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# *Professional Codes and Standards*

# *for*

# ***Nurses and Midwives in South Australia***

The following Professional Codes and Standards were endorsed by the Nursing and Midwifery Board of South Australia (nmbSA) pursuant to section 14 (1) *(e)* of the *Nursing and Midwifery Practice Act 2008*. The codes and standards were subsequently approved by the Minister for Health, the Honourable John Hill on 10 September 2009 and are effective and mandatory for all Registered Nurses, Midwives and Enrolled Nurses from 24 September 2009. A breach of the Professional Codes and Standards listed below by a Registered Nurse, Midwife or Enrolled Nurse will be considered unprofessional conduct:

Australian Nursing and Midwifery Council (ANMC) Codes of Ethics and Professional Conduct for nurses and midwives and Competency Standards:

- ANMC Code of Ethics for Nurses (2008)
- ANMC Code of Professional Conduct for Nurses (2008)
- ANMC Code of Ethics for Midwives (2008)
- ANMC Code of Professional Conduct for Midwives (2008)
- ANMC Competency Standards for the Registered Nurse (2006)
- ANMC Competency Standards for the Enrolled Nurse (2002)
- ANMC Competency Standards for the Registered Midwife (2006)
- ANMC Competency Standards for the Nurse Practitioner (2006)

The Nursing and Midwifery Board of South Australia Standards:

- Standard for Medicine Management (September 2002)
- Standard for Delegation by a Registered Nurse or a Midwife to an Unlicensed Healthcare Worker (May 2005)

Developed under the auspices of Australian Nursing and Midwifery Council, Royal College of Nursing, Australia, Australian Nursing Federation

# CODE OF ETHICS FOR NURSES IN AUSTRALIA

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## Introduction

This *Code of Ethics for Nurses in Australia* has been developed for the nursing profession in Australia. It is relevant to all nurses at all levels and areas of practice including those encompassing clinical, management,education and research domains.[1] This Code is framed by the principles and standards set forth in the United Nations *Universal Declaration of Human Rights, International Covenant of Economic, Social and Cultural Rights and International Covenant on Civil and Political Rights*; the World Health Organization's Constitution and publication series entitled *Health and Human Rights*; and the United Nations Development Programme *Human Development Report 2004: Cultural liberty in today's diverse world*.[2]

In considering this Code and its companion, the *Code of Professional Conduct for Nurses in Australia*, it should be borne in mind that they are designed for multiple audiences: nurses; nursing students; people requiring or receiving nursing care; the community generally; employers of nurses; nursing regulatory authorities; and consumer protection agencies. It is also noteworthy that the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

This Code outlines the nursing profession's commitment to respect, promote, protect and uphold the fundamental rights of people who are both the recipients and providers of nursing and health care. It is supported by, and should be read in conjunction with, the *Code of Conduct for Nurses in Australia* and the Australian Nursing and Midwifery Council *National Competency Standards for the Registered Nurse, National Competency Standards for the Enrolled Nurse* and *National Competency Standards for the Nurse Practitioner*.

These three documents, together with other published practice standards (eg decision-making frameworks, guidelines and position statements), provide a framework for accountable and responsible nursing practice in all clinical, management, education and research areas. This Code is complementary to the International Council of Nurses (ICN) *Code of Ethics for Nurses* and is intended to be interpreted in conjunction with that code and related ICN position statements.[3] It is further intended that the Code be read in conjunction with other ethical standards and guidelines developed by state and territory professional nursing organisations and nurse regulatory authorities.

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## Code of Ethics for Nurses

1. Nurses value quality nursing care for all people.
2. Nurses value respect and kindness for self and others.
3. Nurses value the diversity of people.
4. Nurses value access to quality nursing and health care for all people.
5. Nurses value informed decision making.
6. Nurses value a culture of safety in nursing and health care.
7. Nurses value ethical management of information.
8. Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing.

## Purpose

The purpose of the *Code of Ethics for Nurses in Australia* is to:

- identify the fundamental ethical standards and values to which the nursing profession is committed, and that are incorporated in other endorsed professional nursing guidelines and standards of conduct
- provide nurses with a reference point from which to reflect on the conduct of themselves and others
- guide ethical decision making and practice
- indicate to the community the human rights standards and ethical values it can expect nurses to uphold.

## Human Rights and the Nursing Profession

The nursing profession recognises the universal human rights of people and the moral responsibility to safeguard the inherent dignity and equal worth of everyone.[4] This includes recognising, respecting and, where possible, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings.[5]

The nursing profession acknowledges and accepts the critical relationship between health and human rights and 'the powerful contribution that human rights can make in improving health outcomes'.[6] Accordingly, the profession recognises that accepting the principles and standards of human rights in health care domains involves recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right, and that 'violations or lack of attention to human rights can have serious health consequences'.[7]

In recognising the linkages and operational relationships that exist between health and human rights, the nursing profession respects the human rights of Australia's Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of and live a distinct and viable culture that shapes their world view and influences their daily decision making. Nurses recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.

The nursing profession also acknowledges the diversity of people constituting Australian society, including immigrants, asylum seekers, refugees and detainees, and the responsibility of nurses to provide just, compassionate, culturally competent and culturally responsive care to every person requiring or receiving nursing care.[8]

## Guiding Framework

This Code contains eight value statements. Nurses and students of nursing are encouraged to use the statements as a guide when reflecting on the degree to which their clinical, managerial, educational or research practice[9] demonstrates and upholds those values.

The explanations accompanying each of the eight value statements are organised into four categories: self, person (health consumer), colleagues and community.

- ***Self:*** refers to the nurse, registered or enrolled, who is employed in that capacity. It also refers to students of nursing.
- ***Person (health consumer):*** refers to the person requiring or receiving health care, treatment, advice, information or other related services. It includes the full range of alternative terms such as client, resident and patient. This term may include the family, friends, relatives and other members of a person's nominated social network, and people who are associated with the person who is the recipient of care.[10]
- ***Colleagues:*** includes other nurses, students, other health care workers, staff and others lawfully involved in the care of the person.
- ***Community:*** refers to Australian society as a whole regardless of geographic location and any specific group the individual receiving nursing care defines as community, including those identifying as culturally connected through ethnicity, shared history, religion, gender and age.

The explanation accompanying each value statement is not intended to cover all issues that a nurse should take into account when faced with ethical problems. Ethical practice can pose challenges for nurses and may lead to conflict with colleagues and authorities. This Code does not provide a formula for the resolution of ethical issues, nor can it adequately address the definition and exploration of terms, concepts and practical issues that are part of the broader study of nursing, ethics and human rights. Nurses have a responsibility to develop their knowledge and understanding of ethics and human rights in order to clarify issues relevant to their practice and to inform their response to the issues identified. Nurses also have a responsibility to promote the *Code of Ethics for Nurses in Australia* in nursing and health care domains.

## Code of Ethics

### VALUE STATEMENT 1

***Nurses value quality nursing care for all people***

Explanation

Valuing quality nursing care involves nurses accepting accountability for the standard of nursing care they provide, helping to raise the standard of nursing care, and taking action when they consider, on reasonable grounds, the standard of nursing care to be unacceptable. This includes a responsibility to question and report what they consider, on reasonable grounds, to be unethical behaviour and treatment.

1. ***Self:*** Nurses who value quality nursing care recognise that they are accountable for the decisions they make regarding a person's care; accept their moral and legal responsibilities for ensuring they have the knowledge, skills and experience necessary to provide safe and competent nursing care; and practice within the boundaries of their professional role. Nurses who value quality nursing care ensure the professional roles they undertake are in accordance with the agreed practice standards of the profession. Nurses are also entitled to conscientiously refuse to participate in care and treatment they believe on religious or moral grounds to be unacceptable ('conscientious objection').

2. ***Person (health consumer):*** Nurses recognise that people are entitled to quality nursing care, and will strive to secure for them the best available nursing care. In pursuit of this aim, nurses are entitled to participate in decisions regarding a person's nursing care and are obliged to question nursing care they regard as potentially unethical or illegal. Nurses actively participate in minimising risks for individuals and supporting quality practice environments. Nurses also question, and where necessary report to an appropriate authority, nursing and health care they consider on reasonable grounds to be unethical, unsafe, incompetent or illegal.

3. ***Colleagues:*** Nurses take steps to ensure that not only they, but also their colleagues, provide quality nursing care. In keeping with approved reporting processes,[11] this may involve reporting, to an appropriate authority, cases of unsafe, incompetent, unethical or illegal practice. Nurses also support colleagues whom they reasonably consider are complying with this expectation.

4. ***Community:*** Nurses, individually and collectively, participate in creating and maintaining ethical, equitable, culturally and socially responsive, clinically appropriate and economically sustainable nursing and health care services for all people living in Australia. Nurses value their role in providing health counselling and education in the broader community. Nurses, individually and collectively, encourage professional and public participation in shaping social policies and institutions; advocate for policies and legislation that promote social justice, improved social conditions and a fair sharing of community resources; and acknowledge the role and expertise of community groups in providing care and support for people. This includes protecting cultural practices beneficial to all people, and acting to mitigate harmful cultural practices.[12]

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## Code of Ethics (continued)

### VALUE STATEMENT 2

***Nurses value respect and kindness for self and others***

Explanation

Valuing respect for self and others encompasses valuing the moral worth and dignity of oneself and others. It includes respecting the individual ethical values people might have in the context of health care. Kindness is the demonstration of simple acts of gentleness, consideration and care. The practise of kindness as a committed and everyday approach to care reduces the power imbalance between a person requiring or receiving care and a nurse, by placing the nurse at the person's service, which is the appropriate relationship.

1. ***Self:*** Respecting oneself involves recognising one's own intrinsic worth as a person and is reflected in all aspects of personal identity. Self-respect enables nurses to foster their sense of personal wellbeing and act in ways that increase their own sense of self-worth. This involves nurses maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices.

2. ***Person (health consumer):*** Respect for people who are health consumers recognises their capacity for active and informed participation in their own health care. Nurses actively preserve the dignity of people through practised kindness and by recognising the vulnerability and powerlessness of people in their care. Significant vulnerability and powerlessness arises from the experience of illness and the need to engage with the health care system. The power relativities between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain, illness and fear; needs assistance with personal care; or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between nurses and people in their care that must be recognised and managed.[13]

3. ***Colleagues:*** Respect for colleagues involves acknowledging and respecting their knowledge, experience, expertise and insights. It includes practising kindness and modelling consideration and care towards each other; adopting collaborative approaches to person-centred care; and, taking into account the informed views, feelings, preferences and attitudes of colleagues. Dismissiveness, indifference, manipulativeness and bullying are intrinsically disrespectful and ethically unacceptable. Nurses who respect their colleagues support them in their efforts to realise the mutual goal of providing safe and quality care to people within a positive practice environment. Nurses supporting and mentoring students provide positive role models for future practice.

4. ***Community:*** Respect for the community requires nurses to recognise and be responsive to the just moral claims of society and the fundamental human rights underpinning them. This involves responding to the needs and concerns of communities and responding, where possible, to relevant community initiatives aimed at promoting and protecting peoples' fundamental human rights to health and health care. It also involves nurses being responsible members of the community and fulfilling their civic responsibilities, such as participation in community affairs and in political life, and acting where possible to promote social justice.

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## Code of Ethics (continued)

### VALUE STATEMENT 3

***Nurses value the diversity of people***

Explanation

Valuing the diversity of people requires nurses to appreciate how different cultural backgrounds and languages may influence both the provision and receipt of nursing and health care.

1. ***Self:*** Valuing diversity requires acknowledgment of one's own cultural similarities to and differences from others. It involves nurses recognising and valuing their own unique identity and experiences, including thoughts, beliefs, attitudes and perceptions.

2. ***Person (health consumer):*** Valuing the diversity of people involves acknowledging and responding to each person as a unique individual, and to their culture. It requires nurses to develop cultural knowledge and awareness and greater responsiveness to the languages spoken[14] enabling them to better understand and respond effectively to the cultural and communication needs of people in their care, their families and communities during a health care encounter.

3. ***Colleagues:*** Nurses value and accept diversity among their colleagues and acknowledge the need for non-discriminatory interpersonal and interprofessional relationships. They respect each other's knowledge, skills and experience and regard these as a valuable resource.

4. ***Community:*** Nurses recognise and accept the diversity of people constituting the Australian community and that different groups may live their lives in ways informed by different cultural values, beliefs, practices and experiences. Nurses seek to eliminate disparities in nursing and health care, especially among population groups in society that are considered most vulnerable, including Aboriginal and Torres Strait Islander populations; asylum seekers, refugees and migrants; and ethnic, religious, national and racial minorities. Nurses work to reduce the adverse effects power imbalances and prejudicial attitudes and practices have on social and institutional justice, and on the just and humane provision and delivery of nursing and health care. In particular, they work to ensure people are not disadvantaged or harmed because of their appearance, language, culture,[15] religion, age, sexuality, national or social origin, economic or political status, physical or mental disability, health status,[16] or any other characteristics that may be used by others to educe the equal enjoyment or exercise of the right to health.

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## Code of Ethics (continued)

### VALUE STATEMENT 4

***Nurses value access to quality nursing and health care for all people***

Explanation

Valuing nursing and health care for all people requires nurses to uphold the principles and standards of the right to nursing and health care as measured by the availability, accessibility, acceptability, quality and safety of nursing and health care services. Specifically, access refers to the extent to which a person or community can obtain health care services. This includes knowledge of when it is appropriate to seek health care, the ability to travel to and the means to pay for health care. Access does not mean the ability to provide all services imaginable for everyone, but rather the ability to reasonably and equitably provide services based on need, irrespective of geography, social standing, ethnicity, age, race, level of income, gender or sexuality.

1. ***Self:*** Nurses value and accept responsibility for self-care. This involves maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices. This includes nurses maintaining and improving their knowledge, skills and attitudes so that they can perform their professional duties effectively in the respective domains in which they may practise. When caring for one's self calls into question participation in particular practices (whether in a research, educational, managerial or clinical domain),[17] nurses act in accordance with the statements contained in this Code regarding conscientious objection.

2. ***Person (health consumer):*** Nurses valuing non-harmful, non-discriminatory care provide nursing care appropriate to the individual that recognises their particular needs and rights. They seek to eliminate prejudicial attitudes concerning personal characteristics such as race, ethnicity, culture, gender, sexuality, religion, spirituality, disability, age and economic, social or health status. These commitments also apply when care is extended to members of the person's family, their partners, friends and other members of a person's nominated social network.

3. ***Colleagues:*** Nurses value the health of colleagues and foster supportive and constructive relationships, recognising that their colleagues also have physical and psychological strengths and limitations and respecting their need for self-care.

4. ***Community:*** Valuing the availability, accessibility, acceptability, quality and safety of nursing and health care services for the community requires nurses to be informed and knowledgeable about the provision of ethical and culturally competent care. Nurses promote the provision of quality nursing and health care to all members of the community and oppose stigmatising or harmful discriminatory beliefs or actions. Nurses uphold and comply with policies and agreements existing in Australia regarding the ethical media representation of health consumers and health-related matters.

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## Code of Ethics (continued)

### VALUE STATEMENT 5

***Nurses value informed decision making***

Explanation

Nurses value people's interests in making free and informed decisions. This includes people having the opportunity to verify the meaning and implication of information being given to them when making decisions about their nursing and health care. Nurses also recognise that making decisions is sometimes constrained by circumstances beyond individual control and that there may be circumstances where informed decision making cannot always be fully realised.

1. ***Self:*** Nurses make informed decisions in relation to their practice within the constraints of their professional role and in accordance with ethical and legal requirements. Nurses are entitled to do this without undue pressure or coercion of any kind. Nurses are responsible for ensuring their decision making is based on contemporary, relevant and well-founded knowledge and information.

2. ***Person (health consumer):*** Nurses value the legal and moral right of people, including children, to participate whenever possible in decision making concerning their nursing and health care and treatment, and assist them to determine their care on the basis of informed decision making. This may involve ensuring people who do not speak English have access to a qualified health interpreter. Nurses recognise and respect the rights of people to engage in shared decision making when consenting to care and treatment. Nurses also value the contribution made by persons whose decision making may be restricted because of incapacity, disability or other factors, including legal constraints. Nurses are knowledgeable about such circumstances and in facilitating the role of family members, partners, friends and others in contributing to decision-making processes.

3. ***Colleagues:*** Nurses respect the rights of colleagues and members of other disciplines to participate in informed decision making. Making these collaborative and informed decisions includes involving the person requiring or receiving nursing care (or their representative) in decisions relating to their nursing or health care, without being subject to coercion of any kind.

4. ***Community:*** Nurses value the contribution made by the community to nursing and health care decision making through a range of activities, including consumer groups, advocacy and membership of health-related committees. Nurses also assist in keeping the community accurately informed on nursing and health-related issues.

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## Code of Ethics (continued)

### VALUE STATEMENT 6

***Nurses value a culture of safety in nursing and health care***

Explanation

Valuing a culture of safety involves nurses actively engaging in the development of shared knowledge and understanding of the crucial importance of safety in contemporary health care. Nurses who value a culture of safety appreciate that safety is everyone's responsibility. Nurses support the development of risk management processes and a practice environment designed to reduce the incidence and impact of preventable adverse events in health care. Nurses also support the open disclosure of any adverse events to any person affected during the course of their care.[18]

1. ***Self:*** Nurses value safe practice and a safe working environment; practise within the limitations of their knowledge and skills; and recognise and avoid situations where their ability to deliver quality care may be impaired. Nurses have a moral and legal right to practise in a safe environment, without fear for their own safety or that of others, and they seek remedies through accepted channels, including legal action, when this is not the case. Nurses value the maintenance of competence in contributing to a safe care and practice environment.

2. ***Person (health consumer):*** Nurses recognise that people are vulnerable to injuries and illnesses as a result of preventable human error and adverse events while in health care settings. Nurses play a key role in the detection and prevention of errors and adverse events in health care settings, and support and participate in systems to identify circumstances where people are at risk of harm. Nurses act to prevent or control such risks through prevention, monitoring, early identification and early management of adverse events. Nurses contribute to the confidential reporting of adverse events and errors, and to organisational processes for the open disclosure of these events to persons affected during the course of their care.

3. ***Colleagues:*** Nurses work with their colleagues to create a culture of safety. Nurses support the development of safer health care systems through non-punitive human error, adverse event management and related education. Nurses value the critical relationship between consumer safety and interprofessional competencies, including trustful communication, teamwork and situation awareness. Nurses view the detection of their own errors and risks or those of their colleagues as opportunities for achieving a safer health care system.

4. ***Community:*** Nurses, acting through their professional and industrial organisations and other appropriate authorities, participate in developing and improving the safety and quality of health care services for all people. This includes actively promoting the provision of equitable, just and culturally and socially responsive health care services for all people living, or seeking residence or asylum, in Australia. It also involves raising public awareness about the nature and importance of consumer safety programs in health care services.

