actions and decisions in relation to their scope of practice.

Collaborative decision making ensures appropriate risk analysis and effective protocols and practices. Areas of shared competencies between health professionals require coordination and integration of care. Other stakeholders may include all levels of management, resource and policy personnel and other nursing and midwifery staff.

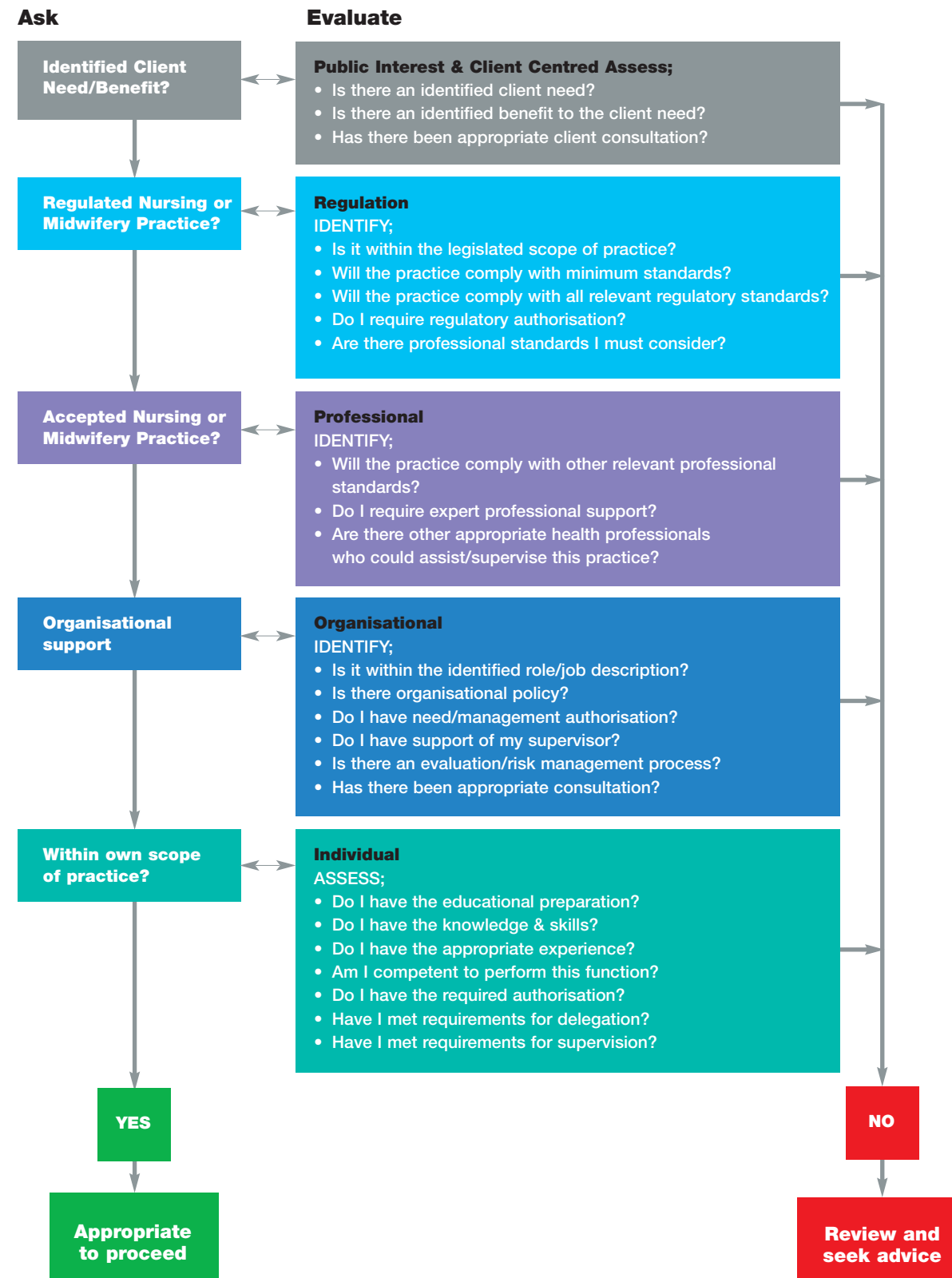
The function/activity may be routinely performed within the scope of practice of another health profession. A process of professional collaboration and mentoring may be appropriate to assist the nurse or midwife in developing their competence and also support effective collaboration between health professionals. Such a process may also act to enhance professional communication and appropriate referral processes.

A systematic evaluation/risk management process will assist in the assessment of the nurse or midwife's competence, the ongoing public need, additional resource requirements and review of organisational policy and procedure.

Individual

Q Is the function within the individual's own scope of practice? Am I educated, authorised and competent to perform the function? Individual nurses and midwives, in making decisions in relation to their scope of practice, must ensure that they are educated, experienced and competent to perform the function and to accept the accountability for their own decisions and actions. Assessment of competence may include actions such as self assessment, mentoring, peer review, performance appraisals and authorisation processes.

Scope of Practice Decision Making Flow Chart



Enabling individuals to work within the full scope of practice of their profession

Enabling individual nurses or midwives to work within their full scope of practice occurs when an individual nurse or midwife (or an identified group or specialty area of nurses) assumes responsibility for functions that have previously not been within their role, competence or authority to perform but is within the scope of practice of the profession to perform.