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## Code of Ethics (continued)

### VALUE STATEMENT 7

***Nurses value ethical management of information***

Explanation

The generation and management of information (including health care records and other documents) are performed with professionalism and integrity. This requires the information being recorded to be accurate, non-judgemental and relevant to the health, care and treatment of a person. All health documentation is a record that cannot be changed or altered other than by the addition of further information. A notation in a record or a document used for health care communication can have a powerful positive or negative impact on the quality of care received by a person. These effects can be long-lasting, either through ensuring the provision of quality care, or through enshrining stigma, stereotyping and judgement in health care decision making and health care provision experienced by a person.[19]

The ethical management of information involves respecting people's privacy and confidentiality without compromising health or safety. This applies to all types of data, including clinical and research data, irrespective of the medium in which the information occurs or is stored.[20] Personal information may only be shared with the consent of the individual or with lawful authorisation.

1. ***Self:*** Nurses are entitled to the same moral, professional and legal safeguards as any other person in relation to their personal information.[21] Nurses have a right to expect that their personal information will not be shared with another person without their approval or lawful authorisation.

2. ***Person (health consumer):*** Nurses are aware of, and comply with, the conditions under which information about individuals – including children, people who are incapacitated or disabled or who do not speak or read English – may or may not be shared with others. Nurses respect each person's wishes about with whom information may be shared and preserve each person's privacy to the extent this does not significantly compromise or disadvantage the health or safety of the person or others. Nurses comply with mandated reporting requirements and conform to relevant privacy and other legislation. Ethical information management also requires nurses to maintain information and records needed in order to provide quality nursing care. Nurses do not divulge information about any particular person to anyone not authorised to have that information.[22]

3. ***Colleagues:*** Nurses value the ethical management of information and recognise that their colleagues enjoy the same protections as other people with regard to personal information.[23] This does not override the responsibility nurses may have in reporting aspects of a colleague's professional practice giving reasonable cause for concern. Nurses ensure colleagues are given reliable information about the risks posed by people to whom they are providing or planning to provide care, subject to approved policies and relevant privacy and other legislation.

4. ***Community:*** Nurses comply with systems of information management meeting the standards and expectations of the community, including measures which protect the privacy and confidentiality rights, relating to the health care of all people living or seeking residency or asylum in Australia. Nurses are sensitive to, and respect, special requirements that may apply to the communication or sharing of information having cultural significance.

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## Code of Ethics (continued)

### VALUE STATEMENT 8

***Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing***

Explanation

Nurses value strategies aimed at preventing, minimising and overcoming the harmful effects of economic, social or ecological factors on the health of individuals and communities. Commitment to a healthy environment involves the conservation and efficient use of resources such as energy, water and fuel, as well as clinical and other materials.

1. ***Self:*** Nurses use all resources efficiently and comply with strategies aimed at the sustainable use of resources (including safe re-use, recycling and conservation) in the course of their practice. Nurses may also contribute to the development, implementation and monitoring of relevant policies and procedures.

2. ***Person (health consumer):*** Nurses are sensitive to, and informed about, the social and environmental factors that may contribute to a person's ill health and that may play a part in their recovery. Nurses take into account the economic and domestic circumstances of people where these impact, positively or adversely, upon their needs and health.

3. ***Colleagues:*** Nurses help bring to the attention of their colleagues and employers the adverse effects of environmentally harmful processes and practices, and collaborate to minimise these as they occur in health care settings. Nurses work cooperatively with colleagues to improve the conservation, efficient use and safe recycling of resources in the workplace.

4. ***Community:*** Nurses recognise and understand the contribution economic, social and ecological factors, such as poor education, social exclusion and prejudice, crime, poverty, inadequate housing, inadequate community infrastructure and services and environmental pollution and degradation, may make to ill health in the community. Nurses value and contribute towards strategies aimed at preventing and overcoming these problems and at minimising their harmful effects.

## Acknowledgments

The impetus for the development of the Code came from the Australasian Nurse Registering Authorities Conference (ANRAC) in 1990, when the research arising from the ANRAC Nursing Competencies Assessment Project indicated there was not a clear focus on the ethical standards expected and required of nurses practising in the cultural context of Australia.

The Code of Ethics for Nurses in Australia was first developed in 1993 under the auspices of the then Australian Nursing Council Inc. (now the Australian Nursing and Midwifery Council), Royal College of Nursing, Australia and the Australian Nursing Federation. In 2000 and 2006 respectively these peak organisations agreed to undertake a joint project to review the Code. It is recognised that the Code could not have been realised without the participation of nurses and nursing organisations in Australia, whose many submissions and comments informed the revision of the Code. These contributions are acknowledged and appreciated.

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## References


Australian Nursing and Midwifery Council (2002) *National Competency Standards for the Enrolled Nurse*, ANMC, Canberra. Available at:www.anmc.org.au. Accessed:19 March 2008.

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Nurse Practitioner*, ANMC, Canberra. Available at:www.anmc.org.au. Accessed:19 March 2008.

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse*, ANMC, Canberra. Available at: www.anmc.org.au. Accessed:19 March 2008.

Australian Council for Safety and Quality in Health Care and Standards Australia (2003) *Open Disclosure Standard: A national standard for open communication in public and private hospitals, following an adverse event in health care*, Commonwealth of Australia, Canberra.

Beauchamp T and Childress J (2001) *Principles of Biomedical Ethics*, Oxford University Press, New York.

Coady M and Bloch S (eds) (1996) *Code of Ethics and the Professions*, Melbourne University Press, Melbourne.

Eckermann A, Dowd T, et al. (2006) *Binan Goonj: Bridging cultures in Aboriginal health*, Churchill Livingstone/Elsevier, Marrickville, NSW.

Department of Health and Family Services (1997) *Quality and Outcome Indicators for Acute Health Services*, Commonwealth of Australia, Canberra.

Fukuda-Parr S (ed) (2004) *Human Development Report 2004: Cultural liberty in today's diverse world*, United Nations Development Programme, New York. Available at: http://hdr.undp.org. Accessed: 19 March 2008.

Forrester K and Griffiths D (2005) *Essentials of Law for Health Professionals*, Elsevier, Marrickville, NSW.

Fry S and Johnstone M (2008) *Ethics in Nursing Practice: A guide to ethical decision making*, 3rd revised edition, Blackwell Science/ International Council of Nurses, London/ Geneva.

Holmes C, Thompson F, et al. (2007) *Review of the Code of Professional Conduct for Nurses in Australia and the Code of Ethics for Nurses in Australia; and the development of a Code of Professional Conduct for Midwives in Australia and a Code of Ethics for Midwives in Australia – Final Report*, James Cook University and RMIT University, Townsville.

International Council of Nurses (2006) *Code of Ethics for Nurses*, ICN, Geneva. Available at: www.icn.ch. Accessed: 19 March 2008.

International Council of Nurses (1999–2006) *Position Statements*, ICN, Geneva. Available at: www.icn.ch. Accessed: 19 March 2008.

Johnstone M (1998) *Determining and Responding Effectively to Ethical Professional Misconduct in Nursing*: A report to the Nurses Board of Victoria, RMIT University, Melbourne.

Johnstone M (in press) *Bioethics: A nursing perspective*, 5th edition, Elsevier Australia, Sydney.

Johnstone M and Kanitsaki O (2007) 'An exploration of the notion and nature of the construct of cultural safety and its applicability to the Australian health care context', *Journal of Transcultural Nursing*, 18(3), pp. 247–56.

Kerridge I, Lowe M, et al. (2005) *Ethics and Law for the Health Professions*, 2nd edition, The Federation Press, Annandale, NSW.

National Health and Medical Research Council, Australian Research Council and Australian Vice-Chancellors' Committee (2007) *National Statement on Ethical Conduct in Human Research*, Australian Government, Canberra. Available at: www.nhmrc.gov.au/publications/ synopses/_files/e72.pdf. Accessed: 19 March 2008.

NSW Department of Health (1999) *A Framework for Managing the Quality of Health Services in NSW*, NSW Department of Health, Sydney. Available at: www.health.nsw.gov.au/policies/pd/2005/ PD2005_585.html. Accessed: 19 March 2008.

Reconciliation Australia (2005) 'Building relationships for change between Indigenous and non-Indigenous Australians'. Available at: www.reconciliation.org.au/i-cms.isp. Accessed: 8 November 2007.

Royal College of Nursing Australia (1998) *Position Statement: Conscientious objection*, RCNA, Canberra. Available at: www.rcna.org.au. Accessed:19 March 2008.

Royal College of Nursing Australia (2006) *Position Statement: Voluntary euthanasia/assisted suicide*, RCNA, Canberra. Available at: www.rcna.org.au. Accessed:19 March 2008.

## References (continued)


Thomas D (2004) *Reading Doctors' Writing: Race, politics and power in Indigenous health research* 1870–1969, Aboriginal Studies Press, Canberra.

United Nations (1978) *The International Bill of Human Rights (*incorporating the *Universal Declaration of Human Rights; International Covenant of Economic, Social and Cultural Rights; International Covenant of Civil and Political Rights;* and *two Optional Protocols*), United Nations, New York. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (1948) *Universal Declaration of Human Rights*, United Nations. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (1966) *International Covenant on Civil and Political Rights*, Geneva, United Nations. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (1966) *International Covenant on Economic, Social and Cultural Rights*, Geneva, United Nations. Available at: www.un.org. Accessed: 19 March 2008.

World Alliance for Patient Safety (2005) *WHO Draft Guidelines for Adverse Event Reporting and Learning Systems: From information to action*, World Health Organization, Geneva. Available at: www.who.int/patientsafety/events/05/Reporting_Guidelines.pdf.

World Health Organization (1948) *Constitution of the World Health Organization*, WHO, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2001) *Health and Human Rights Publication Series: 25 questions and answers on health and human rights*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2005) *Health and Human Rights Publication Series: Human rights, health and poverty reduction strategies*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.


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## Endnotes

1. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.

2. United Nations 1978; World Health Organization 1948, 2001a, 2001b, 2003, 2005; Fukuda-Parr (ed.) 2004.

3. International Council of Nurses 1999–2006 (Position statements: eg *Nurses and human rights* (2006); *Cultural and linguistic competence* (in press), *Mental health* (2002); *Abuse and violence against nursing personnel* (2006); *Rights of children* (2000); *Health services for migrants, refuges and displaced persons* (2006); *Nurses role in the care of detainees and prisoners* (2006); *Nurses role in providing care to dying patients and their families* (2006); *Prevention of disability and the care of people with disabilities* (2000); *Torture, death penalty and participation by nurses in executions* (2006); *Health information: protecting patient rights* (2000); *Patient safety* (2002); *Medical waste: role of nurses and nursing* (2004); *Reducing environmental and lifestyle-related health hazards* (1999).

4. United Nations 1978.

5. WHO 2001b.

6. WHO 2005.

7. WHO 2001b.

8. Advice provided by a Torres Strait Islander academic.

9. This also includes nurses involved in other aspects of health and nursing such asplanning, policy development, project management and regulatory activities.

10. The most appropriate term for people who are recipients of care remains controversial. The project team conducting the review of the codes found that: Arguably one of the most signifi cant issues to emerge from the data was the use of the term 'client' in the Code and the suggestion that this term should be replaced by a more appropriate term, for example: patient; consumer; human being; person(s) and/or people. This stance was strongly supported by the Expert Panel, with one panel member pointing out that there was a trend toward reinstating the use of the term 'patient' in Australia. It is acknowledged that this trend is not universal, and the Canadian Nurses Association (2002) for example, uses the term 'people' or 'person' in its Code of Ethics. The use of the term 'patient' is consistent with the nomenclature used in other jurisdictions, however. For example, the UK's Nursing and Midwifery Council (2002) Code refers to both 'patient' and 'client'. The International Council of Nurses repeatedly uses the term 'patient' in its Position Statements (ICN, 2000a, 2002, 2006b), and the American Nurses Association (ANA) (2001) also uses the term 'patient' in its Code of Ethics for Nurses. The term 'patient' entails a special ethical and legal relationship to the nurse or midwife, and to others in the context of professional health care, which does not apply to other 'persons', and is established in ethical discourse in phrases such as 'patient autonomy', 'patient care', 'patient advocacy' and so on. The Project Team has therefore opted for its use in the Codes of Ethics, and proposed that the term 'patient' be defined as 'the recipient of health care services – whether the recipient is an individual, a family, a group or the community'. The Project Team also believes that it is appropriate to use this terminology in the Codes because it 'makes clear that nurses care for groups as well as individuals' and because the term 'patient' can be defined as to include the full range of alternative terms that might be used in different contexts, such as 'client', 'resident' and 'consumer', as well as family, friends, relatives and others associated with the patient where appropriate. Holmes, Thompson et al. (2007) *Review of the Code of Professional Conduct for Nurses in Australia*; and the *Code of Ethics for Nurses in Australia; and the development of a Code of Professional Conduct for Midwives in Australia and a Code of Ethics for Midwives in Australia - Final Report*, Townsville, James Cook University RMIT University. An alternative viewpoint expressed by people who are recipients of health care and health services is that the nomenclature of 'patient' is most inappropriate in 2007. If we ask the 'what are we here for' question about nursing, it is about providing high quality, safe care to people. The very word 'patient' is heavily weighted with notions of paternalism. The language that paints the context of people who are the recipients of health care abounds with terms laden with passivity, compliance, endurance, power imbalance and control. We need to be aware of just how much the language affects our views of the world. The importance of language and who controls it has been widely recognised and articulated by the feminist movement. Dale Spender talks of 'man made language' as defining and controlling the world that women live in. Nurses and midwives object strongly to the 'medicalisation' of health language. However, we could nearly identify a health service provider language as controlling a health consumer's environment. A leading national organisation for recipients of health care is the Consumer Health Forum of Australia. The language of people who have organised in any way to represent the recipients of health services and care have generally called themselves 'health consumers' and identify as 'people' or as an individual 'person'. The continuing use of 'patient' is rejected by these groups and their very strong grounds for this rejection should be respected by nurses.

11. See for example, World Alliance for Patient Safety (2005). Many organisations have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect public interest. It is usually disclosure of information: by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to persons or an organisation that have the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistle blowing.

12. According to Johnstone M (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' -otherwise referred to as 'cultural rights' (Fukuda-Parr 2004). Cultural rights claims entail respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefi ne their values and practices to changing realitiesand exchanges of idea' (Fukuda-Parr 2004, 4).

13. This part of the explanatory statement also appears in the Code of Professional Conduct for Nurses in Australia and as it goes to the ethical conduct of nurses it has been included in

## Endnotes (continued)

the Code of Ethics as well. The power of nurses comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from nurses where they feel themselves required to plead, express gratitude or feel at the mercy of a nurse caring for them. The preceding comments and the commentary in the explanation were made in a response from the Health Consumers Council WA. It was the view of the Health Consumers' Council that kindness is irrefutably a professional quality required of nurses. It is their view that the demonstration of kindness diminishes the discrepancy in power between a nurse and a person in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to nurses on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about nursing conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by nurses who are able to demonstrate simple acts of kindness and consideration.

14. There is a need for nurses to develop skills and capacity to respond to people speaking languages other than English, especially when they are working in health services where particular cultural groups speaking other languages are a substantial proportion of the local population.

15. According to Johnstone (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' otherwise referred to as 'cultural rights' (Fukuda-Parr 2004). Cultural rights claims involve respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefi ne their values and practices to changing realities and exchanges of idea' (Fukuda-Parr 2004, 4).

16. Health status includes living with conditions such as HIV/AIDS and mental disorders.

17. This also includes nurses involved in other aspects of health and nursing such asplanning, policy development, project management and regulatory activities.

18. For example, as outlined in Australian Council for Safety and Quality in Health Careand Standards Australia (2003).

19. Response from the Health Consumers Council WA. The Council notes that it has seen some extreme and severe impacts for medical and mental health consumers from unprofessional notations in medical records. Nurses must be aware that an attempt to convey an impression about a health consumer to fellow workers during a particular episode of care can have ramifi cations for the consumer for many years to follow. Consumers can now access their records and can read and interpret the notes written about them. Consumers integrate their own recollections with the notes and develop a perception about the quality and professionalism of the care they received.

20. This includes oral, written, statistical, digital and computerised data and other information.

21. Including information kept in personnel files.

22. Nurses should also uphold and comply with policies and agreements that exist in Australia regarding the ethical media representation of health consumers and healthrelated matters.

23. Including information kept in personnel files.

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# CODE OF PROFESSIONAL CONDUCT FOR NURSES IN AUSTRALIA

Introduction Code of Professional Conduct Purpose Glossary of Terms References

## Introduction

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs professionals will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.[1]

The *Code of Professional Conduct for Nurses in Australia* is supported by the *Code of Ethics for Nurses in Australia*. This *Code of Professional Conduct for Nurses* sets the minimum standards for practice a professional person is expected to uphold both within and outside of professional domains in order to ensure the 'good standing' of the nursing profession. These two companion Codes, together with other published practice standards (eg competency standards, decision-making frameworks, guidelines and position statements), provide a framework for legally and professionally accountable and responsible nursing practice in all clinical, management, education and research domains.[2]

The support and assistance of Royal College *of* Nursing, *Australia* and the Australian Nursing Federation in developing this edition of the *Code of Professional Conduct for Nurses in Australia* is acknowledged.

In considering this Code and the *Code of Ethics for Nurses in Australia*, it should be borne in mind that they are designed for multiple audiences: nurses; nursing students; people requiring or receiving nursing care; other health workers; the community generally; employers of nurses; nursing regulatory authorities; and consumer protection agencies.

## Code of Professional Conduct for Nurses

1. Nurses practise in a safe and competent manner.
2. Nurses practise in accordance with the standards of the profession and broader health system.
3. Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing.
4. Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues.
5. Nurses treat personal information obtained in a professional capacity as private and confidential.
6. Nurses provide impartial, honest and accurate information in relation to nursing care and health care products.
7. Nurses support the health, wellbeing and informed decision making of people requiring or receiving care.
8. Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care.
9. Nurses maintain and build on the community's trust and confidence in the nursing profession.
10. Nurses practise nursing reflectively and ethically.

## Purpose

The purpose of the *Code of Professional Conduct for Nurses in Australia* is to:

- outline a set of minimum national standards of conduct members of the nursing profession are expected to uphold
- inform the community of the standards of professional conduct it can expect nurses in Australia to uphold
- provide consumer, regulatory, employing and professional bodies with a basis for evaluating the professional conduct of nurses.

The Code is not intended to give detailed professional advice on specific issues and areas of practice. In keeping with national competency standards, nurses have a responsibility to ensure their knowledge and understanding of professional conduct issues is up to date. While mandatory language such as 'must', 'shall' and 'will' is not used throughout this Code, it is important for nurses to understand that there is a presumption the conduct discussed is mandatory and therefore not discretionary for nurses practising nursing.

A breach of the Code may constitute either professional misconduct or unprofessional conduct. For the purposes of this Code, **professional misconduct** refers to 'the wrong, bad or erroneous conduct of a nurse outside of the domain of his or her practice; conduct unbefitting a nurse' (eg sexual assault, theft, or drunk and disorderly conduct in a public place). **Unprofessional conduct** refers to 'conduct that is contrary to the accepted and agreed practice standards of the profession' (eg breaching the principles of asepsis; violating confidentiality in the relationship between persons receiving care and nurses).[3]

The nursing profession expects nurses will conduct themselves personally and professionally in a way that maintains public trust and confidence in the profession. Nurses have a responsibility to the people to whom they provide care, society and each other to provide safe, quality and competent nursing care.