There may be specific circumstances (eg in rural or remote settings), where nurses or midwives are required to undertake activities or functions that are broader than is generally accepted as being within the scope of practice of a nurse or midwife, in order to meet the needs of the client/communities to which they provide a service.

These functions may be part of the expanded scope of practice of nurses or midwives through authority such as medical directives, standing orders or through emergency intervention protocols or other organisational protocols. Protocols should also include processes where supervision and/or further consultation is required and may include telecommunication systems.

Expanding scope of practice of the profession

Expanding the scope of practice of the profession may include areas of practice or functions that have not previously been within the remit of nursing or midwifery practice and/or have traditionally and historically been the responsibility of other health professionals.

Individual nurses or midwives (or an identified group or specialty area of nurses) practising at an advanced level may expand their scope of practice through further, advanced education, experience and by increasing their level of autonomy and shared competencies or functions with other health professions or health professionals.

Legislation, standards and/or policy may be silent or unclear in relation to expanded function/s and may require broad consultation, planning and development, and appropriate assessment processes to implement an expanded scope of practice role and/or function.

Expanding the scope of practice may require review of

- legislation
- regulation
- professional standards and guidelines
- public health policy
- organisational policy and procedure
- education
- roles and responsibilities
- levels of supervision and delegation &
- resources

Principles for Enabling or Expanding Scope of Practice

Principle 1 The primary consideration for the expansion of scope of practice (either through a specific procedure or process of practice) of an individual or group is to attend to the client's health needs and to enhance appropriate health outcomes for individuals and populations. At no time should the safety or well being of the client (individuals or population) be compromised as a result of changes to the scope of nursing or midwifery practice.

Principle 2 Nurses and midwives are accountable and responsible for;

- their own practice
- assessing changes in the client's health status requiring care
- making professional judgements in relation to determining when care is beyond their own ability or scope of practice to intervene
- initiating consultation with other members of the health care team to determine the appropriate course of action. Nurses and midwives do this by matching the competencies of the professions with their own competence and with the nursing and/or midwifery needs of the client.

Principle 3 The scope of nursing or midwifery practice must be lawful and comply with the legislation, standards and policies relevant to the professions and the practice setting. The parameters of scope of practice of the nurse or midwife are determined by;

- education, knowledge, skill and experience (competence)
- legislation and common law
- the care environment and the context of practice
- standards and codes of practice of the professions and professional organisations /associations
- service provider policies and procedures
- collaboration and concord with other health professionals and professions and
- public need, demand and expectation

Principle 4 Enabling and advancing opportunities for nurses and midwives to practise within their full scope of practice occurs in a context of consultation, collaboration, planning and risk management. This is done in conjunction with the nursing and midwifery professions, peak bodies, employers, regulatory authorities, unions and other key collaborators including other health professions.

Principle 5 Articulating scope of practice occurs as a preface to self assessment and continuing competence. Determining scope of practice includes assessment and critical analysis of;

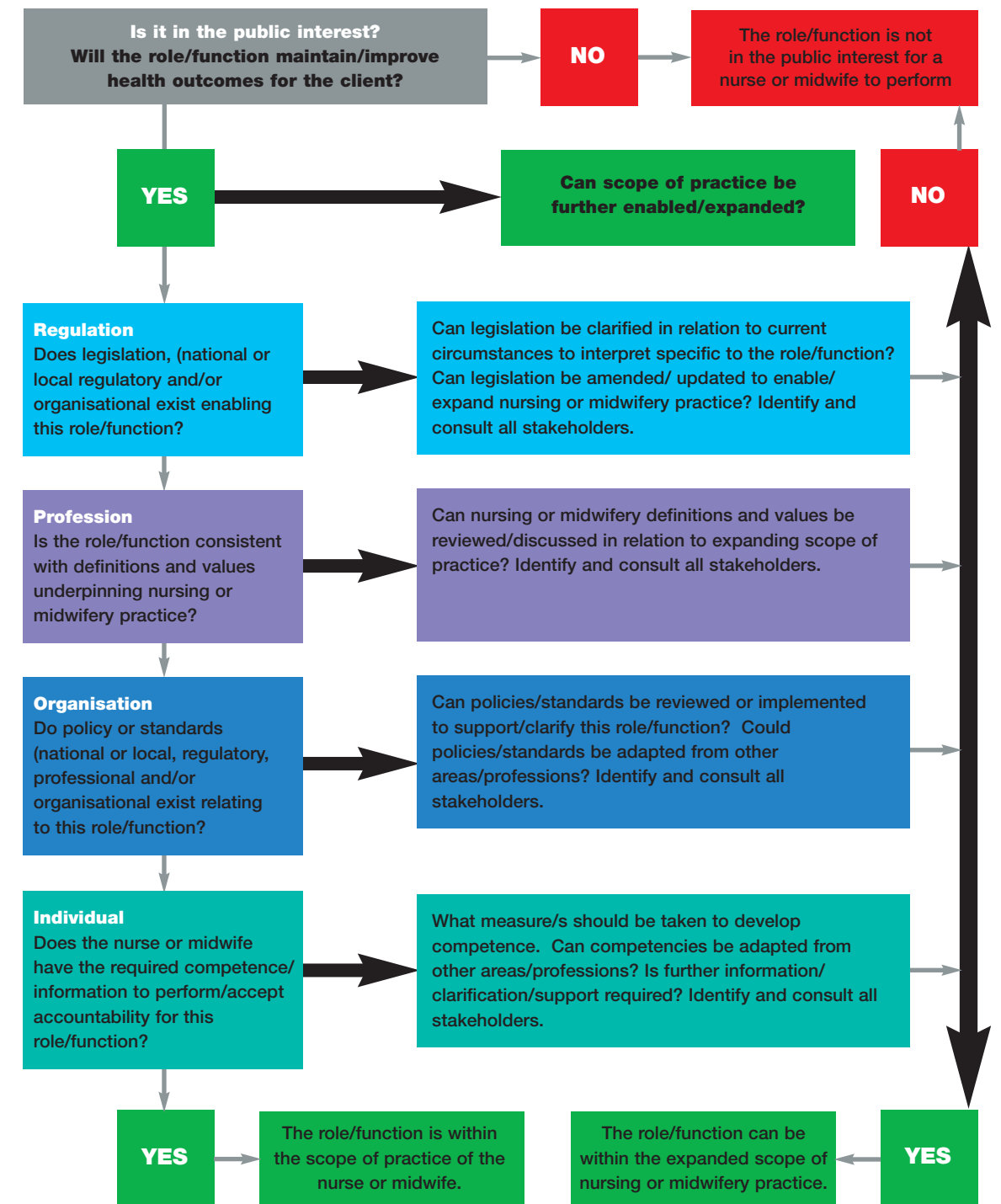
- appropriate educational preparation
- area/s of practice in which the nurse or midwife is competent and experienced
- self assessment and external assessment as evidence of competence
- understanding and acknowledgement of degree of accountability and responsibility
- organisational infrastructure to support and underpin scope of practice