## Code of Professional Conduct

**CONDUCT STATEMENT 1**

***Nurses practise in a safe and competent manner***

Explanation

1. Nurses are personally accountable for the provision of safe and competent nursing care. It is the responsibility of each nurse to maintain the competence necessary for current practice. Maintenance of competence includes participation in ongoing professional development to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting.[4]

2. Nurses are aware that undertaking activities not within their scopes of practice may compromise the safety of persons in their care. These scopes of practice are based on each nurse's education, knowledge, competency, extent of experience and lawful authority.

3. Nurses, reasonably and in good faith, advise their immediate supervisors or employers of the scopes of their practice including any limitations.[5]

4. When an aspect of care is delegated, nurses ensure the delegation does not compromise the safety or quality of care of people.

5. Nurses practise in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol or other substances that may alter a nurse's capacity to practise safely at all times. Nurses whose health threatens their capacity to practise safely and competently have a responsibility to seek assistance to redress their health needs. This may include making a confidential report to an appropriate authority.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 2

***Nurses practise in accordance with the standards of the profession and broader health system***

Explanation

1. Nurses are responsible for ensuring the standard of their practice conforms to professional standards developed and agreed by the profession, with the object of enhancing the safety of people in their care as well as their partners, family members and other members of the person's nominated network. This responsibility also applies to the nurses' colleagues.

2. Nurses practise in accordance with wider standards relating to safety and quality in health care and accountability for a safe health system, such as those relating to health documentation and information management, incident reporting and participation in adverse event analysis and formal open disclosure procedures.[6]

3. Nurses' primary responsibility is to provide safe and competent nursing care. Any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, should be made known to an appropriate person or authority. If the concern is not resolved and continues to compromise safe and competent care, nurses must intervene to safeguard the individual and, after exhausting internal processes, may notify an appropriate authority external to their employer organisation.

4. Nurses recognise their professional position and do not accept gifts or benefits that could be viewed as a means of securing the nurses' influence or favour.[7]

### CONDUCT STATEMENT 3

***Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing***

Explanation

1. Nurses are familiar with relevant laws[8] and ensure they do not engage in clinical or other practices prohibited by such laws or delegate to others activities prohibited by those laws.

2. Nurses witnessing the unlawful conduct of colleagues and other co-workers, whether in clinical, management, education or research areas of practice,[9] have both a responsibility and an obligation to report such conduct to an appropriate authority and take other appropriate action as necessary to safeguard people and the public interest.

3. Where nurses make a report of unlawful or otherwise unacceptable conduct to their employers, and that report has failed to produce an appropriate response from the employers, nurses are entitled and obliged to take the matter to an appropriate external authority.[10]

4. Nurses respect the possessions and property of persons people in their care and those of their colleagues, and are stewards of the resources of their employing organisations.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 4

***Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues***

Explanation

1. In planning and providing effective nursing care, nurses uphold the standards of culturally informed and competent care. This includes according due respect and consideration to the cultural knowledge, values, beliefs, personal wishes and decisions of the persons being cared for as well as their partners, family members and other members of their nominated social network. Nurses acknowledge the changing nature of families and recognise families can be constituted in a variety of ways.

2. Nurses promote and protect the interests of people receiving treatment and care. This includes taking appropriate action to ensure the safety and quality of their care is not compromised because of harmful prejudicial attitudes about race, culture, ethnicity, gender, sexuality, age, religion, spirituality, political, social or health status, lifestyle or other human factors

3. Nurses refrain from expressing racist, sexist, homophobic, ageist and other prejudicial and discriminatory attitudes and behaviours toward colleagues, co-workers, persons in their care and their partners, family and friends. Nurses take appropriate action when observing any such prejudicial and discriminatory attitudes and behaviours, whether by staff, people receiving treatment and care or visitors, in nursing and related areas of health and aged care.

4. In making professional judgements in relation to a person's interests and rights, nurses do not contravene the law or breach the human rights of any person, including those deemed stateless such as refugees, asylum seekers and detainees.

### CONDUCT STATEMENT 5

***Nurses treat personal information obtained in a professional capacity as private and confidential***

Explanation

The treatment of personal information should be considered in conjunction with the *Guidelines to the National Privacy Principles 2001,* which support the *Privacy Act 1988* (Cwth).[11] Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including health care records.

1. Nurses have ethical and legal obligations to protect the privacy of people requiring and receiving care. This encompasses treating as confidential information gained in the course of the relationship between those persons and nurses and restricting the use of the information gathered for professional purposes only.

2. Nurses, where relevant, inform a person that in order to provide competent care, it is necessary to disclose information that may be important to the clinical decision making by other members of a health care team or a nominated carer.

3. Nurses where practicable, seek consent from the persons requiring or receiving care or their representatives before disclosing information. In the absence of consent, nurses use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of the person in their care. Nurses recognise that they may be required by law to disclose certain information for professional purposes.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 6

***Nurses provide impartial, honest and accurate information in relation to nursing care and health care products***

Explanation

1. When nurses provide advice about any care or product, they fully explain the advantages and disadvantages of alternative care or products so individuals can make informed choices. Nurses refrain from engaging in exploitation, misinformation or misrepresentation with regard to health care products and nursing care.

2. Nurses accurately represent the nature of their services or the care they intend to provide.

3. Where a specific care or a specific product is advised, nurses ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Deceptive endorsement of products or services or receipt of remuneration for products or services primarily for personal gain, other than emuneration in the course of a proper commercial relationship, is improper.[12]

### CONDUCT STATEMENT 7

***Nurses support the health, wellbeing and informed decision making of people requiring or receiving care***

Explanation

1. Nurses inform the person requiring nursing care and, where that person wishes, their nominated family members, partners, friends or health interpreter, of the nature and purpose of recommended nursing care, and assist the person to make informed decisions about that care.

2. In situations where a person is unable or unwilling to decide or speak independently, nurses endeavour to ensure their perspective is represented by an appropriate advocate, including when the person is a child.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 8

***Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care***

Explanation

1. An inherent power imbalance exists within the relationship between people receiving care and nurses that may make the persons in their care vulnerable and open to exploitation. Nurses actively preserve the dignity of people through practised kindness and respect for the vulnerability and powerlessness of people in their care. Significant vulnerability and powerlessness can arise from the experience of illness and the need to engage with the health care system. The power relativities between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain and illness; needs assistance with personal care; belongs to a marginalised group; or experiences an unfamiliar loss of selfdetermination. This vulnerability creates a power differential in the relationship between nurses and persons in their care that must be recognised and managed.[13]

2. Nurses take reasonable measures to establish a sense of trust in people receiving care that their physical, psychological, emotional, social and cultural wellbeing will be protected when receiving care. Nurses recognise that vulnerable people, including children, people with disabilities, people with mental illness and frail older people in the community, must be protected from sexual exploitation and physical harm.

3. Nurses have a responsibility to maintain a professional boundary between themselves and the person being cared for, and between themselves and others, such as the person's partner and family and other people nominated by the person to be involved in their care.

4. Nurses fulfil roles outside the professional role, including those as family members, friends and community members. Nurses are aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit for the person receiving care. Nurses take care when giving professional advice to people with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.

5. Sexual relationships between nurses and persons with whom they previously entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to nurses exploiting the vulnerability of persons who are or who have been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within such relationships.

6. Nurses should not be required to provide nursing care to persons with whom they have a pre-existing non-professional relationship, reassignment of the persons to other nurses for care should be sought where possible.

7. Nurses take all reasonable steps to ensure the safety and security of the possessions and property of persons requiring and receiving care.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 9

***Nurses maintain and build on the community's trust and confidence in the nursing profession***

Explanation

1. The conduct of nurses maintains and builds public trust and confidence in the profession at all times.
2. The unlawful and unethical actions of nurses in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public. If the good standing of either individual nurses or the profession were to diminish, this might jeopardise the inherent trust between the nursing profession and the public necessary for effective therapeutic relationships and the effective delivery of nursing care.
3. Nurses consider the ethical interests of the nursing profession and the community when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.

### CONDUCT STATEMENT 10

***Nurses practise nursing reflectively and ethically***

Explanation

1. Nurses practise nursing reflectively and ethically, in accordance with the *Code of Ethics for Nurses in Australia*, in order to learn from experience and contribute to personal and professional practice.
2. Nurses develop and maintain appropriate and current quality nursing advice, support and care for each person requiring and receiving care and their partners, families and other members of their nominated social network. This responsibility also applies to colleagues of nurses.
3. Nurses evaluate their conduct and competency according to the standards of the nursing profession.
4. Nurses contribute to the professional development of students and colleagues.
5. Nurses participating in research do so in accordance with recognised research guidelines and do not violate their duty of care to persons receiving nursing care.
6. Nurses advise employers and any persons in their care of any reduction in their capacity to practise due to health, social or other factors, while they seek ways of redressing the problem.

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## Glossary of Terms

**Adverse event** - is an unintended injury or complication resulting in temporary or permanent disability, death or prolonged hospital stay and is caused by health care management rather than the person's disease.

**Colleagues** – includes health care workers, co-workers, staff and others lawfully involved in the care of people.

**Ethics and morality** – the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

**Nominated partners, family and friends** – include people in consensual relationship with the person receiving nursing care and others who play an important role in the life of that person.

**Nurse** – means a registered or enrolled nurse authorised to practise in a state or territory of Australia. For the purposes of this Code, it may also refer to students of nursing.

**Persons or people requiring or receiving care** – includes the full range of alternative terms such as patient, client, resident and consumer and is employed for the sake of respect and simplicity.

**Professional boundaries** – are the limits of a relationship between a nurse and an individual or the individual's signifi cant other. These limits facilitate safe and therapeutic practice and result in safe and effective care. Limits of a relationship may include under- or over-involvement in the provision of care.

**Representative of a person requiring or receiving care** – is a person legitimately entitled to act on behalf of another person.

**Unsatisfactory professional conduct** – is professional conduct below the standard reasonably expected of a nurse with an equivalent level of training or experience. This includes conduct that demonstrates incompetence, compromises care and/or discredits the nursing profession.

**Professional standards include**:

- this *Code of Professional Conduct for Nurses in Australia*,
- the *Code of Ethics for Nurses in Australia*,
- the ICN *Code of Ethics for Nurses*,
- the ANMC *Competency Standards for Nurse Practitioners, Registered Nurses and Enrolled Nurses*,
- the ANMC *National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice*,
- other endorsed standards or guidelines published by the state and territory nursing and midwifery regulatory authorities,
- standards developed by professional nursing organisations.

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## References


Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) (2000) *Fair Treatment? Guide to the Trade Practices Act for the advertising or promotion of medical and health services*, Commonwealth of Australia, Canberra. Available at: www.accc.gov.au/content/index.phtml/itemId/309070/fromItemId/654313. Accessed: 19 March 2008.

Australian Nursing and Midwifery Council (2002) *Code of Ethics for Nurses in Australia*, ANMC, Canberra – under review. Available at: www.anmc.org.au. Accessed: 19 March 2008.

Australian Nursing and Midwifery Council (2003) *Code of Professional Conduct for Nurses in Australia*, ANMC, Canberra – under review. Available at: www.anmc.org.au. Accessed: 19 March 2008.

Australian Nursing and Midwifery Council (2002) *National Competency Standards for the Enrolled Nurse*, ANMC, Canberra. Available at: www. anmc.org.au. Accessed: 19 March 2008.

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Nurse Practitioner*, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse*, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.

Australian Nursing and Midwifery Council (2007) Draft ANMC *National Guidelines on Professional Boundaries for Nurses and Midwives*, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.

Forrester K and Griffiths D (2005) *Essentials of Law for Health Professionals*, Elsevier, Marrickville, NSW.

International Council of Nurses (2006) *Code of Ethics for Nurses*, ICN, Geneva. Available at: www.icn.ch. Accessed: 19 March 2008.

Johnstone M and Kanitsaki O (2001) *Professional Conduct: A report to the Nurses Board of Victoria*, RMIT University, Melbourne.

Kerridge I, Lowe M, et al. (2005) *Ethics and Law for the Health Professions*, 2nd edition, The Federation Press, Annandale, NSW.

National Nursing Organisations (2006) *Governance Standards for Specialist Nursing and Midwifery Organisations: A report by NNO for the National Nursing and Nursing Education Taskforce* (N3ET), NNO, Melbourne. Available at: www.conno.org.au. Accessed: 19 March 2008.

Nurses Board of Victoria (2001) *Professional Boundaries Guidelines for Registered Nurses in Victoria*, NBV, Melbourne. Available at: www.nbv. org.au. Accessed: 19 March 2008.

Nurses and Midwives Board of Western Australia (2004) *Nurse Practitioners Code of Practice 2004*. Available at: www.nmbwa.org.au. Accessed: 19 March 2008.

Nurses Registration Board of New South Wales (1999) *Boundaries of Professional Practice: Guidelines for registered nurses and enrolled nurses*, NRBNSW, Surry Hills. Available at: www.nmb.nsw.gov.au. Accessed:19 March 2008.

Nurses Registration Board of New South Wales (2001) *Professional Conduct: A case book of disciplinary decisions relating to professional conduct matters*, NRBNSW, Surry Hills.

Nursing Board of Tasmania (2005) *Professional Boundaries Standards for Nurses in Tasmania*, NBT, Hobart.

Queensland Nursing Council (1999) *Guidelines for Registered Nurses and Enrolled Nurses Regarding the Boundaries of Professional Practice*.

Queensland Nursing Council (2005) *Scope of Practice Framework for Nurses and Midwives*. Available at: www. qnc.qld.gov.au/publications/ publications.aspx. Accessed: 18 March 2008.

Queensland Nursing Council (2005) *Statement on Sexual Relationships Between Health Practitioners and Their Patients*. Available at: www. qnc.qld.gov.au/publications/publications.aspx. Accessed: 18 March 2008.

Queensland Nursing Council (2006) *Professional Practice Policy*. Available at: www.qnc.qld.gov.au/publications/publications.aspx. Accessed: 18 March 2008.

Staunton P and Chiarella M (2008) *Nursing and the Law*, 6th edition, Elsevier, Marrickville, NSW.

World Alliance for Patient Safety (2005) *WHO Draft Guidelines for Adverse Event Reporting and Learning Systems: From information to action*, World Health Organization, Geneva. Available at: www.who.int/patientsafety/events/05/Reporting_Guidelines.pdf. Accessed: 18 March 2008.


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## Endnotes

1. Johnstone M and Kanitsaki O 2001.
2. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
3. Johnstone M and Kanitsaki O 2001.
4. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
5. See the work being conducted around the development of the national framework for the development of decision-making tools for nursing and midwifery practice and associated documents and guidelines at: www.anmc.org.au/professional_standards/ index.php
6. For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
7. Nurses do not allow the offer of any gift or benefits to change the way they work or make decisions, working on the general presumption that they do not accept any gifts or benefits. Recognising the reality of people wishing to demonstrate their appreciation for care by providing an acknowledgement in the form of a gift or benefit, the following guidelines apply:
   - Nurses may accept token or inexpensive gifts offered as a gesture of appreciation, and not to secure favour. They do not accept gifts that are more than a token; nor do they accept gifts of cash, other than a negotiated fee for service when in private practice.
   - Nurses in employment report the acceptance of the gift to their supervisors and seek their agreement to retain the gift.
   - Nurses take all reasonable steps to ensure that neither they nor their immediate family members accept gifts or benefits an impartial observer could view as a means of securing the nurse's influence or favour.
   - Further specific guidance may be obtained from the Codes of Conduct of the relevant government agencies in the jurisdiction responsible for the conduct of health services and employees of health services, ethical and fair trading, anti-corruption; as well as private health service providers; and professional associations.
8. 'Relevant laws' include the legislation and common law specific to nursing and the health system such as those regulating the conduct of nurses and poisons and therapeutic goods; but also include the many other general laws regulating areas including criminal conduct (such as assault and murder), privacy and negligence.
9. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
10. See, for example, World Alliance for Patient Safety (2005). Many organisations will have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect the public interest. It is usually disclosure of information by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to a person or an organisation that has the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistleblowing.
11. Under review by the Australian Law Reform Commission at the time of writing.
12. Guidelines prepared by the Australian Competition and Consumer Commission and the Council of Health Care Complaints Commissioners in Australia outline the issues in relation to professional conduct in this area of practice (Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) 2000).
13. This statement also appears in the *Code of Ethics for Nurses in Australia* and as it goes to the professional conduct of nurses it has been included in the *Code of Professional Conduct* as well. The power of nurses comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from nurses where they feel themselves required to plead, express gratitude or feel at the mercy of a nurse caring for them. These comments and the commentary in the explanation were made in a response from the Health Consumers' Council WA. It was the view of the Council that kindness is irrefutably a professional quality required of nurses. It is their view that the demonstration of kindness diminishes the discrepancy in power between a nurse and a person in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to nurses on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about nursing conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by nurses who are able to demonstrate simple acts of kindness and consideration.

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# CODE OF ETHICS FOR MIDWIVES IN AUSTRALIA

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## Definition of the Midwife

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 each woman 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 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 counselling 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 each woman's health, sexual or reproductive health and child care.

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

**Adopted by the International Confederation of Midwives Council meeting, 19 July 2005, Brisbane, Australia; supersedes the ICM *Definition of the Midwife* 1972 and its amendments of 1990.**

## Introduction

This *Code of Ethics for Midwives in Australia* has been developed for the midwifery profession in Australia. It is relevant to all midwives in all areas of maternity services including those encompassing the midwifery practice, management, education and research domains.[1] Midwives have a responsibility to promote this Code in midwifery and maternity services, participating in policy at all levels of governance, and developing their knowledge and understanding of ethics and midwifery in order to respond effectively to issues arising from their practice.

In considering this Code and its companion the *Code of Professional Conduct for Midwives in Australia*, it should be borne in mind that they are designed for multiple audiences: midwives; midwifery students; women receiving midwifery care and their families; the community generally; employers of midwives; midwifery regulatory authorities; and consumer protection agencies. It is also noteworthy that the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

This Code reflects the Australian College of Midwives *Philosophy Statement* (2004) and the midwifery profession's commitment to respect, promote, protect and uphold the rights of women and their infants, in both the receipt and provision of midwifery care and maternity services. It is also framed in part by the principles and standards set forth in the United Nations *Universal Declaration of Human Rights, International Covenant of Economic, Social and Cultural Rights* and *International Covenant on Civil and Political Rights*; the World Health Organization's Constitution and publication series entitled *Health and Human Rights*; and the United Nations Development Programme *Human Development Report 2004: Cultural liberty in today's diverse world*.[2]

## Introduction (continued)

This Code is also complementary to the International Confederation of Midwives *Code of Ethics* (2005) and is intended to be interpreted in conjunction with that code, as well as other ethical standards and guidelines developed by Australian state and territory professional midwifery organisations and nursing and midwifery regulatory authorities. The Code is supported by the *Code of Professional Conduct for Midwives in Australia*. The *National Competency Standards for the Midwife in Australia* (2006) flow from these Codes and have strong linkages and identifi able common subject matter. Whereas this Code sets out certain values for guiding the ethical orientation and behaviour of midwives in practice domains, the *Code of Professional Conduct for Midwives in Australia* sets out certain practice requirements.

## Code of Ethics for Midwives

1. Midwives value quality midwifery care for each woman and her infant(s).

2. Midwives value respect and kindness for self and others.

3. Midwives value the diversity of people.

4. Midwives value access to quality midwifery care for each woman and her infant(s).

5. Midwives value informed decision making.

6. Midwives value a culture of safety in midwifery care.

7. Midwives value ethical management of information.

8. Midwives value a socially, economically and ecologically sustainable environment promoting health and wellbeing.

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## Purpose

The purpose of the *Code of Ethics for Midwives in Australia* is to:

- identify the fundamental ethical standards and values to which the midwifery profession is committed, and that are incorporated in other professional midwifery codes and standards for woman-centred midwifery practice
- provide midwives with a reference point from which to reflect on the conduct of themselves and others
- indicate to each woman receiving midwifery care and her family, colleagues from other professions, and the Australian community generally the human rights standards and ethical values they can expect midwives to uphold
- guide ethical decision making and midwifery practice.

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## Women-Centred Midwifery and Human Rights

The midwife's primary professional responsibility is toward each woman and her infant(s) requiring or receiving midwifery care, in particular the individual woman-midwife partnership, while recognising and respecting the role of partners, family and friends in the woman's life. Midwives assist women in pregnancy, childbirth and early parenting, and support them to maintain, restore or improve their health and that of their infants.

The midwifery profession recognises the universal human rights of people, and in particular of each woman and her infant(s); and the moral responsibility to safeguard the inherent dignity and equal worth of everyone.[3] This includes recognising, respecting, actively promoting and safeguarding the right of each woman and her infant(s) to the highest attainable standard of midwifery care as a fundamental human right, and that 'violations or lack of attention to human rights can have serious health consequences'.[4]

In recognising the linkages and operational relationships that exist between childbirth and human rights, the midwifery profession respects the human rights of Australia's Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of, and live a distinct and viable culture that shapes their world view and influences their daily decision making. Midwives recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.[5]

The midwifery profession also acknowledges the diversity of people constituting Australian society, including immigrants, asylum seekers, refugees and detainees, and the responsibility of midwives to provide just, compassionate, culturally competent and culturally responsive midwifery care to each childbearing woman and her infant(s).

## Guiding Framework

The guiding framework of this Code is woman-centred midwifery. While the Code speaks to individuals, it signals the standards and values of the profession (not of individuals) that midwives are expected to uphold whether in direct midwifery care or managerial, educational or research practice.[6]

This Code contains eight value statements. The explanations accompanying the value statements are organised into five categories: self, the woman and her infant(s), partner and family, colleagues and community.

- ***Self:*** refers to a midwife, registered or endorsed, who is employed in that capacity. It also refers to students of midwifery.
- ***The woman and her infant(s):*** refers to the childbearing woman, during pregnancy, labour, birth, early parenting and at any other stage when she seeks and receives maternity services; infant(s) includes the unborn baby and newborn baby, alive or dead, and in the event of multiple births refers to each infant.
- ***Partner and family:*** refers to a woman's partner and immediate family as defined or described by the woman. Note that this term is used for the sake of simplicity. It is to be read to include the full range of forms the contemporary Australian family takes, and may includefathers (of the infants), husbands, partners, other children, siblings, parents and/or grandparents. It can sometimes include friends, relatives and others associated with the woman. It may include some family members who are not in Australia.
- ***Colleagues:*** includes other midwives, midwifery and other students, health care providers and others legitimately involved in the care of the woman and her infant(s).
- ***Community:*** refers to Australian society as a whole regardless of geographic location and any specific group the woman defines as her community, including those identifying as culturally connected through ethnicity, shared history, religion, gender, age and other ways.

This Code and the explanations are not intended to provide a formula for the resolution of ethical problems, nor can they adequately address the definitions and exploration of terms, concepts and practical issues that are part of the broader study of midwifery and ethics.

It is intended that this Code and the explanations:

- guide ethical relationships between the childbearing woman and the midwife, and the midwife and others such as colleagues and the woman's partner and family
- assist further exploration and consideration of ethical matters in midwifery.

In addition to the social context in which it takes place, midwifery care may be affected by government policies, laws, resource constraints, institutional policies, management decisions, Aboriginal and Torres Strait Islander community protocols and practices and the practice of other health care providers.

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## Code of Ethics

### VALUE STATEMENT 1

***Midwives value quality midwifery care for each woman and her infant(s)***

Explanation

At the heart of valuing quality midwifery care is valuing each woman, the process of childbirth, the woman-midwife partnership, and the motherbaby relationship. This involves midwives assisting each woman during pregnancy, birth and the early postnatal period, providing support, advice and care according to individual needs. The woman-midwife partnership focuses on the health and midwifery needs of the woman, her infant(s) and her partner and family. Midwives have a responsibility not to interfere with the normal process of pregnancy and childbirth[7] unless it is necessary for the safety of the women and infant(s).[8] Quality midwifery care also necessitates midwives being accountable for the standard of care they provide; helping to raise the standard; and taking action when they consider, on reasonable grounds,[9] the standard to be unacceptable. This includes a responsibility to question and report unethical behaviour or treatment.[10]

1. ***Self:*** Self-care involves acknowledging one's own strengths and limitations and developing personal qualities that promote professional practices. This includes midwives improving their knowledge, skills and attitudes in order to provide evidence-based, safe, quality support, advice and care in their midwifery practice and maximising the woman's capacity to enjoy and be in control of their pregnancy, birth and parenting. Midwives are entitled to conscientiously refuse to participate in midwifery care they believe on religious or moral grounds to be unacceptable ('conscientious objection'). Midwives account for their midwifery decisions, accept their moral and legal responsibilities, and practise within the boundaries of their professional role, avoiding situations that may impair quality midwifery care.

2. ***The woman and her infant(s):*** A midwife's primary responsibility is to the woman and her infant(s).[11] Midwives strive to secure for each woman and her infant(s) the best available support during pregnancy, labour, birth, the postnatal period and at any other time they require midwifery care. To achieve this, midwives recognise the validity of the woman's knowledge of self during pregnancy, labour, birth and early parenting; and the need for each woman to have freedom to make choices about her care, informed decision making, and a trusting, supportive and protective environment. Midwives also strive to ensure that the infant's health needs are met, including promoting a safe birth and the establishment of breastfeeding.

3. ***Partner and family:*** Midwives value the importance of the supportive role of the woman's partner and family in her life, from the time of the infant's conception, development and birth into the existing family and social network. This involves knowing the woman, her partner and family, and respecting individuality and difference within families.

4. ***Colleagues:*** Midwives collaborate with colleagues working in partnership with the woman, advocating for her needs while supporting and sustaining each other in their professional roles. Midwives acknowledge the role and expertise of other health professionals providing care and support for each childbearing woman. Midwives take steps to ensure that not only they, but also their colleagues, provide quality maternity care. This may involve reporting to an appropriate authority, cases of unsafe, incompetent, unethical or illegal practice. Midwives support colleagues whom they reasonably consider are complying with this expectation.

5. ***Community:*** Midwives value their role in providing health counselling and education in the broader community as well as for the woman and within the family. Midwives individually and collectively, encourage professional and public participation in shaping social policies and institutions; advocate for policies and legislation that promote social justice, improved social conditions and a fair sharing of community resources; and acknowledge the role and expertise of community groups in providing care and support for each childbearing woman. This includes protecting cultural practices beneficial to each woman, her infant(s), partners and families, and acting to mitigate harmful cultural practices.[12]

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## Code of Ethics (continued)

### VALUE STATEMENT 2

***Midwives value respect and kindness for self and others***

Explanation

Valuing respect for self and others encompasses valuing the moral worth and dignity of oneself and others. It includes respecting the individual ethical values people might have in the context of midwifery care. Kindness is the demonstration of simple acts of gentleness, consideration and care. The practise of kindness as a committed and everyday approach to midwifery care reduces the power imbalance between a midwife and the woman and her infant(s) receiving care, by placing the midwife at the service of the woman and her infant(s), which is the appropriate relationship.

1. ***Self:*** Respecting oneself recognises one's own intrinsic worth as a person, and is reflected in personal identity and kindness toward oneself. Self-respect enables midwives to foster their sense of personal wellbeing, and act in ways that increase their own sense of self-worth. This involves midwives maintaining their own health, acknowledging their physical and psychological strengths and limitations and developing personal qualities that promote effective professional relationships and practices.

2. ***The woman and her infant(s):*** Midwives work in partnership with the woman in childbearing and parenting, and help others including the woman and her infant(s), in order to promote a healthy experience and prevent or reduce possible harm. Midwives actively preserve the dignity of the woman and her infant(s) through practised kindness and by recognising the potential for vulnerability and powerlessness of women in their care. The power relativities between a woman and a midwife may be significant, where the woman may have limited knowledge, experiences pain and fear, needs assistance with personal care, or experiences an unfamiliar loss of self-determination. This vulnerability creates a consequential power differential in the relationship between midwife and the woman in their care that must be recognised and managed.[13]

3. ***Partner and family:*** Respecting the woman's partner and family recognises the need they may have for support and protection in maintaining their active involvement during pregnancy, childbirth and early parenting, while recognising the woman's right to self-determination.

4. ***Colleagues:*** Respect for colleagues involves acknowledging and respecting their knowledge, experience, expertise and insights. It includes practising kindness and modelling consideration and care towards each other; adopting a collaborative approach to maternity services; and taking into account their opinions, feelings, preferences and attitudes. Dismissiveness, indifference, manipulativeness and bullying are intrinsically disrespectful and ethically unacceptable. Qualified midwives supporting and mentoring students provide positive role models for future midwifery practice.

5. ***Community:*** Respect for the community requires midwives to recognise the moral claims of society, their impact on childbirth and midwifery practice, and the fundamental human rights underpinning them. Midwives respond to community needs and concerns, promote health, participate in community affairs and political life, and respond to the diversity of Australian society. Midwives, individually and collectively, create and maintain equitable and culturally and socially responsive maternity services for each woman and her infant(s) living in Australia.

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## Code of Ethics (continued)

### VALUE STATEMENT 3

***Midwives value the diversity of people***

Explanation

Valuing the diversity of people requires midwives to appreciate how different cultural backgrounds and languages may influence both the provision and receipt of midwifery care.[14]

1. **Self:** Valuing diversity requires acknowledgment of one's own cultural similarities to and differences from others. It involves midwives recognising and valuing their own unique identity and experiences, including thoughts, beliefs, attitudes and perceptions.

2. ***The woman and her infant(s):*** Valuing the diversity of each woman involves acknowledging and responding to each woman as a unique individual and to her culture. It requires midwives to develop cultural knowledge and awareness and greater responsiveness to the languages spoken[15] enabling them to better understand and respond effectively to the cultural and communication needs of each woman during midwifery care.

3. ***Partner and family:*** Valuing the diversity of families involves acknowledging and responding to them as unique individuals and to their culture. It requires midwives to develop cultural knowledge and awareness and greater responsiveness to the languages spoken so that they can better understand and respond effectively to the cultural and communication needs of partners and families.

4. ***Colleagues:*** Midwives value and accept diversity among their colleagues and acknowledge the need for non-discriminatory interpersonal and interprofessional relationships. They respect each other's knowledge, skills and experience and regard these as a valuable resource.

4. ***Community:*** Midwives recognise and accept the diversity of people constituting Australian society, and that different groups may live their lives in ways informed by different cultural values, beliefs, practices and experiences. Midwives seek to eliminate disparities and inequities in midwifery care, especially among population groups in society that are considered most vulnerable, including Aboriginal and Torres Strait Islander populations; asylum seekers, refugees and migrants; and ethnic, religious, national and racial minorities. Midwives do this by ensuring each woman and her infant(s) are not disadvantaged or harmed because of their appearance, language, culture,[16] religion, thinking, beliefs, values, perceptions, sex and gender roles, sexual orientation, national or social origin, economic or political status, physical or mental disability, health status,[17] or any other characteristics that may be used by others to nullify or impair the equal enjoyment or exercise of the right to midwifery care.

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## Code of Ethics (continued)

### VALUE STATEMENT 4

***Midwives value access to quality midwifery care for each woman and her infant(s)***

Explanation

Valuing midwifery care for each woman and her infant(s) requires midwives to uphold the principles and standards of the right to midwifery care as measured by its availability, accessibility, acceptability, quality and safety.[18] Specifically, access refers to the extent to which a woman and her infant(s) or a community can obtain midwifery services. This includes knowledge of when it is appropriate to seek midwifery care, and the ability to travel to and the means to pay for midwifery care. Access does not mean the ability to provide all services imaginable for everyone, but rather the ability to reasonably and equitably provide services based on need, irrespective of geography, social standing, ethnicity, age, race, sexuality or level of income.

1. ***Self:*** Midwives value and accept responsibility for self-care. This involves maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices. This includes midwives maintaining and improving their knowledge, skills and attitudes so that they can perform their professional roles effectively in the respective domains in which they may work. When caring for one's self calls into question participation in particular practices (whether in a research, educational, managerial, or clinical domain[19]), midwives act in accordance with the statements contained in this Code concerning conscientious objection.

2. ***The woman and her infant(s):*** Midwives promote and practise nonharmful, non-discriminatory midwifery care for each woman and her infant(s). They seek to eliminate prejudicial attitudes regarding race, ethnicity, culture, gender, sexuality, religion, spirituality, disability, age and economic, social or health status. Midwives promote effective communication and value the decisions and contributions made by each woman, including those women whose decision making is restricted because of incapacity, language or legal circumstances.

3. ***Partner and family:*** The commitment of midwives to the woman and her infant(s) extends to the woman's partner and family members and other members of her nominated social network.

4. ***Colleagues:*** Midwives foster supportive and constructive relationships with colleagues, recognising their strengths and limitations and respecting their need for self-care.

5. ***Community:*** Midwives promote quality midwifery care for each woman and her infant(s), opposing stigma and harmful discrimination. This requires midwives to be informed about culturally appropriate and competent care. Midwives uphold and comply with policies and agreements existing in Australia regarding the ethical media representation of women and their infants as health consumers and in matters of maternity care.

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## Code of Ethics (continued)

### VALUE STATEMENT 5

***Midwives value informed decision making***

Explanation

Midwives value people's interests in making free and informed decisions. This includes each woman having the opportunity to verify the meaning and implication of information being given to her when making decisions about her maternity care and childbirth experience. Midwives also recognise that making decisions is sometimes constrained by circumstances beyond individual control and that there may be circumstances where informed decision making cannot always be fully realised.[20]

1. **Self:** Midwives make informed decisions in relation to their practice within the constraints of their professional role and in accordance with ethical and legal requirements. Midwives ensure their decision making is based on contemporary, relevant and well-founded knowledge and practice, which includes the woman's knowledge of herself and her infant(s).

2. ***The woman and her infant(s):*** Midwives value the woman's legal and moral right (in all but exceptional circumstances)[21] to self-determination during pregnancy, labour, birth and early parenting on the basis of informed decision making. Midwives promote effective communication and value the decisions and contributions made by each woman including those women whose decision making is restricted because of incapacity, language or legal circumstances.

3. ***Partner and family:*** Midwives recognise the important supportive role partners and families can fulfil during childbearing and early parenting, and the role of partners, family members, friends and others in contributing to decision making. Midwives facilitate partner and family members supporting the woman's legal and moral right to self-determination during pregnancy, labour, birth and early parenting on the basis of informed choice.

4. ***Colleagues:*** Midwives respect the rights of colleagues and members of other disciplines to participate in informed decision making, in making well-founded decisions including those using the woman's knowledge of herself and infant(s). This involves making decisions without being subject to coercion of any kind.

5. ***Community:*** Midwives value the contribution made by the community to decision making in relation to maternity services and midwifery care through a range of activities, including consumer groups, advocacy and membership of health-related committees. Midwives assist in keeping the community accurately informed about midwifery-related issues.

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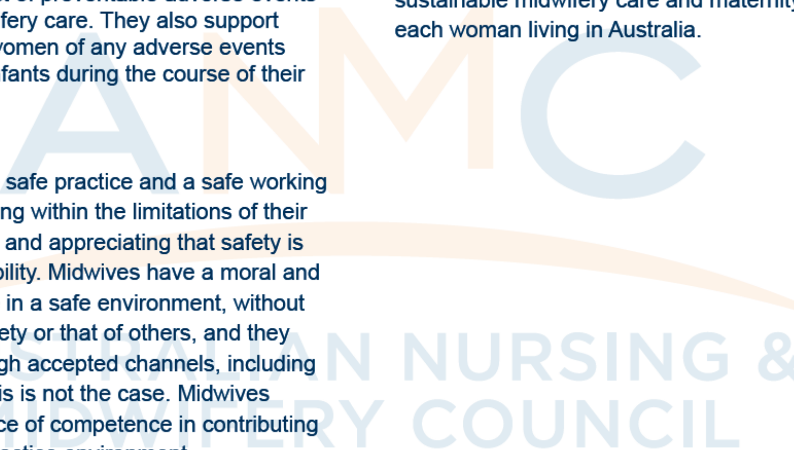
## Code of Ethics (continued)

### VALUE STATEMENT 6

***Midwives value a culture of safety in midwifery care***

Explanation

Valuing a culture of safety involves midwives actively engaging in the development of shared knowledge and understanding of the importance of safety – physical, emotional, social and spiritual – as a crucial component of contemporary midwifery care. Midwives who value a culture of safety support reasonable measures, processes and reporting systems designed to reduce the incidence and impact of preventable adverse events in the provision of midwifery care. They also support the open disclosure to women of any adverse events affecting them or their infants during the course of their care.[22]




1. ***Self:*** Midwives value safe practice and a safe working environment, practising within the limitations of their knowledge and skills and appreciating that safety is everyone's responsibility. Midwives have a moral and legal right to practise in a safe environment, without fear for their own safety or that of others, and they seek remedies through accepted channels, including legal action, when this is not the case. Midwives value the maintenance of competence in contributing to a safe care and practice environment.

2. ***The woman and her infant(s):*** Every woman and midwife is entitled to question the care, behaviour and decisions made by others that they regard as potentially unethical, unsafe or illegal, and to object and refuse to participate in those they consider, on reasonable grounds, are unethical or illegal. Midwives take action when they identify a woman and her infant(s) are at risk, reporting this to relevant authorities.

3. ***Partner and family:*** Midwives recognise and respect the important supportive role partners and families can fulfil during childbearing and early parenting, as negotiated by the woman herself, while striving to ensure the environment is safe for all.

4. ***Colleagues:*** Midwives value interpersonal competencies such as trustful communication, teamwork and situation awareness, and support non-punitive management processes aligned with a systems approach to reducing the incidence and impact of preventable adverse events and human error.