Principle 6 The nurse or midwife, in consultation and collaboration with their employer, professional organisations and others, supports and actively engages in processes to ensure

- continuing education, knowledge and skills development
- assessment of competence as a continuum of and within scope of practice
- mechanisms for appropriate delegation and supervision
- establishment and/or maintenance of infrastructures that underpin and promote autonomous practice, transparent accountability and appropriate risk management
- establishment and/or maintenance of infrastructures that underpin and promote the professional relationship and interface between the enrolled nurse and the registered nurse or midwife, recognition of accountability and responsibility within scope of practice and appropriate risk management.

Principle 7 Employers/managers share a joint responsibility in identifying and creating and maintaining practice environments (including resources, education, policy, evaluation and assessment) that support competent nurses and midwives who are able to work within their full scope of practice.

Enabling or Expanding Scope of Practice Planning Flowchart



Professional Inter-relationships

Nursing and midwifery practice is occurring in an environment of evolving and overlapping roles with shared competencies, accountabilities and responsibilities with other health professionals and other health/welfare/education and community providers within effective professional inter-relationships.

Nurses, midwives and other health professionals and health providers recognise and respect the importance of each other's roles in providing the highest standard of and access to health care. Collaborative professional relationships are underpinned by a comprehensive understanding of the scope of practice of health professionals including clarification of functions, responsibility and accountability.

Nursing and midwifery care occurs in a multidisciplinary team environment and in partnership with other health professionals, welfare, education and community service, the client and the community. All members of the multidisciplinary team are accountable for appropriate communication and consultation regarding activities of care planning, implementation and evaluation of care. Communication occurs in a context of proactive risk management.

Nurses and midwives may have shared competencies with a range of other regulated health professions who are required, under statutory regulation, to maintain competence and conduct of the highest level.

Other regulated health professions

In South Australia other regulated health professionals include:

- medical practitioners
- dentists
- psychologists
- occupational therapists
- pharmacists
- physiotherapists,
- chiropractors
- optometrists

There are other health professionals/providers who are not regulated under statutory regulation in South Australia.

Other groups of healthcare workers

Unlicensed Healthcare Workers

Unlicensed healthcare workers are a group of workers **distinct from, and separate to nurses and midwives**, and are not regulated under statutory legislation.

Note: Delegation to an unlicensed healthcare worker should be consistent and comply with the **nbsa Standards for Delegation by a Registered Nurse or Midwife to an Unlicensed Healthcare Worker in South Australia** (February 2005).

Aboriginal and Torres Strait Islander Health Workers

Aboriginal and Torres Strait Islander Health Workers are unlicensed health care workers. However, their practice is varied and complex and is moving toward regulation. Those who work in local communities integrate health practices with the unique cultural values of their community. They may plan, deliver and evaluate primary health care and health promotion programs. The role relationship of Aboriginal and Torres Strait Islander Health Workers with nurses and midwives will vary according to the context. In some contexts, Aboriginal and Torres Strait Islander Health Workers may function independently or in collaboration with other health care providers. Alternatively, they may be accountable to a registered nurse or midwife for delegated activities.

A collaborative relationship between the professions of nursing and midwifery is appropriate and necessary for the provision of the highest standard and quality of care to childbearing women, their families and significant support networks. Such a collaborative relationship is one built on mutual respect and understanding of each other's professional roles, responsibilities and context of care throughout.

Registered nurses and midwives will, at specific stages along the childbearing continuum, provide parallel and concurrent services dependent upon the needs of the woman, her family and/or significant support network. It is at these times that the professional collaboration between registered nurses and midwives is paramount in ensuring that the woman receives the most appropriate care relevant to her needs.

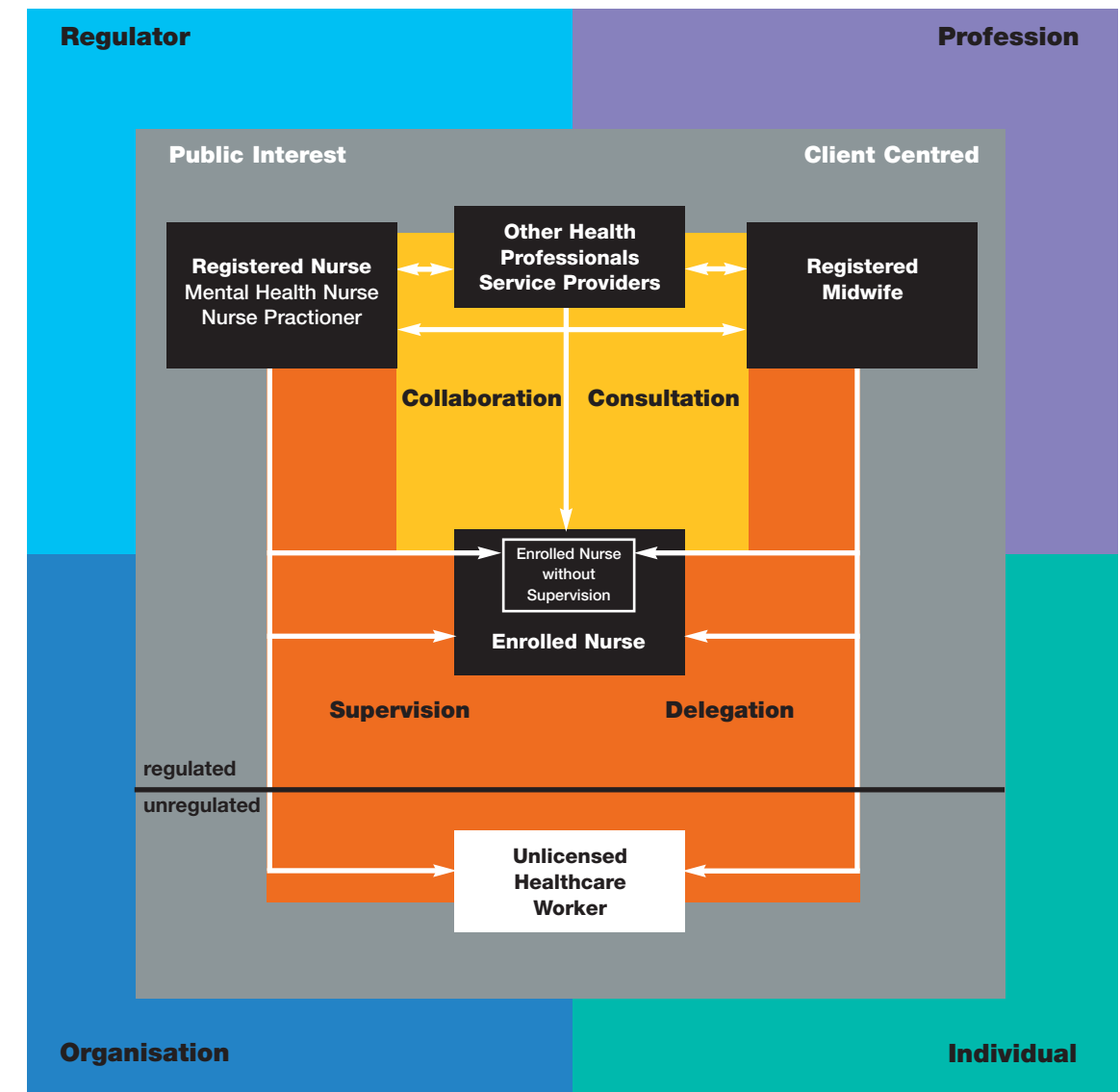
Nursing and midwifery though discrete professions have some shared competencies within their unique scopes of practice. The most appropriate health professional/s or other health provider/s to perform the task should take responsibility for the role or function however nurses and midwives may at times be required to work across each of the disciplines within their healthcare environment. Where this occurs, nurses and midwives must recognise their level and scope of responsibility and accountability in relation to the functions to be performed and the level of supervision and delegation required in the performance of the function/s.

The professions of nursing and midwifery work collaboratively within the context of open communication, appropriate exchange of information, seamless transition of care, respect for the principles and philosophies of practice of the two professions

Principles for Collaborative Relationships between Registered Nurses and Midwives

- Principle 1** Registered nurses and midwives recognise and make a commitment to open and transparent communication between the two professions, relevant to specific episodes of corresponding or concurrent midwifery and nursing services.
- Principle 2** Processes exist for the appropriate exchange of information between nurses and midwives as corresponding or concurrent providers contributing to and relevant to the client's care.
- Principle 3** Registered nurses and midwives work together to ensure the seamless transition from midwifery practice into existing maternal and newborn and/or other healthcare services.
- Principle 4** The establishment of guidelines and/or policy relevant to the specific episodes of corresponding or concurrent midwifery and nursing services will ensure collaboration, and safe and effective care.
- Principle 5** Registered nurses and midwives recognise that there are aspects of professional practice that may be shared across the scope of practice of the two professions as well as those that are distinct to each profession. The professions of nursing and midwifery acknowledge and respect the principles and philosophies underlying nursing and midwifery practice and recognise improved health outcomes to the community through this professional collaboration.