5. ***Community:*** Midwives, individually and collectively, participate in developing and improving equitable, culturally and socially responsive and economically sustainable midwifery care and maternity services for each woman living in Australia.

## Code of Ethics (continued)

### VALUE STATEMENT 7

***Midwives value ethical management of information***

Explanation

The generation and management of information (including midwifery care records and other documents) are performed with professionalism and integrity. This requires the information being recorded to be accurate, non-judgemental and relevant to the midwifery care of the woman and her infant(s). All midwifery documentation is a record that cannot be changed or altered other than by the addition of further information. A notation in a record or a document used for midwifery care communication can have a powerful positive or negative impact on the quality of care received by a woman and her infant(s). These effects can be long-lasting, either through nsuring the provision of quality care, or through enshrining stigma, stereotyping and judgement in maternity care decision making and maternity care provision experienced by a woman and her infant(s).[23]

The ethical management of information involves respecting people's privacy and confidentiality without compromising health or safety. This applies to all types of data, including clinical and research data, irrespective of the medium in which the information occurs or is stored.[24] Personal information may only be shared with the consent of the individual or with lawful authorisation.

1. ***Self:*** Midwives are entitled to the same moral, professional and legal safeguards as any other person in relation to their personal information.[25] They have a right to expect that their personal information will not be shared with another person without their approval or lawful authorisation.

2. ***The woman and her infant(s):*** Midwives respect the conditions under which information about the woman and her infant(s) may or may not be shared with others. Midwives also respect the woman's preferences regarding herself and her infant(s). Maintaining confidentiality of information involves preserving each woman's privacy to the extent that it does not compromise the health or safety of the woman, her infant(s) or others. Midwives comply with mandated reporting requirements, and conform to relevant privacy and other legislation. Ethical information management also requires midwives to maintain information and records needed in order to provide quality midwifery care. They do not divulge information about any particular person to anyone not authorised to have that information.[26]

3. ***Partner and family:*** Midwives respect the conditions under which information about the woman's partner or family may or may not be shared with others. This involves preserving their privacy to the extent that it does not significantly compromise the health or safety of the woman, her infant(s) or others.

4. ***Colleagues:*** Midwives recognise that their colleagues enjoy the same protections as other people with regard to personal information.[27] This does not override the responsibility midwives may have in reporting aspects of a colleague's professional practice giving cause for concern. Midwives ensure colleagues are given reliable information about any risks posed by a woman or her infant(s) to whom they are providing, or planning to provide, midwifery care, subject to approved policies and relevant privacy and other legislation.

5. ***Community:*** Midwives comply with systems of information management meeting the standards and expectations of Australian society. Midwives respect the privacy and confidentiality rights relating to childbearing and early parenting for each woman and her infant(s) living in or entering Australia regardless of their visa status.

## Code of Ethics (continued)

### VALUE STATEMENT 8

***Midwives value a socially, economically and ecologically sustainable environment, promoting health and wellbeing***

Explanation

Midwives value strategies aimed at preventing, minimising and overcoming the harmful effects of economic, social or ecological factors on the health of each woman, her infant(s), family and community. Commitment to a healthy environment involves the conservation and efficient use of resources such as energy, water and fuel, as well as clinical and other materials.[28]

1. ***Self:*** Midwives use all resources efficiently and comply with strategies aimed at the sustainable use of resources (including safe re-use, recycling and conservation) in the course of their work. They may also contribute to the development, implementation and monitoring of relevant policies and procedures.

2. ***The woman and her infant(s):*** Midwives are sensitive to, and informed about, the social and environmental factors that may contribute to the health and wellbeing of each woman and her infant(s) and that may play a part in their midwifery care. Midwives take into account the economic and domestic circumstances of each woman and her infant(s) where these impact, positively or adversely, upon their maternity care needs and health.

3. ***Partner and family:*** Midwives support alerting partners and families to environmental factors and economic and domestic conditions that may impact on the health and wellbeing of the woman and her infant(s).

4. ***Colleagues:*** Midwives support alerting colleagues and employers to the adverse effects of environmentally harmful processes and practices, and collaborate to minimise these as they occur in maternity settings. This includes working cooperatively with colleagues to improve the conservation, efficient use and safe recycling of resources in the workplace.

5. ***Community:*** Midwives value, contribute to and support strategies preventing or minimising the harmful effects of economic, social and ecological factors such as crime, poverty, poor housing, inadequate infrastructure and services, and environmental pollution and degradation that may lead to problems in childbearing and ill health in the community.

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## Acknowledgments and Background

The commission to develop a code of ethics that defines the moral context of midwifery care in meeting the needs of each woman and her infant(s), and provides a national approach to the regulation of the midwifery profession, came from the Australian Nursing and Midwifery Council (ANMC), the Australian College of Midwives (ACM) and the Australian Nursing Federation (ANF). The development of the *Code of Ethics for Midwives in Australia* and a review of the *Code of Ethics for Nurses in Australia* were undertaken concurrently and separately and while a similar format was adopted for both codes, the orientation and content of the separate codes maintain the professional integrity of the respective disciplines.

A brief history of the process of development of the *Code of Ethics for Midwives in Australia* may help the reader to understand more fully why specific values and concepts were included while others were not.

The Code was drafted in consultation with midwives, consumers, midwifery organisations and nursing organisations, using written submissions, electronically administered questionnaires and public discussion forums, between March and October 2006. The first draft of the Code was reviewed by a selected panel of professionals with expertise in ethics, midwifery, professional codes, rural and remote area practice, childbirth and midwifery in Aboriginal and Torres Strait Islander communities and other cultures, and/or health care, on 23 and 24 October 2006.

The final draft was submitted to the ANMC, the ACM and the ANF in November 2006 for presentation to their reference panel and a selected panel of international professionals with expertise in ethics, midwifery, professional codes and/or health care. This was followed by further consultation during 2007 through focus groups and web-based opportunities to comment on the draft prepared in 2006.

Code development began with a review of contemporary literature on ethics and a review of code development in midwifery and nursing. This was followed by an analysis of the values inherent in the ICM *Definition of the Midwife* (2005); the ACM *Philosophy Statement* (2004) and *Code of Ethics* (2001); the ANMC *National Competency Standards for the Midwife* (2006); the ACM *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to the Initial Registration as a Midwife in Australia* (2006); ethical codes and standards developed by Australian state and territory professional midwifery organisations; and codes from other countries such as the New Zealand College of Midwives (Inc.) *Code of Ethics* (2002) and UK Nursing and Midwifery Council *Code of Professional Conduct: Standards for conduct, performance and ethics* (2004).

Concern for clarity, use of plain English language, culturally informed wording and inclusion, and the national nature of a *Code of Ethics for Midwives in Australia* guided both its format and focus. It was also considered important that the Code speak to individuals and provide guidance on moral character and virtues, ethical values, and professional and moral obligations: that is, when we enter a profession we take on the values of that profession. It is also vital that the Code meet the needs of other audiences who need to be informed of the moral standards of midwifery care including the community, regulators, educators, students and researchers.

The *Code of Ethics for Midwives in Australia* is intended to be a contemporary document, and therefore your comments and suggestions for enhancing the understanding and usefulness of this document over the years are welcomed.

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## References


Australian College of Midwives (c. 1998) *Code of Practice for Midwives*, ACM, Canberra.

Australian College of Midwives (2001) *Code of Ethics,* ACM, Canberra.

Australian College of Midwives (2004) *Philosophy Statement*, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 19 March 2008.

Australian College of Midwives (2006) *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to the Initial Registration as a Midwife in Australia*, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 19 March 2008.

Australian Council for Safety and Quality in Health Care and Standards Australia (2003) *Open Disclosure Standard: A national standard for open communication in public and private hospitals, following an adverse event in health care*, Commonwealth of Australia, Canberra.

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Midwife*, 1st edition, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.

Department of Health and Family Services (1997) *Quality and Outcome Indicators for Acute Health Services*, Commonwealth of Australia, Canberra.

Fukuda-Parr S (ed) (2004) *Human Development Report 2004: Cultural liberty in today's diverse world*, United Nations Development Programme, New York. Available at: http://hdr.undp.org. Accessed: 19 March 2008.

Gilliland K and Pairman S (1995) *The Midwifery Partnership: A model for practice*, Victoria University of Wellington, New Zealand.

International Confederation of Midwives (1999) *Code of Ethics*, ICM, Geneva. Available at: www.internationalmidwives.org. Accessed: 19 March 2008.

International Confederation of Midwives (1999–2002) *Position Statements*, ICM, Geneva. Available at: www.internationalmidwives. org. Accessed: 19 March 2008.

International Confederation of Midwives (2005) *Definition of the Midwife*, adopted by the International Confederation of Midwives Council meeting, 19 July 2005, Brisbane. Available at: www.internationalmidwives.org. Accessed: 19 March 2008.

Johnstone M (in press) Bioethics: *A nursing perspective*, 5th edition, Elsevier Australia, Sydney.

Kai J, Spencer J, Wilkes M and Gill P (1999) '*Learning to value ethnic diversity – what, why, and how*?' Medical Education, 33, pp. 616–23.

National Health and Medical Research Council (2006) *Cultural Competency in Health: A guide for policy, partnerships and participation*, Commonwealth of Australia, Canberra. Available at: www.nhmrc.gov.au/publications. Accessed: 19 March 2008.

National Health and Medical Research Council, Australian Research Council and Australian Vice-Chancellors' Committee (2007) *National Statement on Ethical Conduct in Human Research*, Australian Government, Canberra. Available at: www.nhmrc.gov.au/publications/ synopses/_files/e72.pdf. Accessed: 19 March 2008.

NSW Department of Health (1999) *A Framework for Managing the Quality of Health Services in NSW*, NSW Department of Health, Sydney. Available at: www.health.nsw.gov.au/policies/pd/2005/ PD2005_585.html. Accessed: 19 March 2008.

New Zealand College of Midwives (Inc.) (2002) *Code of Ethics*, NZCM, Christchurch. Available at: www.midwife.org.nz/index.cfm/Ethics. Accessed: 19 March 2008.

Nursing and Midwifery Council, UK (2004) *The NMC Code of Professional Conduct: Standards for conduct, performance and ethics*, NMC, London. Available at: www.nmc-uk.org. Accessed: 19 March 2008.

Thompson F E (2004) *Mothers and Midwives: The ethical journey*, Books for Midwives Series, Elsevier, Oxford.

United Nations (1978) *The International Bill of Human Rights (*incorporating the *Universal Declaration of Human Rights; International Covenant of Economic, Social and Cultural Rights; International Covenant of Civil and Political Rights;* and *two Optional Protocols*), United Nations, New York. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (2000) *United Nations Millennium Development Goals*. Available at: www.un.org. Accessed: 19 March 2008.

World Health Organization (1948) *Constitution of the World Health Organization*, WHO, Geneva. Available at: www.who.int. Accessed: 19 March 2008.


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## References (continued)

World Health Organization (2001a) *Health and Human Rights Publication Series: WHO's contribution to the world conference against racism, racial discrimination, xenophobia and related intolerance*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2001b) *Health and Human Rights Publication Series: 25 Questions and answers on health and human rights*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2003) *Health and Human Rights Publication Series: International migration, health and human rights*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2005) *Health and Human Rights Publication Series: Human rights, health and poverty reduction strategies*, WHO Press: Geneva. Available at: www.who.int. Accessed: 19 March 2008.

## Endnotes

1. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
2. United Nations 1978; World Health Organization 1948, 2001a, 2001b, 2003, 2005; Fukuda-Parr (ed.) 2004.
3. United Nations 1978.
4. World Health Organization 2001b.
5. Advice provided by a Torres Strait Islander academic and midwife.
6. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
7. New Zealand College of Midwives 1999.
8. Informed by legal advice.
9. Informed by legal advice.
10. International Confederation of Midwives 1999 and 1999–2002 (Position statements: *The Professional Accountability of a Midwife* (1999), *Basic and Ongoing Education for Midwives*
11. Gilliland and Pairman 1995; Thompson 2004.
12. According to Johnstone (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' – otherwise referred to as 'cultural rights' (Fukuda-Parr 2004) Cultural rights claims entail respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefi ne their values and practices to changing realities and exchanges of ideas' (Fukuda-Parr 2004, 4).
13. This part of the explanatory statement also appears in the *Code of Professional Conduct for Midwives in Australia* and as it goes to the ethical conduct of midwives it has been included in this Code of Ethics as well. The power of midwives comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from midwives where they feel themselves required to plead, express gratitude or feel at the mercy of a midwife caring for them. The preceding comments and the commentary in the explanation were made in a response from the Health Consumers Council WA. It was the Council's view that kindness is irrefutably a professional quality required of midwives. It is their view that the demonstration of kindness diminishes the discrepancy in power between a midwife and a woman in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to midwives on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about midwifery conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by midwives who are able to demonstrate simple acts of kindness and consideration.

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## Endnotes (continued)

14. International Confederation of Midwives 1999 and 1999–2002 (Position statements; *Ethical Recruitment of Midwives* (2002); *Protecting the Heritage of Indigenous People (Cultural Safety)* (1999); *Women, Children and Midwives in Situations of War and Civil Unrest* (1999); *Female Genital Mutilation* (1999); Kai., Spencer, Wilkes and Gill 1999; National Health and Medical Research Council 2006.
15. There is a need for midwives to develop skills and capacity to respond to people speaking languages other than English, especially when they are working with women and their partners and families in communities where particular cultural groups speaking other languages are a substantial proportion of the local population.
16. Johnstone M in press.
17. Health status includes living with conditions such as HIV/AIDS and mental disorders.
18. International Confederation of Midwives 1999 and 1999–2002 (Position statement: *Development of and Resource Allocation for Midwifery and Reproductive Health* (1999).
19. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
20. World Health Organization health and human rights publication series (available at www.who.int).
21. Informed by legal advice.
22. For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
23. Response from the Health Consumers Council WA. The Council notes that it has seen some extreme and severe impacts for women and their infant(s) from unprofessional notations in midwifery records. Midwives must be aware that an attempt to convey an impression about a woman and her infant(s) to fellow workers during midwifery care can have ramifications for them for many years to follow. Women can now access their records and can read and interpret the notes written about them. Women may integrate their own recollections with the notes and develop a perception about the quality and professionalism of the care they received.
24. This includes oral, written, statistical, digital and computerised data and other information.
25. Including information kept in personnel files.
26. Midwives should also uphold and comply with policies and agreements that exist in Australia regarding the ethical media representation of health consumers and health related matters.
27. Including information kept in personnel files.
28. International Confederation of Midwives 1999 and 1999–2002 (Position statements: *Positive Action to Reduce Smoking and Passive Smoking in Pregnancy* (2002), *Breastfeeding* (1999)
29. Thompson F 2004.

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# CODE OF PROFESSIONAL CONDUCT FOR MIDWIVES IN AUSTRALIA

Introduction Code of Professional Conduct Purpose Glossary of Terms References

## Definition of the Midwife

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 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 counselling 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 practise 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.**

## Introduction

The *Code of Professional Conduct for Midwives in Australia* is a set of expected national standards of professional conduct for midwives in Australia. It is supported by, and should be read in conjunction with its companion code, the *Code of Ethics for Midwives in Australia* and the Australian Nursing and Midwifery Council *National Competency Standards for the Midwife*. These three documents, together with other published practice standards (eg decision-making frameworks, guidelines and position statements), provide a framework for accountable and responsible midwifery practice in all clinical, management, education and research domains.[1]

The support and assistance of the Australian College of Midwives and the Australian Nursing Federation in developing this edition of the *Code of Professional Conduct for Midwives in Australia* is acknowledged.

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs professionals will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.[2]

In considering this Code and the *Code of Ethics for Midwives in Australia*, it should be borne in mind that they are designed for multiple audiences: midwives; midwifery students; women receiving midwifery care and their families; other health care workers; the community generally; employers of midwives; midwifery regulatory authorities; and consumer protection agencies.

This Code contains 10 conduct statements providing guidance in relation to the minimum standards of conduct. These statements have been developed under the following three broad principles:

1. Midwives practise competently in accordance with legislation, standards and professional practice.
2. Midwives practise within a woman-centred framework.
3. Midwives practise midwifery reflectively and ethically.

There is some overlap and some repetition in the concepts and subject matter in the conduct statements, reflecting the reality that the issues are not distinct and discrete. Nor are these concepts and the information static. The *Code of Professional Conduct for Midwives* in Australia is intended to be a contemporary document, and therefore, comments and suggestions for enhancing the understanding and usefulness of this document are welcomed.

## Code of Professional Conduct for Midwives

**Midwives practise competently in accordance with legislation, standards and professional practice**

1. Midwives practise in a safe and competent manner.
2. Midwives practise in accordance with the standards of the profession and broader health system.
3. Midwives practise and conduct themselves in accordance with laws relevant to the profession and practice of midwifery.
4. Midwives respect the dignity, culture, values and beliefs of each woman and her infant(s) in their care and the woman's partner and family, and of colleagues.
5. Midwives treat personal information obtained in a professional capacity as private and confidential.
6. Midwives provide impartial, honest and accurate information in relation to midwifery care and health care products.

**Midwives practise within a woman-centred framework**

7. Midwives focus on a woman's health needs, her expectations and aspirations, supporting the informed decision making of each woman.
8. Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each woman and her infant(s).
9. Midwives maintain and build on the community's trust and confidence in the midwifery profession. informed decision making of each woman.

**Midwives practise midwifery reflectively and ethically**

10. Midwives practise midwifery reflectively and ethically.

## Purpose

The purpose of the *Code of Professional Conduct for Midwives in Australia* is to:

- outline a set of minimum national standards of conduct for midwives
- inform the community of the standards of professional conduct it can expect midwives in Australia to uphold (as supported by the Australian Nursing and Midwifery Council *National Competency Standards for the Midwife*, and stated in the International Confederation of Midwives *Definition of the Midwife)*
- provide each woman, their families, and regulatory, employing and professional bodies, with a basis for evaluating the professional conduct of midwives.

The Code is not intended to give detailed professional advice on specific issues and areas of practice. Rather, it identifies the minimum requirements for conduct in the midwifery profession. In keeping with national competency standards, midwives have a responsibility to ensure their knowledge and understanding of professional conduct issues is up to date. While mandatory language such as 'must', 'shall' and 'will' is not used throughout this Code, it is important for midwives to understand that there is a presumption the conduct discussed is mandatory and therefore not discretionary for midwives practising midwifery.

A breach of the Code may constitute either professional misconduct or unprofessional conduct. For the purposes of this Code these terms are defined similarly to those for nurses. **Professional misconduct** refers to 'the wrong, bad or erroneous conduct of a (midwife) outside of the domain of his or her practice; conduct unbefitting a (midwife)'[3] (eg sexual assault, theft or drunk and disorderly conduct in a public place). **Unprofessional conduct** refers to 'conduct that is contrary to the accepted and agreed practice standards of the profession'[4] (eg violating confidentiality in the woman-midwife relationship).