Nursing and Midwifery Professional Role Relationships



These Explanatory Statements describe the determining factors that nurses and midwives should consider when determining and/or self assessing their individual scope of practice.

Glossary of Terms

Accountability	29
Advanced Practice	27
Authorisation/Authority	26
Beginning Practice	27
Client	29
Competence	26
Continuing Competence	32
Continuum of Practice	27
Delegation	30
Direct Supervision	31
Education	25
Experience	25
Extended Practice	28
Generalist Practice	28
Indirect Supervision	31
Knowledge	25
Public	29
Practice context and setting	31
Self Assessment	32
Self Regulation	32
Shared Competencies	26
Skills	25
Specialist Practice	28
Supervision	30
Transition	27

Explanatory Statement 1: Education and Knowledge

An individual nurse or midwife's scope of practice is influenced by the nurse or midwife's education, knowledge, experience and skills.

Education

A nurse or midwife's education includes formal and informal education and professional development. Nursing and midwifery education includes education leading to initial registration or enrolment and continuing education and post graduate qualifications. Education leading to eligibility for initial registration or enrolment prepares nurses and midwives to obtain minimum competencies required for entry to practice.

Continuing education and professional development occur as a commitment to life-long learning that enables a nurse or midwife to advance from novice to expert. Ongoing education prepares individual nurses or midwives to expand their scope of practice. Nurses and midwives are accountable to engage in continuing education and professional development to maintain competency within their area and scope of practice.

Knowledge

A nurse or midwife's level of knowledge is underpinned by their education, professional development, skill acquisition (clinical and professional), research (including engagement in research and reading of professional publications), professional and peer debate and discussion, observation of mentors and role models and reflection on practice. Development of knowledge occurs as a constant process and forms the basis with which professional competence is achieved and maintained. The acquisition of knowledge is an active process that builds upon education and includes reflection, analysis, interpretation, application and exchange of information.

Experience

Each nurse or midwife's experience will be as diverse as their exposure to practice settings (both as a student and as a nurse or midwife), employment opportunities, practice setting and environment, area of professional interest, client population, ongoing education and professional development and chosen area of practice. Opportunities for developing experience are directly influenced by the environment in which a nurse or midwife practices and can be supported or hindered by the employer, peers, other health professionals, organisational policy and procedure and the practice culture.

Skills

Skills include clinical and procedural ability as well as professional and interpersonal skills acquired through education, training, observation and experience. Skills may be acquired formally through a process of training and skills assessment or informally through experience and observation of peers, supervisors, mentors and/or other health professionals. Skills assessment and training may be a pre-requisite by an employer to authorising an individual nurse or midwife to undertake a particular task. Some employers may require specific skills to be assessed on a regular basis as part of a performance review process and ongoing professional development program.

Explanatory Statement 2: Competence and Authorisation

Scope of practice is determined by the nurse or midwife's level of competence and the authorisation with which the nurse or midwife is able to practice and where shared competencies exist, determines the most appropriate person/s or role to accept responsibility for the function.

Competence

Competence is the ability of the nurse or midwife to practice safely and effectively to fulfil her/his professional responsibility within one's own scope of practice. Competence requires the integration of knowledge, skills, values, attitudes and professional judgement consistent with the regulations and standards expected by the public, the regulatory authority and the professions. It is achieved and maintained through education and practice, self assessment and ongoing performance review and is a continuous process. Competence is best achieved when there are sufficient and appropriate opportunities and supports to practice over time.

A competent nurse or midwife possesses many attributes and professional characteristics. These include practical and technical skills; communication and interpersonal skills; organisational and managerial skills; the ability to practice safely and effectively utilising evidence; the ability to use a problem solving approach to care using critical thinking; the ability to work and perform as part of a multidisciplinary team using a professional attitude and approach; understanding and accepting responsibility and being accountable for one's practice.

Authorisation/Authority

Authorisation is the means by which an individual nurse or midwife is given approval to practice in a specific area of practice or perform a specific function, activity or task. *Authority is the legitimate power to fulfil a responsibility and is a necessary pre-requisite for nurses and midwives to practice autonomously. (International Council of Nurses 1998)*

Some authorisation (to undertake particular delegated tasks in the workplace) may be required by the employer and supported through organisational policy through a process of professional development, formal skill assessment and/or delegation. Authority within a specific position (job description) is related to the position the person holds, and includes the authority bestowed by an employer as part of duties and responsibilities and may include decision making in relation to clinical practice and the development of policy and the supervision of other professional staff.

Authorisation may be required by the regulatory authority (nbsa)

The **nbsa** has the power under the *Act* to authorise areas of specialist nursing practice for inclusion on the register or roll and can determine and recognise special practice areas. The Board has authorised Nurse Practitioners under the *Act*.

Medication Prescribing and Supply: Nurse Practitioners, upon meeting specific criteria of evidence may be authorised by the Board to prescribe and supply medications. The Board has the provision under the *Act* to authorise an enrolled nurse to practice without supervision of a registered nurse or midwife.

Shared Competencies

Through evolving and expanding roles, nurses and midwives may overlap with other roles of health professionals and perform activities or functions that can be identified as shared or overlapping competencies with other health care providers (regulated or unregulated).

Where shared competencies are identified within an organisation or setting, the decision making process should determine the most appropriate health professional/s or other health provider/s to perform the task or take responsibility for the role or function. Where shared competencies are the responsibility of more than one provider, each provider must fully understand and communicate their level and scope of responsibility and accountability in relation to function to be performed. Such a decision must be in the interest of client care and include consideration of client choice and consent, equity and access to services and resource effectiveness and long term planning.

Explanatory Statement 3: Continuum of Practice

Nursing and midwifery practice occurs as a continuum of practice through a transition from beginning to advanced practice, and from generalist to specialist practice, to extended practice within the practice context and setting.

Continuum of Practice

Nursing and midwifery practice occur on a continuum encompassing clinical, educational, administrative and professional dimensions and occurs from commencement of study as a student of nursing or midwifery and initial engagement with the nursing or midwifery cultures through to advanced and extended practice in a specialist area of practice. This continuum of practice may occur without distinguishable or definable boundaries and is a succession of events and aspects of practice that make up the whole of an individual nurse or midwife's professional practice.

Through this continuum a nurse or midwife may move from beginning to expert practice as the nurse or midwife moves between and across areas or fields of practice. Whilst nurses may move from generalist to specialist practice, midwifery practice is a specialist field of practice.

Transition

Nurses and midwives at beginning practice, having met the beginning level (minimum) competencies required of their professions, experience a period and process of transition from student of nursing or midwifery to registered nurse or midwife. This process of transition occurs each time a nurse enters a new area of practice. The nurse enters this new area of practice as a generalist. Transition from a student of nursing or midwifery to a registered, autonomous professional must occur in a supported and structured context.

Beginning Practice

Beginning practice is that initial practice for which nurses and midwives are educationally prepared and in which they have demonstrated the achievement of beginning level competencies. Beginning practice in this context refers to that practice performed at an entry level in generalist practice.

Beginning practice for registered nurses in a specialist area of practice refers to the commencement of practice in the specialist field prior to consolidating the additional educational and experiential preparation in that field. Beginning practice therefore is a continuum that recommences at each new level of specialisation or at each significant change of area of practice beyond generalist practice and toward advanced and extended practice.

Advanced Practice

Registered nurse or midwife advanced practice is characterised by greater and increasing complexity and exists beyond beginning practice on the continuum of nursing and midwifery practice. Education, experience and competence development mark advancing practice. As practice becomes more advanced nurses and midwives demonstrate more effective integration of theory, practice and experience along within increasing degrees of autonomy in professional judgements and interventions. Nurses and midwives who demonstrate advanced practice may take leadership roles in relation to nursing and midwifery and health care activities.

Expert enrolled nurse practice exists on a continuum beyond beginning practice. It is context specific and is further enabled by delegation by a registered nurse or midwife and authorisation by the **nbsa** or by the employer through policies and procedures and skills assessment processes.

Explanatory Statement 3: Continuum of Practice (cont)

Generalist Practice

Generalist practice encompasses a comprehensive spectrum of nursing and midwifery activities. It is directed towards the diversity of the community and the many and different health needs of individuals. It takes place in a wide range of health care settings and is reflective of a broad range of knowledge, experience and skills. Generalist practice may occur at any point on a continuum from beginning to expert practice.

Specialist Practice

Specialist practice follows and builds on a base of generalist preparation and focuses on a specific area of practice. It is directed towards a defined population or defined area of activity and is reflective of depth of knowledge, experience and relevant skills. Specialist practice may occur at any point on a continuum from beginning to expert practice. (Examples of expert generalist practice may include midwifery or a nurse practitioner in remote area health). Some specialist practice groups/associations may have a credentialling or assessment program where members can voluntarily undergo an assessment against specialist practice standards.

Extended Practice

Extended practice is characterised by greater and increasing autonomy and accountability. Education, experience, competence development and authorisation (eg from the Nurses Board of South Australia) mark extended practice. Authorisation (such as the nurse practitioner) by the **nbsa** in extended practice is context specific. Extended practice recognises the ability of the nurse or midwife to further enhance client health outcomes and fill niches in health service delivery.

Explanatory Statement 4: Accountability and Responsibility

Nurses and midwives retain accountability for their own practice and are accountable to the client, the public, their employer and the regulatory authority (nbsa).

Accountability

A nurse or midwife is answerable for her/his decisions, actions and behaviours and for the consequences of those decisions, actions and behaviours. The nurse or midwife is accountable to the client, the employer, the regulator and the public. Nurses and midwives are accountable for all decisions, actions and delegation decisions, the accountability for which cannot be delegated. Professional accountability requires that the nurse or midwife considers and weighs up the interests of the client in complex, changing situations, using professional knowledge, skills and judgement to make a decision enabling them to account for their actions.

Client

A client is an individual, a family, a group of individuals, a community or a population directly receiving nursing care or the significant other/s of those recipients of care or identified as directly or potentially impacted upon by that care. A client may be referred to interchangeably as patient, resident or consumer.

In relation to midwifery practice the client refers to a woman who is the primary recipient of midwifery care. It includes where appropriate the woman's infant (born or unborn), her partner and significant others. In midwifery practice woman-centred care is a concept that implies that the primary focus of care is on the woman's individual and unique needs, expectations and aspirations. (*Australian College of Midwives Inc Competency Standards for Midwives 2002*)

Public

The public is the community of South Australia and includes nursing and midwifery practice provided to individuals, groups and populations across all settings and cultural contexts. The **nbsa** is mandated under the *Act* to ensure that the community is adequately provided with nursing and midwifery care of the highest standard. All nursing and midwifery scope of practice decisions must be made in the public interest.