The midwifery profession expects midwives will conduct themselves personally and professionally in a way that maintains public trust and confidence in the profession. Midwives have a responsibility to the individual woman, her infant(s) and family, colleagues, society and the profession, to provide safe and competent midwifery care responsive to individual, group and community needs and the profession.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 1

***Midwives practise in a safe and competent manner***

Explanation

1. Midwives are personally accountable to the woman and her infant(s); their employer and their profession for the provision of safe and competent midwifery care. It is the responsibility of each midwife to maintain the competence necessary for current practice. Maintenance of competence includes participation in ongoing professional development to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting.[5]

2. Midwives practise in a manner that recognises the woman's right to receive accurate information; be protected against foreseeable risk of harm to themselves and their infant(s); and have freedom to make choices in relation to their care.

3. Midwives practise within the scope of midwifery, according to the International Confederation of Midwives *Definition of the Midwife* (2005).

4. When an aspect of care is delegated, midwives ensure the delegation does not compromise the safety or quality of care of the woman and her infant(s).[6]

5. If midwives are unable or unwilling to attend a labour or birth (eg because of a strongly held personal belief or professional judgement), they take all reasonable steps to ensure each woman is attended by an appropriate professional.

6. Midwives make known to an appropriate person or authority any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, and intervene to safeguard the individual if the concern is unresolved.

7. Midwives practise in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol or other substances that may alter a midwife's capacity to practise safely at all times. Midwives whose health threatens their capacity to practise safely and competently have a responsibility to seek assistance to address their health needs. This may include making a confidential report to an appropriate authority.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 2

***Midwives practise in accordance with the standards of the profession and broader health system***

Explanation

1. Midwives practise in partnership with the woman, and in accordance with the standards of the profession (eg the Australian Nursing and Midwifery Council *National Competency Standards for the Midwife* (2006)), to provide safe and effective midwifery care.

2. Midwives practise in accordance with wider standards relating to safety and quality in midwifery care and accountability for a safe health system, such as those relating to health documentation and information management, incident reporting and participation in adverse event analysis and formal open disclosure procedures.[7]

3. Midwives make midwifery judgements based on the woman's capacity and with regard to her sense of security and physical, social, emotional and mental safety.

4. Midwives are guided by the profession's guidelines for consultation, referral and transfer – the *National Midwifery Guidelines for Consultation and Referral*.[8]

5. Midwives recognise their professional position and do not accept gifts or benefits that could be viewed as a means of securing their influence or favour.[9]

### CONDUCT STATEMENT 3

***Midwives practise and conduct themselves in accordance with laws relevant to the profession and practice of midwifery***

Explanation

1. Midwives are familiar with relevant laws[10] and ensure they do not engage in practices prohibited by such laws or delegate to others activities prohibited by those laws.

2. Midwives practise in accordance with laws relevant to the midwife's area of practice.

3. Midwives witnessing the unlawful conduct of colleagues and other co-workers, whether in midwifery practice, management, education or research, have both a responsibility and an obligation to report such conduct to an appropriate authority and take other action as necessary to safeguard people and the public interest.

4. Where midwives who are employees make a report of unlawful or otherwise unacceptable conduct to their employers and that report fails to produce an appropriate response from the employers, midwives may take the matter to an appropriate external authority.[11]

5. Midwives respect both the person and property of the childbearing woman; her infant(s), partner and family. This responsibility also applies to the colleagues of midwives.

6. Midwives who are employees support the responsible use of the resources of their employing organisations.

## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 4

***Midwives respect the dignity, culture, values and beliefs of each woman and her infant(s) in their care, and the woman's partner and family, and of colleagues***

Explanation

1. Midwives respect both the person and capacity of each woman and her infant(s), and defend the right to dignity and culture of each woman, her infant(s), and any other person who is significant in their life.

2. Midwives interact with colleagues in an honest and respectful manner.

3. Midwives practise in a non-discriminatory way. This includes taking appropriate action to ensure the safety and quality of their midwifery care is not compromised because of harmful prejudicial attitudes about culture, ethnicity, gender, sexuality, age, religion, spirituality, political, social or health status, lifestyle, or other human factors.

4. In planning and providing effective midwifery care, midwives uphold the standards of culturally safe and competent care. This includes according due respect and consideration to the cultural knowledge, values, beliefs, personal wishes and decisions of each woman and her infant(s), including partners and their family. Midwives acknowledge the changing nature of families and recognise that families can be constituted in a variety of ways.

5. Midwives refrain from expressing racist, sexist, homophobic, ageist and other prejudicial and discriminatory attitudes and behaviours toward each woman and her infant(s) in their care, partners and families and colleagues. Midwives take appropriate action when observing any such prejudicial and discriminatory attitudes and behaviours.

6. In making professional judgements in relation to a person's interests and rights, midwives do not contravene law or breach the human rights of any person, including those deemed stateless such as refugees, asylum seekers and detainees.

### CONDUCT STATEMENT 5

***Midwives treat personal information obtained in a professional capacity as private and confidential***

Explanation

The treatment of personal information should be considered in conjunction with the *Guidelines to the National Privacy Principles 2001*, which support the *Privacy Act 1988* (Cwth).[12] Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including midwifery care records.

1. Midwives have ethical and legal obligations to treat personal information obtained in a professional capacity as confidential. Midwives protect the privacy of each woman, her infant(s) and family by treating the information gained in the relationship as confidential, restricting its use to professional purposes only.

2. Midwives where relevant, inform a woman that in order to provide competent midwifery care, it is necessary for the midwife to disclose to collaborating colleagues information that may be important to their professional decision making.

3. Midwives where practicable, seek consent from each woman or her representatives before disclosing information. In the absence of consent, midwives use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of each woman and her infant(s). Midwives recognise they may be required by law to disclose certain information for professional purposes.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 6

***Midwives provide impartial, honest and accurate information in relation to midwifery care and health care products***

Explanation

1. When midwives provide advice about any care or product, they fully explain the advantages and disadvantages of alternative products or care so individuals can make informed choices. Midwives refrain from engaging in exploitation, misinformation or misrepresentation with regard to health care products and midwifery care.

2. Midwives accurately represent the nature of the midwifery care they intend to provide.

3. Where specific care or a specific product is advised, midwives ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Midwives refrain from the deceptive endorsement of services or products.[13]

### CONDUCT STATEMENT 7

***Midwives focus on a woman's health needs, her expectations and aspirations, supporting the informed decision making of each woman***

Explanation

1. Midwives ensure the mother and her infant(s) are the primary focus of midwifery care.

2. Midwives support the health and wellbeing of each woman and her infant(s), promoting and preserving practices that contribute to the woman's self-confidence and the wellbeing of the woman and her infant(s).

3. Midwives communicate in a way the woman and her family can understand so they may fully participate in the childbearing experience.

4. Midwives support informed decision making by advising the woman and, where the woman wishes, her partner, family, friends or health interpreter, of the nature and purpose of the midwifery care, and assist the woman to make informed decisions about that care.

5. In situations where a woman is unable or unwilling to decide or speak independently, midwives endeavour to ensure the perspective of the woman is represented by an appropriate advocate, preferably of the woman's choice.

6. Midwives advocate for the protection of the rights of each woman, her infant(s), partner, family and community in relation to midwifery care.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 8

***Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each women and her infant(s)***

Explanation

1. Midwives promote and preserve the trust inherent in the woman-midwife partnership.

2. An inherent power imbalance exists within the relationship between each woman and midwives that may make the woman and her infant(s) in their care vulnerable and open to exploitation. Midwives actively preserve the dignity of people through practised kindness and by recognising the potential vulnerability and powerlessness of each woman being cared for by midwives. The power relativities between a woman and a midwife can be significant, particularly where the woman has limited knowledge, experiences fear or pain, needs assistance with personal care, or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between midwives and each woman in their care that must be recognised and managed.[14]

3. Midwives take reasonable measures to establish a sense of trust to protect the physical, psychological, emotional, social and cultural wellbeing of each woman and her infant(s) in the course of midwifery care. Midwives protect women who are vulnerable, including but not limited to women with disabilities and women with mental illness, from exploitation and physical harm.

4. Midwives have a responsibility to maintain professional boundaries between themselves and each woman and her infant(s) being cared for, and between themselves and other persons, such as fathers (of the infant(s), partners, family and friends, nominated by the woman to be involved in her care.

5. Midwives fulfil roles outside the professional role, including those as family members, friends and community members. Midwives are aware that dual relationships may compromise midwifery care outcomes and always conduct professional relationships with the primary intent of benefit for the woman and her infant(s). Midwives take care when giving professional advice to a woman, her partner or another person with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.

6. Sexual relationships between a midwife and a woman, her partner or members of the woman's family with whom they have entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to midwives exploiting the vulnerability of a woman who is or who has been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within professional relationships.

7. Midwives should not be required to provide midwifery care to a woman with whom they have a pre-existing non-professional relationship. Reassignment of the woman to other midwives for care should be sought where appropriate.

8. Midwives take all reasonable steps to ensure the safety and security of the possessions and property of each woman in their care and those of her family.

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## Code of Professional Conduct (continued)

### CONDUCT STATEMENT 9

***Midwives maintain and build on the community's trust and confidence in the midwifery profession***

Explanation

1. The conduct of midwives maintains and builds public trust and confidence in the profession at all times.

2. The unlawful and unethical actions of midwives in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public. If the good standing of either individual midwives or the profession were to diminish, this might jeopardise the inherent trust between the midwifery profession and women, as well as the community more generally, necessary for effective relationships and the effective delivery of midwifery care.

3. Midwives consider the ethical interests of the midwifery profession when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.

### CONDUCT STATEMENT 10

***Midwives practise midwifery reflectively and ethically***

Explanation

1. Midwives practise midwifery reflectively and ethically, practising in accordance with the *Code of Ethics for Midwives in Australia*, in order to learn from experience and contribute to personal development and professional practice.

2. Midwives develop and maintain appropriate and current midwifery advice, support and care for each woman in their care and her infant(s) and family.

3. Midwives evaluate their conduct and competency according to the standards of the midwifery profession.

4. Midwives contribute to the professional development of students and colleagues.

5. Midwives participating in research do so in accordance with recognised research guidelines and do not violate their duty of care to the woman and her infant(s).

6. Midwives advise each woman in their care and employers (if relevant) of any reduction in their capacity to practise due to health, social or other factors, while they seek ways of addressing the problem.

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## Glossary of Terms

**Colleagues** – includes other midwives, midwifery and other students, health care providers and others legitimately involved in the care of the woman and her infant(s).

**Ethics and morality** – the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

**Nominated family, partner, friends** – refers to the woman's immediate partner and family as defined or described by the woman and is used in this Code for the sake of simplicity. It is to be read to include the full range of forms the contemporary Australian family takes, and may include fathers (of the infant(s)), husbands, partners, other children, siblings, parents and/or grandparents. It can sometimes include friends, relatives and others associated with the woman. It may include some family members who are not in Australia. It includes people in a consensual relationship with each woman and her infant(s) receiving midwifery care, and who play an important role in their lives.

**Midwife** – is a legally protected title in Australia and means a registered midwife who is authorised to practise in a state or territory of Australia. For the purposes of this Code, it also refers to students of midwifery.

**Professional boundaries** – are the limits of a relationship between a midwife and the woman and her infant(s) and any of the woman's significant other persons. These limits facilitate safe and appropriate practice and result in safe and effective midwifery care. Limits of a relationship may include under- or over-involvement in the provision of midwifery care.

**Representative of a woman or her infant(s) receiving midwifery care** – is a person legitimately entitled to act on behalf of the woman or her infant(s).

**Unsatisfactory professional conduct** – is professional conduct below the standard reasonably expected of a midwife with an equivalent level of training or experience. This includes conduct that demonstrates incompetence, compromises care and/or discredits the midwifery profession.

**Professional standards include**:

- this *Code of Professional Conduct for Midwives in Australia*,
- the *Code of Ethics for Midwives in Australia*,
- the ANMC *National Competency Standards for the Midwife*,
- the ANMC *National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice*,
- other endorsed standards or guidelines published by the state and territory midwifery regulatory authorities,
- standards developed by professional midwifery organisations.

## Acknowledgements and Background

The commission to develop a code of professional conduct that sets an expected minimum standard of conduct for midwives; protects the welfare of each woman and her infant(s), individual midwives and the integrity of the profession; and provides a national approach to the regulation of the midwifery profession, came from the Australian Nursing and Midwifery Council (ANMC), the Australian College of Midwives (ACM), and the Australian Nursing Federation (ANF). Development of the ANMC *Code of Professional Conduct for Midwives in Australia* and a review of the ANMC *Code of Professional Conduct for Nurses in Australia* were undertaken concurrently and separately, and while a similar format was adopted for both codes, the orientation and content of the separate codes maintains the professional integrity of the respective disciplines.

A brief history of the process of development of the ANMC *Code of Professional Conduct for Midwives in Australia* may help the reader to understand more fully why specific practice requirements were included while others were not.

Code development began with a review of contemporary literature on professional conduct and a review of code development in midwifery and nursing. This was followed by an analysis of the practice requirements inherent in the ICM *Definition of the Midwife* (2005); the ACM *Philosophy Statement* (2004) and *Code of Practice* (1999); the ANMC *National Competency Standards for the Midwife* (2006); the ACM *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to the Initial Registration as a Midwife in Australia* (2006); codes of professional standards developed by Australian state and territory professional midwifery organisations; and codes from other countries such as the New Zealand College of Midwives (Inc.) *Code of Ethics* (2002) and UK Nursing and Midwifery Council *Code of Professional Conduct: Standards for conduct, performance and ethics* (2004).

The first draft of the Code was produced in consultation with midwives, consumers, midwifery and nursing organisations. The consultation process called for written submissions from consumer groups and midwifery and nursing organisations between March and July 2006. In-depth focus group discussions were conducted with invited midwives, consumers and representatives from ACM, ANF and nursing and midwifery regulatory authorities, in each state and territory of Australia between May and July 2006. A framework for the code was based on these discussions and, during August 2006, midwives were invited to respond to a questionnaire on the completeness and relevancy of the proposed framework. All this information, together with current literature and comments from midwives who attended open public discussion forums in each state and territory of Australia between August and September

## Acknowledgements and Background

2006, was considered when drafting the Code.

The first draft of the newly developed *Code of Professional Conduct for Midwives in Australia* was reviewed by a selected panel of professionals with expertise in midwifery, professional codes, the law and policy, rural and remote area practice, childbirth and midwifery practice in Aboriginal and Torres Strait Islander communities and other cultures, and/or health care, on 23 and 24 October 2006. A second draft was submitted to the ANMC in November 2006, for review by its reference panel and a selected panel of international professionals with expertise in midwifery, professional codes, the law and policy, and/or health care.

Failure to reach agreement on the Code led to a subsequent round of consultation which raised questions about whether the Code was adequately robust and explicit to meet the needs of all audiences. Concern for clarity, accessibility, culturally sensitive wording and inclusion, and the national nature of professional conduct for midwives in Australia guided both the Code's format and focus. It was also considered important that while the Code speaks to individuals it also notes the responsibility of institutions and organisations to provide an environment in which the midwife's conduct can meet the requirements in this Code.

## References

Australian College of Midwives (c. 1999) *Code of Practice*, ACM, Canberra.

Australian College of Midwives (2004) *Philosophy Statement*, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 18 March 2008.

Australian College of Midwives (2006) *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to Initial Registration as a Midwife in Australia*, ACM, Canberra. Available at: www.midwives.org.au.

Australian College of Midwives (2004) *National Midwifery Guidelines for Consultation and Referra*l, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 18 March 2008.

Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) (2000) *Fair Treatment? Guide to the Trade Practices Act for the advertising or promotion of medical and health services, Commonwealth of Australia*, Canberra. Available at: www.accc.gov.au/content/index.phtml/itemId/309070/fromItemId/654313. Accessed: 18 March 2008.

Australian Council for Safety and Quality in Health Care and Standards Australia (2003) *Open Disclosure Standard: A national standard for open communication in public and private hospitals, following an adverse event in health care*, Commonwealth of Australia, Canberra.

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Midwife*, 1st edition, ANMC, Canberra. Available at: www.midwives.org.au. Accessed: 18 March 2008.

International Confederation of Midwives (2005) *Definition of the Midwife*, adopted by the International Confederation of Midwives Council meeting, 19 July 2005, Brisbane. Available at: www. internationalmidwives.org. Accessed: 18 March 2008.

Johnstone M and Kanitsaki O (2001) *Professional Conduct: A report to the Nurses Board of Victoria*, RMIT University, Melbourne.

Kerridge I, Lowe M, et al. (2005) *Ethics and Law for the Health Professions*, 2nd edition, The Federation Press, Annandale, NSW.

National Nursing Organisations (2006) *Governance Standards for Specialist Nursing and Midwifery Organisations: A report by NNO for the National Nursing and Nursing Education Taskforce* (N3ET), NNO, Melbourne. Available at: www.conno.org.au. Accessed: 18 March 2008.

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## References (continued)


New Zealand College of Midwives (Inc.) (2002) *Code of Ethics*, NZCM, Christchurch. Available at: www.midwife.org.nz. Accessed: 18 March 2008.

Nurses Registration Board of New South Wales (2001) *Professional Conduct: A case book of disciplinary decisions relating to professional conduct matters*, NRBNSW, Surry Hills. Available at: www.nmb.nsw.gov.au/Publications1/default.aspx. Accessed: 18 March 2008.

Nursing and Midwifery Council, UK (2004) The NMC *Code of Professional Conduct: Standards for conduct, performance and ethics*, NMC, London. Available at: www.nmc-uk.org. Accessed: 18 March 2008.

Queensland Nursing Council (2005) *Scope of Practice Framework for Nurses and Midwives*. Available at: www.qnc.qld.gov.au/publications/ publications.aspx. Accessed: 18 March 2008.

Queensland Nursing Council (2005) *Statement on Sexual Relationships between Health Practitioners and Their Patients*. Available at: www.qnc. qld.gov.au/publications/publications.aspx. Accessed: 18 March 2008.

Queensland Nursing Council (2006) *Professional Practice Policy*. Available at: www.qnc.qld.gov.au/publications/publications.aspx. Accessed: 18 March 2008.

Staunton P and Chiarella M (2008) *Nursing and the Law*, 6th edition, Elsevier, Marrickville, NSW.

World Alliance for Patient Safety (2005) *WHO Draft Guidelines for Adverse Event Reporting and Learning Systems: From information to action, World Health Organization*, Geneva. Available at: www.who.int/patientsafety/events/05/Reporting_Guidelines.pdf. Accessed: 18 March 2008.