Explanatory Statement 5: Delegation and Supervision

Delegation and supervision (direct and indirect) are the responsibility and domain of a registered nurse or midwife relevant to the practice context and setting, and the competence of the person to whom the delegation is given.

Delegation

Delegation is the conferring of authority to perform a specific activity or activities in a specific situation, on a person whose role and function does not have the authority to perform them autonomously. Delegation therefore, is necessary when a nurse or midwife or other health care worker is required to perform a task that is not recognised as being within their scope of practice. Where any delegation occurs, a comprehensive evaluation of changes resulting from the delegation, in terms of improved health outcomes or other (unanticipated desirable or undesirable) effects must occur. The therapeutic benefit to the client is embedded in all aspects of decision making regarding delegation of health care tasks. The registered nurse or midwife retains accountability for the decision to delegate as well as the process for the delegation of health care tasks.

The decision to delegate care is based on the registered nurse or midwife's professional judgement. It includes consideration of the client's needs, the skills/experience and the education/training requirements of the person/s providing the delegated care, the extent of supervision required and the availability and access to resources (both equipment and support infrastructure).

The **nbsa** would recognise that a registered nurse or midwife is practicing within their professional scope of practice and accountability by refusing to delegate to in circumstances which involve;

- a compromise to client safety and well being
- a client with unstable, unpredictable care needs
- a breach of professional or regulatory standards
- being outside of the nurses' or midwives' scope of practice or competence to delegate
- a breach of legislation
- a person who does not demonstrate competence or who has breached (or works outside of) their delegated responsibility.

Supervision

Supervision is defined in the *Act* and includes oversight, direction, guidance or support (whether given directly or indirectly). Supervision refers to monitoring, evaluating and directing specific activities of a specific person or group of persons, for a defined period of time and is determined by the registered nurse or midwife dependent upon the nature and complexity of the healthcare task being delegated, the environment and the nature and degree of other support infrastructures in place. The decision as to the extent of supervision required is based on the registered nurse or midwives' professional judgement and is determined as part of the health and risk management assessment, prior to the decision to delegate care.

Direct Supervision

Direct supervision means that a registered nurse or midwife is present and works with the enrolled nurse (or unlicensed healthcare worker) observing and directing his or her activities. The proximity of this supervision is such that immediate intervention is possible if problems occur. The registered nurse or midwife is able to observe and monitor the execution of the enrolled nurse's activities and retains accountability

Indirect Supervision

Indirect supervision means the registered nurse or midwife is not present and supervision is provided by other than direct observation, of an enrolled nurse (or unlicensed healthcare worker) by a registered nurse or midwife. The absence of proximity of the registered nurse or midwife requires processes being in place for the direction, guidance, support and monitoring of the enrolled nurse activities. The registered nurse or midwife retains accountability.

Practice Context and Setting

Context refers to the environment in which nursing and midwifery is practised. It refers to the type of service and the complexity of services required by the client and client population. It also includes the resources available, the physical setting, the amount of clinical support and /or supervision, the nature of the support infrastructure and the access to other health professionals in relation to the care. The context of nursing and midwifery practice may therefore occur within a health care facility, a community service, a client's home or it may occur in a non-traditional setting where the principal nature of service provision is other than health care.

Explanatory Statement 6: Self Assessment and Self Regulation

Nurses and midwives actively engage in continuous self assessment and self regulation to ensure continuing competence to practice.

Self Assessment

Self-assessment is a part of self-regulation. The ANMC believes self-assessment of competence is a continuous process whereby nurses examine their practice against national competency standards, accepted by the nurse regulatory authorities (**nbsa**) for registration and enrolment. In determining one's own scope of practice, a nurse or midwife must make an evidence based judgement as to whether s/he is competent to carry out the activities and functions within her/his role. The nurse or midwife has the professional accountability and responsibility to take steps to develop and maintain her/his competence necessary for their area of professional practice.

Nurses and midwives may utilise a diverse range of criteria when self-assessing their continuing competence to practice. This criteria may be in the form of in-services, attending courses (organisational, vocational, and tertiary) relevant to area and scope of practice, critical incident analysis, case studies, and accessing professional journals.

The process for self-assessment emphasises the nurse or midwife's obligation to continuously monitor and maintain their competence in their area(s) of practice. The **nbsa** expects that nurses and midwives conduct a self-assessment annually as part of their declaration of competence and renewal or registration or enrolment.

Self Regulation

Nurses and midwives are self regulating professionals. Self-regulation is a dynamic process, which involves transparent and accountable practices to ensure effective decision-making. To enable self-regulation to occur, the professional must also be able to self-assess practice to ensure competence in a practice area. It is a requirement of annual renewal of registration, for every nurse and midwife in South Australia, to declare that s/he is competent in their area of practice and in doing so, will have gathered and critically reflected on evidence that s/he has the knowledge, skill and experience to ensure and maintain competence.

Continuing Competence

The requirement for continuing competence is a professional obligation to ensure that each nurse and midwife is competent in their area of practice and has evidence to support them in determining their level of competence and/or the need for further development. Continuing competence is a legislative requirement for practice and self assessment of continuing competence is part of self regulation.

The ANMC (2000) describes continuing competence as the *'ability of nurses to demonstrate that they have maintained their competence in their current area of practice'*.

The ICM 'recognises the vital role that continuing education plays in the safety and currency of an individual's midwifery practice and urges member associations to require continuing education updates in keeping with the ethical mandate for advancement of midwifery knowledge and practice as stated in the International Code of Ethics for Midwives (1993).'

Endorsed September 2005

Related Documents, Resources and Acknowledgements

Legislation

Nurses Act 1999 (under review)

Australian Nursing and Midwifery Council (ANMC)

National Competency Standards for the Registered Nurse (December 2005)
 National Competency Standards for the Enrolled Nurse (October 2002)
 National Competency Standards for the Midwife (January 2006)
 National Competency Standards for the Nurse Practitioner (2005)
 Code of Professional Conduct (1990 revised 2003)
 Code of Ethics (1993 revised 2002)
 Guidelines on Delegation and Supervision for Nurses (2003)

Nurses Board of South Australia Standards

Standard for Medication Management (2002)
 Standard for Use of Restraint (2002)
 Standard for Therapeutic Relationships and Professional Boundaries (2002)
 Professional Standards Statements for Nurse Practitioner Practice (2002)
 Standard for Authorisation of an Enrolled Nurse to Practise without the Supervision of a Registered Nurse (2002)
 Standard for Delegation by a Registered Nurse or Midwife to an Unlicensed Healthcare Worker (2005)

Australian College of Midwives Inc (ACMI)

Competency Standards for Midwives (Australian College of Midwives Inc) (2002)
 Code of Ethics (Australian College of Midwives Inc) (2001)
 Guidelines for Midwifery Practice (Australian College of Midwives Inc) (2003)
 Draft Standards for Midwifery Practice (Code of Practice has been rescinded)

Australian and New Zealand College of Mental Health Nurses Inc (ANZCMHN)

ANZCMHN. (1995). Standards of Practice for Mental Health Nurses in Australia

Australian and New Zealand Nursing and Midwifery Regulatory Authorities and Professional Associations

Nurses Board of the ACT Scope of Nursing Practice (2000)
 Nurses Board of Victoria Guidelines Delegation and Supervision for registered nurses and extended scope of practice for the division 2 registered nurse (December 2003)
 Nurses Board of Tasmania Standards for Scope of Nursing Practice (2001)
 Nurses Board of Western Australia Scope of Practice Decision Making Framework (2003)
 Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa Standards for the Registered Nurse Scope of Practice (September 2004)
 Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa Competencies for the Registered Nurse scope of practice (September 2004)
 Queensland Nursing Council Scope of Practice Decision Making Framework (October 1998)
 Queensland Nursing Council Scope of Practice for Nurses and Midwives Consultation Draft 1 (June 2004)

International Nursing and Midwifery Regulatory Authorities and Professional Associations

Alberta Association of Registered Nurses (AARN) *Guidelines for the Collaborative Working Relationship Between Registered Midwives and Registered Nurses* (May 2003)

An Bord Altranais *Scope of Nursing and Midwifery Practice Framework* (April 2000)

An Bord Altranais *Review of Scope of Nursing and Midwifery Final Report* (2000)

Association of Registered Nurses of Newfoundland and Labrador *Scope of Nursing Practice: Definition and Guidelines for Decision Making Draft* (July 2003)

College of Registered Nurses of Manitoba *Guidelines for Decision-Making Regarding the Appropriate Nursing Care Provider* (2000 revised 2002)

College of Registered Nurses of Manitoba *Determining the Scope of Practice of an Individual Registered Nurse* (2002)

College of Registered Nurses of Manitoba *Guidelines for Shared Competencies and Delegated Physician Services* (1999)

College of Registered Nurses of Manitoba *Standards of Practice for Registered Nurses* (1999 revised 2003)

International Council of Nurses *Position Statement Scope of Nursing Practice* (2004)

International Confederation of Midwives Inc *Competencies* (2002)

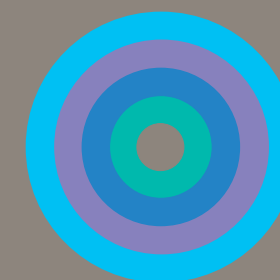
Iowa Nurses Association *Delegation Decision-making Grid* (1997)

Louisiana State Board of Nursing *Delegation Decision Making Process for Licensed Practical Nurses and Unlicensed Assistive Personnel* (2001)

New Jersey Board of Nursing New Jersey Department of Law and Public Safety *Decision-Making Model Algorithm Guidelines for: Determining Scope of Nursing Practice and Making Delegation Decisions* (June 1999)

Nurses Association of New Brunswick *Decision-Making in Clinical Nursing Practice* (2000)

United Kingdom Central Council (UKCC now the Nursing and Midwifery Council (NMC) *The Scope of Professional Practice* (1992)



a scope of practice decision making tool



nursesboardsouthaustralia
PO Box 7176 Hutt Street Adelaide SA 5000
Office hours **9.00am – 5.00pm**
Payment hours **9.00am – 4.30pm**
Telephone **(08) 8223 9700**
Facsimile **(08) 8223 9707**
Email ceo-registrar@nursesboard.sa.gov.au
Website www.nursesboard.sa.gov.au