## Endnotes

1. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
2. Johnstone M and Kanitsaki 2001.
3. Ibid.
4. Ibid.
5. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
6. See the work being conducted around the development of the national framework for the development of decision-making tools for nursing and midwifery practice and associated documents and guidelines at: www.anmc.org.au/professional_standards/
7. For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
8. Australian College of Midwives 2004.
9. Midwives do not allow the offer of any gift or benefits to change the way they work or the decisions they make, working on the general presumption that they do not accept any gifts or benefits. Recognising the reality of people wishing to demonstrate their appreciation for care by providing an acknowledgement in the form of a gift or benefit, the following guidelines apply:
   - Midwives may accept token or inexpensive gifts offered as a gesture of appreciation, and not to secure favour. They do not accept gifts that are more than a token; nor do they accept gifts of cash, other than a negotiated fee for service when in private practice.Nurses in employment report the acceptance of the gift to their supervisors and seek their agreement to retain the gift.
   - Midwives take all reasonable steps to ensure that neither they nor their immediate family members accept gifts or benefits an impartial observer could view as a means of securing their influence or favour.
   - Further specific guidance may be obtained from the Codes of Conduct of the relevant government agencies in their jurisdiction responsible for he conduct of health services and employees of health services, ethical and fair trading, anti-corruption; as well as private health service providers; and professional associations.
10. "Relevant laws' include the legislation and common law specific to midwifery and the health system such as those regulating the conduct of midwives and poisons and therapeutic goods; but also include the many other general laws regulating areas including criminal conduct (such as assault and murder), privacy and negligence.
11. See, for example, World Alliance for Patient Safety (2005). Many organisations will have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect the public interest. It is usually disclosure of information by former or current employees of an organisation; about

## Endnotes (continued)

misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to a person or an organisation that has the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistleblowing.

12. Under review by the Australian Law Reform Commission at the time of writing.

13. Guidelines prepared by the Australian Competition and Consumer Commission and the Council of Health Care Complaints Commissioners in Australia outline the issues in relation to professional conduct in this area of practice (Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) 2000).

14. This statement has been included in the *Code of Professional Conduct* in that the power of midwives comes from their capacity to ration or withhold care as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from midwives where they feel themselves required to plead, express gratitude or feel at the mercy of a midwife caring for them. These comments and the commentary in the explanation were made in a response from the Health Consumers' Council WA. It was the view of the Council that kindness is irrefutably a professional quality required of midwives. It is their view that the demonstration of kindness diminishes the discrepancy in power between a midwife and a woman in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to midwives on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about midwifery conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by midwives who are able to demonstrate simple acts of kindness and consideration.

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The *Code of Professional Conduct for Nurses* in Australia was first published in July 1990. Revised in 2003 and 2006.

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# 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?**

he 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 Complies with relevant legislation and common law

- 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

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

2.1 Practices in accordance with the nursing profession's codes of ethics and conduct

- 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 Practises 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

### 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

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED NURSE

### 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

#### 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

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED NURSE

**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

**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

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

**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

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED NURSE

### 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

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

### 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

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:

The Chief Executive Officer
Australian Nursing and Midwifery Council
PO Box 873
DICKSON ACT 2602

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## Glossary of Terms

**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.

# National Competency Standards for the Enrolled Nurse

| INTRODUCTION | DESCRIPTION OF ENROLLED NURSE | ENROLLED NURSE 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.

## Enrolled Nurse Competency Standards with Interpretive Cues

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**

Fulfils 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

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE ENROLLED NURSE

### COMPETENCY UNIT 2
**Conducts nursing practice in a way that can be ethically justified**

**Competency Element 2.1**

Acts in accordance with the nursing profession'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 compromis
- 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

**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

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE ENROLLED NURSE

- 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 accountabilityfor 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

**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

ANMC NATIONAL COMPETENCY STANDARDS FOR THE ENROLLED NURSE

- 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

**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

**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 decision-making 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

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:

The Chief Executive Officer
Australian Nursing and Midwifery Council
PO Box 873
DICKSON ACT 2602 Australia

## Glossary of Terms

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 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 enrolled 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/Enrolled 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 thestandard.

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.

# National Competency Standards for the Midwife

INTRODUCTION | DESCRIPTION OF THE MIDWIFE | 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 national competency standards for registered nurses, 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, the ANMC commissioned research to develop and validate national competency standards for midwives, the scope of practice of midwives, and a generic description of the midwife on entry to practice. This research, which was undertaken by a team of expert midwifery consultants, included extensive consultation with midwives around Australia. The resulting standards are broad and principle based so that they are sufficiently dynamic for practising midwives 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 midwife are the core competency standards by which your performance is assessed to obtain and retain your license to practice as a midwife in Australia.

As a midwife, 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 midwives educated overseas seeking to work in Australia, and to assess midwives returning to work after breaks in service. They are also used to assess midwives 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 midwives.

Universities also use the standards when developing midwifery 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 midwives 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 midwives throughout Australia for their willing input to the development of these standards.

## Description of the midwife on entry to practice

On entry to practice, a midwife is a person who:

> ... having been regularly admitted to a midwifery educational program, 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 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 counselling 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 practise in any setting including the home, community, hospitals, clinics or health units. (ICM 2005)

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE MIDWIFE

The midwife will be able to demonstrate competence in the provision of midwifery care as specified in the ANMC's National Competency Standards for the Midwife.

The four domains in the provision of woman–centred midwifery care include legal and professional practice; midwifery knowledge and practice; midwifery as primary health care and ethical and reflective practice.

**Legal and professional practice**
The graduate midwife has a sound knowledge of the Australian health care system, relevant legislation and the role of the midwifery profession both locally and internationally. She practises within legislation and common law. Thus she complies with policies and guidelines that have legal implications and fulfil the duty of care. The graduate midwive is able to identify unsafe practice and act appropriately. She works in partnership with women and collaborates with other members of the health care team. The ability to reason, whilst being able to justify practice within legal, professional, ethical and reflective frameworks are characteristic of the graduate midwife. She accepts accountability and responsibility for her actions, whilst recognising her own knowledge base and scope of practice. She is able to identify complications with appropriate and timely consultation and referral as needed. She delegates when necessary, always providing the appropriate supervision.

The graduate midwife documents practice according to legal and professional guidelines and procedures. She demonstrates competence in oral and written communication and technological literacy. She understands and values the imperative to base practice on evidence; is able to access relevant and appropriate evidence; recognise when evidence is less than adequate to fully inform care and identify areas of practice that require further evidence.

**Midwifery knowledge and practice**
The graduate midwife appreciates the centrality of the relationship with women to the practice of midwifery, which she can demonstrate through working in partnership and communicating effectively. She works with women to plan and evaluate care whilst providing learning opportunities that facilitate decision-making by the woman.

The graduate midwife has the knowledge, skills and attitudes to practise midwifery according to the international definition of the role and scope of practice of the midwife. This is informed by other disciplines such as biological, physical, social and behavioural sciences; nursing; primary health care; ethics and law. The graduate midwife will be able to provide safe and effective care across the interface between hospital and community; in any setting, including the home, the community, hospitals, or in any other maternity service. She is able to comprehensively and accurately assess the needs of women and their babies and to plan, implement and evaluate midwifery care. This includes the antenatal period, during labour and birth and in the postnatal period. She supports, and may practise in, continuity of care models. The graduate midwife is versatile, adaptable and able to respond in a range of situations including emergencies.

When women or babies have complex needs and require referral, the graduate midwife will provide midwifery care in collaboration with other health professionals. The graduate midwife protects, promotes and supports breastfeeding while respecting each woman's choice in infant feeding. She is able to initiate, supply and administer relevant pharmacological substances in a safe and effective manner within legislation.

**Midwifery as primary health care**
The graduate midwife practises within a woman centred, primary health care framework and is committed to seeing midwifery as a public heath strategy that encompasses a broad social context. The graduate midwife understands that health is a dynamic state, influenced by particular sociocultural, spiritual and politico-economic environments. The graduate midwife has an important advocacy role in protecting the rights of women, families and communities whilst respecting and supporting their right to self determination. A graduate midwife has a commitment to cultural safety within all aspects of her practice and acts in ways that enhance the dignity and integrity of others.

Midwifery practice involves informing and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of women's health, family planning and infant well-being. The graduate midwife has a role in public health that includes wellness promotion for the woman, her family and the community.

Whilst the graduate midwife has the skills "to do" they also have an ability to develop relationships with the women for whom they care as well as others with whom they interact in their professional lives. The graduate midwife works collaboratively with health care providers and other professionals referring women to appropriate community agencies and support networks.

**Reflective and ethical practice**
The graduate midwife practises in accordance with the endorsed code of ethics, professional standards and relevant state and commonwealth privacy obligations. Through reflective processes developed during the program, the graduate midwife respects diverse values, beliefs and sociocultural structures. Integral to this process is the ability to understand and identify the impact of her own culture, values and beliefs on the provision of midwifery care, whilst recognising the power relations that exist within the health system and the community.

The graduate midwife has the ability and skills to analyse and reflect in, on, and about practice. She maintains competence through continual professional development. The graduate midwife is able to assess the effectiveness of her work and regards lifelong learning as a key to continuing professional and personal development. The graduate midwife demonstrates a lively, questioning perspective that enables her to actively contribute to the development of midwifery as a discipline. She also demonstrates both computer and

information literacy which is reflected in her capacity to derive information from multiple sources. The graduate midwife has the capacity to transform this into meaningful information that impacts on practice and interactions with women and the health care system as a whole. The graduate midwife has developed both a capacity and a desire to learn from experiences in the workplace and through more formal educational opportunities. She is able to contribute to, and evaluate, the learning experiences and professional development of others, particularly through mentoring. She is able to support students to meet their learning needs and objectives in collaboration with others, and contributes to orientation and ongoing education programs.

The graduate midwife uses research to inform midwifery practice. This includes interpreting evidence as a basis to inform practice, policy, guidelines and decision-making. This implies an understanding about the way that knowledge and evidence are continuously created, applied and recreated. The development of a critical self-awareness is essential to this reflective process and is a defining characteristic of a graduate.

## National Competency Standards for the Midwife

The National Competency Standards for the Midwife provide the detail of the skills, knowledge and attitudes expected of a midwife to work within the midwifery scope of practice. The definition and scope of practice provides the broad boundaries of midwifery practice, whereas competency standards provide the detail of how a midwife is expected to practise and his/her capacity to practice. These will be minimum competency standards required of all midwives who seek authority to practise as a midwife in Australia. It is expected that all midwives should be able to demonstrate that they are able to meet the competency standards relevant to the position they hold.

**Overarching framework**

The competency standards have an overarching framework – woman centred care. Woman-centred care is a concept that implies that midwifery care:

- is focused on the woman's individual, unique needs, expectations and aspirations, rather than the needs of institutions or professions
- recognises the woman's right to self determination in terms of choice, control, and continuity of care
- encompasses the needs of the baby, the woman's family, significant others and community, as identified and negotiated by the woman herself
- follows the woman between institutions and the community, through all phases of pregnancy, birth and the post natal period
- is 'holistic' – addresses the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations

The competency standards are underpinned by primary health care principles. These principles encompass equity, access, the provision of services based on need, community participation, collaboration and community based care. Primary health care involves using approaches that are affordable, appropriate to local needs and sustainable. These principles are outlined in the Ottawa Charter (1986).

**Organisation of the National Competency Standards for the Midwife**

The competency standards include domains, competencies, competency elements and cues. A domain is as an organised cluster of competencies that characterise a central aspect of midwifery practice. Within each of the domains are competencies. A competency represents a stand-alone function or functional area underlying some aspect of professional performance. Within each competency are elements. An element is a sub-section of the competency unit. The elements contain examples of competent performance known as cues. The cues are examples and prompts. These are neither comprehensive nor exhaustive and assist in assessment, self reflection and curriculum development.

## Domains

The competencies which make up the National Competency Standards for the Midwife are organised in four domains. The order of the domains does not reflect their diminishing order of importance.

### Legal and professional practice

This domain contains the competencies that relate to legal and professional responsibilities including accountability, functioning in accordance with legislation affecting midwifery and demonstration of leadership.

### Midwifery knowledge and practice

This domain contains the competencies that relate to the performance of midwifery practice including assessment, planning, implementation and evaluation. Partnership with the woman is included in this domain.

### Midwifery as primary health care

This domain contains the competencies that relate to midwifery as a public health strategy. Included are the notions of self determination and the protection of individual and group rights.

### Reflective and ethical practice

This final domain contains the competencies relating to self appraisal, professional development and the value of research. The competencies, elements and cues are outlined in the following pages.

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE MIDWIFE

### LEGAL AND PROFESSIONAL PRACTICE

**COMPETENCY 1**
**Functions in accordance with legislation and common law affecting midwifery practice**

Element 1.1 Demonstrates and acts upon knowledge of legislation and common law pertinent to midwifery practice.

Cues
- Practises midwifery within the requirements of legislation and common law.
- Identifies and interprets laws in relation to midwifery practice, including the administration of drugs; negligence; consent; report writing; confidentiality; and vicarious liability.
- Recognises and acts upon breaches of law relating to midwifery practice.

Element 1.2 Complies with policies and guidelines that have legal and professional implications for practice.

Cues
- Complies with legal policies and guidelines, for example, occupational Health and safety, child protection, Family violence.

Element 1.3 Formulates documentation according to legal and professional guidelines.

Cues
- Adheres to legal requirements in all aspects of documentation.
- Documentation is contemporaneous, comprehensive, logical, legible, clear, concise and accurate.
- Documentation identifies the author and designation.

Element 1.4 Fulfils the duty of care in the course of midwifery practice.

Cues
- Undertakes midwifery practice in accordance with professional Australian standards for midwives.

**COMPETENCY 2**
**Accepts accountability and responsibility for own actions within midwifery practice.**

Element 2.1 Recognises and acts within own knowledge base and scope of practice.

Cues
- Recognises the midwife's role and responsibility for understanding, supporting, and facilitating pregnancy, labour, birth and the postnatal period.
- Analyses strengths and limitations in own skill, knowledge and experience and addresses limitations.
- Accepts professional responsibility and personal accountability for own practice.
- Collaborates with other health care providers when care is outside the scope of practice.

Element 2.2 Identifies unsafe practice and takes appropriate action.

Cues
- Identifies practices that compromise safe and effective care, or contravenes legislation, and takes appropriate action.
- Utilises risk management and/or open disclosure policies in the follow-up of unsafe practice.
- Promotes and engages in ongoing development of the safety and quality improvement agenda to optimise health outcomes of women and their families.
- Supports other midwives or health care providers who report unsafe practice.

Element 2.3 Consults with, and refers to, another midwife or appropriate health care provider when the needs of the woman and her baby fall outside own scope of practice or competence.

Cues
- Applies relevant guidelines or policies to ensure timely consultation and referral.
- Develops and maintains collegial networks with midwifery colleagues and others to optimise outcomes for the woman.

Element 2.4 Delegates, when necessary, activities matching abilities and scope of practice and provides appropriate supervision.

Cues
- Underpins delegation and supervision with knowledge of legal requirements and organisational policies.
- Is accountable for actions in relation to the decision to educate, delegate and supervise other health care workers.
- Uses a range of supportive strategies when supervising aspects of care delegated to others.
- Ensures delegation does not compromise safety.

Element 2.5 Assumes responsibility for professional midwifery leadership functions.

Cues
- Integrates leadership skills into practice.
- Acts as a role model for other colleagues by exemplifying best practice in midwifery.
- Provides advice and guidance in problem solving and decision making to midwifery colleagues and others as appropriate.

### MIDWIFERY KNOWLEDGE AND PRACTICE

**COMPETENCY 3**
**Communicates information to facilitate decision-making by the woman.**

Element 3.1 Communicates effectively with the woman, her family and friends.

Cues
- Actively listens to the woman and responds appropriately.
- Assists the woman to identify her knowledge, feelings and thoughts about her pregnancy, labour, birth and the postnatal period.
- Uses language that is readily understood.
- Allows adequate time to meet the needs of the woman for information, advice and support.
- Engages the assistance of a professional interpreter where appropriate.

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE MIDWIFE

Element 3.2 Provides learning opportunities appropriate to the woman's needs.

Cues
- Uses adult learning principles in the provision of information.
- Incorporates learning opportunities into every facet of midwifery practice.

Element 3.3 Plans and evaluates care in partnership with the woman.

Cues
- Listens to the woman to identify her needs. Involves the woman in decision making.
- Obtains informed consent for midwifery interventions.
- Documents decisions, actions and outcomes including the woman's response to care.

**COMPETENCY 4**
**Promotes safe and effective midwifery care.**

Element 4.1 Applies knowledge, skills and attitudes to enable woman centred care.

Cues
- Participates in respectful partnerships with the woman and other members of the health care team.
- Practises in ways that respects each woman's emotional, social, cultural and lifestyle needs.
- Facilitates the involvement of family and friends as defined by the woman.

Element 4.2 Provides or supports midwifery continuity of care.

Cues
- Demonstrates an understanding of continuity of care and carer.
- Supports models that provide continuity of carer.

Element 4.3 Manages the midwifery care of women and their babies.

Cues
- Organises workload to facilitate midwifery care for women and their babies.
- Demonstrates appropriate time management and priority setting skills.
- Ensures the effective use of resources including personnel.

**COMPETENCY 5**
**Assesses, plans, provides and evaluates safe and effective midwifery care.**

Element 5.1 Utilises midwifery knowledge and skills to facilitate an optimal experience for the woman.

Cues
- Promotes the understanding that childbirth is a normal, physiological process and a significant life event for most women.

Element 5.2 Assesses the health and well being of the woman and her baby.

Cues
- Carries out a comprehensive assessment of the woman and her baby.
- Interprets and acts upon information from the assessment.

Element 5.3 Plans, provides, and is responsible for, safe and effective midwifery care.

Cues
- Assists the woman to identify and plan her preferred pathway of care.
- Orders (within relevant legislation) and interprets relevant investigative and diagnostic tests and screening procedures.
- Attends and supports the woman and her baby and ensures appropriate, timely midwifery interventions are undertaken.
- Assists with the transition to parenthood.

Element 5.4 Protects, promotes and supports breastfeeding.

Cues
- Proactively protects, promotes and supports breastfeeding, reflecting the WHO/UNICEF Ten Steps to Successful Breastfeeding.
- Provides information to the woman, colleagues and community regarding breast feeding.
- Respects and facilitates the woman's choice regarding infant feeding.
- Assists the woman with her mode of infant feeding.

Element 5.5 Demonstrates the ability to initiate, supply and administer relevant pharmacological substances in a safe and effective manner within relevant state or territory legislation.

Cues
- Maintains up to date knowledge about pharmacological substances commonly used in midwifery practice.
- Provides information to the woman.
- Demonstrates safe administration including drug calculations, correct route of administration, side effects and documentation.
- Demonstrates knowledge of pharmacological substances which are safe during pregnancy, birth and breastfeeding.

Element 5.6 Evaluates the midwifery care provided to the woman and her baby.

Cues
- Invites and acts upon constructive feedback on midwifery practice from the woman.
- Demonstrates knowledge of the different ways in which midwifery practice can be evaluated.

**COMPETENCY 6**
**Assesses, plans, provides and evaluates safe and effective midwifery care for the woman and/ or baby with complex needs.**

Element 6.1 Utilises a range of midwifery knowledge and skills to provide midwifery care for the woman and/or her baby with complex needs as part of a collaborative team.

Cues
- Demonstrates a sound knowledge base of relevant disease processes and health complexities.

- Demonstrates an understanding of the particular psychosocial needs of the woman and her family where there are complexities.
- Continues to provide midwifery care when collaboration with a medical practitioner or other health care provider is required.
- Uses, justifies and interprets appropriate technology to achieve best health outcomes for the woman and her baby.

Element 6.2 Recognises and responds effectively in emergencies or urgent situations.

Cues
- Recognises and responds to any urgent or emergency situations with timely and appropriate intervention, consultation and/or referral.
- Maintains up to date skills and knowledge concerning emergency plans and protocols.

**MIDWIFERY AS PRIMARY HEALTH CARE**

**COMPETENCY 7**
**Advocates to protect the rights of women, families and communities in relation to maternity care.**

Element 7.1 Respects and supports women and their families to be self-determining in promoting their own health and well-being.

Cues
- Articulates primary health care principles and acts accordingly.
- Works with the woman to identify and develop appropriate sources of social and community support and health care.
- Concludes the midwifery relationship in a timely and appropriate manner.
- Involves women and communities in maternity service development, improvement and evaluation.

Element 7.2 Acts to ensure that the rights of women receiving maternity care are respected.

Cues
- Acknowledges, respects and advocates for the rights of the woman to be involved as an active participant in her care including her right to make informed decisions and maintain dignity and privacy.
- Takes into account the woman's individual preferences and cultural needs.

**COMPETENCY 8**
**Develops effective strategies to implement and support collaborative midwifery practice.**

Element 8.1 Demonstrates effective communication with midwives, health care providers and other professionals.

Cues
- Adapts styles and methods of communication to maximise effectiveness.
- Uses a range of communication methods including written and oral.
- Liaises and negotiates with colleagues at all levels to build systems an processes to optimise outcomes for the woman.
- Discusses and clarifies with relevant health care providers interventions that appear inappropriate or unnecessary and negotiates a collaborative plan.
- Demonstrates effective communication during consultation, referral and handover.

Element 8.2 Establishes, maintains and evaluates professional relationships with other health care providers.

Cues
- Recognises the role of other members of the health care team in the provision of maternity care.
- Identifies and responds to factors that facilitate or hinder professional relationships.
- Invites, acts upon, and offers, constructive feedback on midwifery practice from peers and colleagues.

**COMPETENCY 9**
**Actively supports midwifery as a public health strategy.**

Element 9.1 Advocates for, and promotes midwifery practice, within the context of public health policy.

Cues
- Acknowledges the impact of social, economic and psychological factors on women's lives.
- Acts to address public health issues, including the promotion of breastfeeding, smoking cessation, and responding appropriately in situations where there is domestic violence, drugs or alcohol use.
- Plans, provides and evaluates care to ensure equity of access for women from marginalised communities.

Element 9.2 Collaborates with, and refers women to, appropriate community agencies and support networks.

Cues
- Collaborates with, and refers to, other health care providers, community groups and agencies.
- Provides women with clear information about accessing community support agencies during pregnancy and following birth.

**COMPETENCY 10**
**Ensures midwifery practice is culturally safe.**

Element 10.1 Plans, implements and evaluates strategies for providing culturally safe practice for women, their families and colleagues.

Cues
- Incorporates knowledge of cross cultural and historical factors into practice.

- Demonstrates respect for differences in cultural meanings and responses to health and maternity care.
- Recognises the specific needs of Aboriginal and Torres Strait Islander women and their communities.
- Recognises and respects customary law.

## REFLECTIVE AND ETHICAL PRACTICE.

### COMPETENCY 11
**Bases midwifery practice on ethical decision making.**

Element 11.1 Practises in accordance with the endorsed Code of Ethics and relevant state/ territories and commonwealth privacy obligations under law.

Cues
- Demonstrates knowledge of contemporary ethical issues in midwifery.
- Demonstrates ethical behaviour towards women, colleagues and communities.
- Develops and assesses strategies to address ethical issues and breaches of confidentiality and privacy in collaboration with others.

### COMPETENCY 12
**Identifies personal beliefs and develops these in ways that enhance midwifery practice.**

Element 12.1 Addresses the impact of personal beliefs and experiences on the provision of midwifery care.

Cues
- Recognises own attitudes, biases and values and their potential impact on practice.
- Evaluates own practice and its effect on women and others.

Element 12.2 Appraises and addresses the impact of power relations on midwifery practice.

Cues
- Demonstrates an awareness of the impact of gender, race and social policies on women and maternity services.
- Works towards addressing power imbalances between health care providers, childbearing women and others in the community.
- Acts to eliminate harassment, victimisation and bullying in the work place.
- Demonstrates a commitment to, and respect for, co-workers.

### COMPETENCY 13
**Acts to enhance the professional development of self and others.**

Element 13.1 Assesses and acts upon own professional development needs.

Cues
- Identifies own learning needs through reflective practice and self evaluation.
- Contributes to self appraisal and peer review activities as appropriate.
- Prepares and actions annual professional development plans using continuing professional development frameworks.
- Seeks and engages in opportunities to maintain or update skills, knowledge, attitudes and experience.
- Demonstrates and documents own professional development.

Element 13.2 Contributes to, and evaluates, the learning experiences and professional development of others.

Cues
- Supports students to meet their learning needs and objectives.
- Contributes to orientation and ongoing education programs.
- Undertakes and critiques mutual sharing of experiences and knowledge with multidisciplinary colleagues.
- Contributes to mentoring, peer support and/or clinical supervision.
- Seeks and engages in opportunities to maintain or update skills, knowledge, attitudes and experience.
- Demonstrates and documents own professional development.

### COMPETENCY 14
**Uses research to inform midwifery practice.**

Element 14.1 Ensures research evidence is incorporated into practice.

Cues
- Values and acknowledges the importance of research and evidence.
- Maintains current knowledge about relevant research.
- Demonstrates skills in retrieving and understanding research evidence including levels of enquiry and forms of evidence.
- Discusses the implications of evidence with the woman and colleagues.
- Participates in reviews of practice and policies.
- Supports research in midwifery and maternity care.

Element 14.2 Interprets evidence as a basis to inform practice and decision making

Cues
- Underpins midwifery practice with current knowledge and best evidence.
- Accesses evidence, shares and utilises to inform policy and practice.
- Explains options while recognising the woman's right to choose.

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE MIDWIFE

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:
The Chief Executive Officer
Australian Nursing and Midwifery Council
PO Box 873
DICKSON ACT 2602
Australia

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### Glossary of Terms

**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 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 midwife, at a standard that is judged to be appropriate for the level of midwife being assessed.

**Competency Unit:** Represents a major function/functional area in the total competencies of a Registered Midwife in a midwifery 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 midwifery practice. They further assist curriculum development.

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

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

**Midwife:** is a person who ...' has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery' (ICM 2005).

# National Competency Standards for the Nurse Practitioner

INTRODUCTION | DEFINITION OF NURSE PRACTITIONER | COMPETENCY STANDARDS FOR NURSE PRACTITIONER | NURSE PRACTITIONER FRAMEWORK | 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 the registered nurse, which were first adopted by the ANMC in the early 1990s, and have been reviewed and revised regularly since then. Other standards developed by the ANMC for implementation by NMRAs include competency standards for enrolled nurses and midwives, 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 the ANMC, with contributions from the Nursing Council of New Zealand, commissioned a project to investigate the scope and role of nurse practitioners and develop national standards for practice. The resulting standards are reproduced in this booklet together with the supporting performance indicators.

**What are the standards used for?**

The national competency standards for the nurse practitioner build on the core competency standards for registered nurses and midwives, and the advanced nursing practice competency standards. The competency standards, which have been endorsed by all NMRAs are those by which your performance is assessed to obtain and retain your license to practice as a nurse practitioner in Australia.

As a nurse practitioner, these 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 and to assess nurse practitioners educated overseas seeking to work in Australia. They are also used to assess nurse practitioners 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 nurse practitioners.

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

These are YOUR standards — developed using the best possible evidence, and using information and feedback provided by nurse practitioners 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 nurse practitioners around Australia and New Zealand for their willing input to the development of these standards.

## Definition of the Nurse Practitioner

A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practise and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise.

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE NURSE PRACTITIONER

### Nurse Practitioner Competency Standards

Three generic standards that define the parameters of nurse practitioner practice have been identified. These standards are defined by nine competencies each with specific performance indicators.

**The three standards are:**

**STANDARD 1**
**Dynamic practice that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations**

Dynamic practice has several core components, at the core of which are highly developed clinical practice skills focused on a particular population group or area of specialty practice. Key elements of dynamic practice are comprehensive assessment ability including advanced physical assessment and an analysis of the person context. This is based on advanced knowledge of pathophysiology and the range of human sciences integral to nursing. Dynamic practice incorporates the ability to prescribe and to order investigative procedures according to health assessment information in addressing need. Finally, dynamic practice includes the need to address currency of practice as a continuous process.

**STANDARD 2**
**Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability**

Professional efficacy describes the level of knowledge and skill, and the approach to using that knowledge. It captures the sense of professional identity and authority which supports delivering extended skills based in patient/client need and delivering them from a sound base of nursing. The nurse practitioner identifies as first and foremost a nurse and this identity determines the nature of practice. The nurse practitioner applies critical reasoning to negotiate evidence and adapt care to the lived realities of clients in vastly different contexts and achieves this by establishing a climate of mutual trust and partnership with patients and clients, and whole communities where relevant. The critical component of professional efficacy is the ability to respect the right of people to determine their own journey through a health/illness episode while ensuring that people have accurate and appropriately interpreted information on which to base their decisions.

Professional efficacy also means that the nurse practitioner participates as a senior member of any multidisciplinary team, recognising nursing autonomy and giving and accepting referrals as appropriate. To do this they implicitly understand their own accountability but also work collaboratively with other clinicians to secure the best care of each patient or client.

**STANDARD 3**
**Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service**

The nurse practitioner is a leader in all dimensions of nursing practice. This is not only the most senior clinical role, but a nurse practitioner also provides health service leadership from the perspective of a senior clinician. Key elements of clinical leadership are the need to guide and influence care delivery systems through engagement in policy development either directly at local organisation and local government level or though active engagement in the policy work of their professional organisation. The nurse practitioner leads through any of a number of roles including researcher, clinical teacher, case co-ordinator, and spokesperson, and in this capacity may take responsibility for assisting the public, policy makers and other health care professionals to understand the nurse practitioner role. In so doing they draw from the relevant evidence base to influence the quality and nature of services provided.

### ASSUMPTIONS

The following assumptions underpin use of the competency framework:

1. The nurse practitioner is a registered nurse whose practice must first meet the following regulatory and professional requirements for Australia and New Zealand and then demonstrate the additional requirements of the nurse practitioner:

- National Competency Standards for the Registered Nurse
- Code of Ethics for Nurses
- Code of Professional Conduct for Nurses

These assumed requirements serve as the foundation for the nurse practitioner competency framework and are not repeated in the nurse practitioner framework.

2. The nurse practitioner standards build upon the existing Advanced Nursing Practice Competency Standards used respectively in New Zealand and Australia. These standards are not repeated in the nurse practitioner framework.

3. The nurse practitioner standards are based on the findings from the Nurse Practitioner Standards Research Project. They are developed to ensure safe nurse practitioner practice that relates to a specific field of health care.

4. The nurse practitioner standards are core standards that are common to all models of nurse practitioner practice. They can accommodate specialty competencies that are designed to meet the unique health care needs of specific client/patient populations.

5. The nurse practitioner standards will be used by nurse practitioner education providers to develop the content and process requirements for a nurse practitioner education program.

6. The nurse practitioner standards will be used by regulatory authorities to determine the eligibility of nurse practitioners seeking authorisation as nurse practitioner in Australia and New Zealand.

## Nurse Practitioner Competency Framework

**STANDARD 1**

**Dynamic practice that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations**

Competency 1.1 Conducts advanced, comprehensive and holistic health assessment relevant to a specialist field of nursing practice

Performance indicators

- Demonstrates advanced knowledge of human sciences and extended skills in diagnostic reasoning
- Differentiates between normal, variation of normal and abnormal findings in clinical assessment
- Rapidly assesses a patient's unstable and complex health care problem through synthesis and prioritisation of historical and available data
- Makes decisions about use of investigative options that are judicious, patient focused and informed by clinical findings
- Demonstrates confidence in own ability to synthesise and interpret assessment information including client/patient history, physical findings and diagnostic data to identify normal and abnormal states of health and differential diagnoses
- Makes informed and autonomous decisions about preventive, diagnostic and therapeutic responses and interventions that are based on clinical judgment, scientific evidence, and patient determined outcomes

Competency 1.2 Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments and interventions that are evidence based and informed by specialist knowledge

Performance indicators

- Consistently demonstrates a thoughtful and innovative approach to effective clinical management planning in collaboration with the patient/client
- Exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to a specific field of clinical practice
- Selects/prescribes appropriate medication, including dosage, routes and frequency pattern, based upon accurate knowledge of patient characteristics and concurrent therapies
- Is knowledgeable and creative in selection and integration of both pharmacological and non-pharmacological treatment interventions into the management plan in consultation with the patient/client
- Rapidly and continuously evaluates the patient/client/'s condition and response to therapy and modifies the management plan when necessary to achieve desired patient/client outcomes
- Is an expert clinician in the use of therapeutic interventions specific to, and based upon, their expert knowledge of specialty practice
- Collaborates effectively with other health professionals and agencies and makes and accepts referrals as appropriate to specific model of practice
- Evaluates treatment/intervention regimes on completion of the episode of care, in accordance with patient/client-determined outcomes

Competency 1.3 Has the capacity to use the knowledge and skills of extended practice competencies in complex and unfamiliar environments

Performance indicators

- Actively engages community/public health assessment information to inform interventions, referrals and coordination of care
- Demonstrates confidence and self-efficacy in accommodating uncertainty and managing risk in complex patient care situations
- Demonstrates professional integrity, probity and ethical conduct in response to industry marketing strategies when prescribing drugs and other product.
- Uses critical judgment to vary practice according to contextual and cultural influences
- Confidently integrates scientific knowledge and expert judgment to assess and intervene to assist the person in complex and unpredictable situations

Competency 1.4 Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others

Performance indicators

- Critically appraises and integrates relevant research findings in decision making about health care management and patient interventions
- Demonstrates the capacity to conduct research/quality audits as deemed necessary in the practice environment
- Demonstrates an open-minded and analytical approach to acquiring new knowledge
- Demonstrates the skills and values of lifelong learning and relates this to the demands of extended clinical practice

## ANMC NATIONAL COMPETENCY STANDARDS FOR THE NURSE PRACTITIONER

### STANDARD 2
**Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability**

Competency 2.1 Applies extended practice competencies within a nursing model of practice

Performance indicators

- Readily identifies the values intrinsic to nursing that inform nurse practitioner practice and an holistic approach to patient/client/community care
- Communicates a calm, confident and knowing approach to patient care that brings comfort and emotional support to the client and their family
- Demonstrates the ability and confidence to apply extended practice competencies within a scope of practice that is autonomous and collaborative
- Creates a climate that supports mutual engagement and establishes partnerships with patients/carer/family
- Readily articulates a coherent and clearly defined nurse practitioner scope of practice that is characterised by extensions and parameters

Competency 2.2 Establishes therapeutic links with the patient/client/community that recognise and respect cultural identity and lifestyle choices

Performance indicators

- Demonstrates respect for the rights of people to determine their own journey through a health/illness episode while ensuring access to accurate and appropriately interpreted information on which to base decisions
- Demonstrates cultural competence by incorporating cultural beliefs and practices into all interactions and plans for direct and referred care
- Demonstrates respect for differences in cultural and social responses to health and illness and incorporates health beliefs of the individual/community into treatment and management modalities

Competency 2.3 Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice

Performance indicators

- Establishes effective, collegial relationships with other health professionals that reflect confidence in the contribution that nursing makes to client outcomes
- Readily uses creative solutions and processes to meet patient/client /community defined health care outcomes within a frame of autonomous practice
- Demonstrates accountability in considering access, clinical efficacy and quality when making patient-care decisions
- Incorporates the impact of the nurse practitioner service within local and national jurisdictions into the scope of practice
- Advocates for expansion to the nurse practitioner model of service that will improve access to quality, cost-effective health care for specific populations

### STANDARD 3
**Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service**

Competency 3.1 Engages in and leads clinical collaboration that optimise outcomes for patients/clients/communities

Performance indicators

- Actively participates as a senior member and/or leader of relevant multidisciplinary teams
- Establishes effective communication strategies that promote positive multidisciplinary clinical partnerships
- Articulates and promotes the nurse practitioner role in clinical, political and professional contexts
- Monitors their own practice as well as participating in intra- and inter-disciplinary peer supervision and review

Competency 3.2 Engages in and leads informed critique and influence at the systems level of health care

Performance indicators

- Critiques the implication of emerging health policy on the nurse practitioner role and the client population
- Evaluates the impact of social factors (such as literacy, poverty, domestic violence and racial attitudes) on the health of individuals and communities and acts to moderate the influence of these factors on the specific population/individual
- Maintains current knowledge of financing of the health care system as it affects delivery of care
- Influences health care policy and practice through leadership and active participation in workplace and professional organisations and at state and national government levels
- Actively contributes to and advocates for the development of specialist, local and national, health service policy that enhances nurse practitioner practice and the health of the community

## Glossary of Terms

**Advanced practice:** Advanced practice nursing defines a level of nursing practice that utilises extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision making.

Advanced practice nursing forms the basis for the role of nurse practitioner. The nurse practitioner role is an expanded form of advanced practice nursing which is specifically regulated by legislation and by professional regulation. Legislation may allow prescribing and referral, in addition to admitting privileges to health care facilities. (RCNA Position Statement 2000. Under review).

**Authorisation:** The process through which the NMRA sanctions the practice of nurse practitioners within their jurisdiction. The authorisation process invests legal authority and responsibilities on the person so authorised. Once an applicant is authorised, he or she will be registered, that is, have his or her details entered on a written record, and the NMRA will endorse, that is, openly approve, of his or her practice as a nurse practitioner.

**Autonomy:** Having a sense of one's own identity and an ability to act independently and to exert control over one's environment, including a sense of task mastery, internal locus of control, and self-efficacy.

**Client:** A person or persons who engage(s) or is/are served by the professional advice or services of another. May refer to an individual, family or community. Use acknowledges that a significant part of nursing's services are delivered to people who are well and proactively engaging in health care, however in this study, 'client' and 'patient' are used synonymously to acknowledge that the same services may be used for both clients and patients.

**Extended practice:** Defines the level of nursing that draws upon advanced nursing practice knowledge and skill in conjunction with legislative provisions that enable the nurse to deliver a health service that encompasses a complete episode of care to clients/patients. This nursing care is autonomous and collaborative and determined by the health-service needs of clients in specific populations.

**Jurisdiction:** The limits within which a power or control can be exercised.

**NP:** Nurse practitioner

**Nursing and midwifery regulatory authority (NMRA):** The legally constituted body in each jurisdiction charged with the regulation of nursing and midwifery professional practice. The primary role of the NMRAs is to protect the public through ensuring nurses and midwives demonstrate an acceptable standard of practice.

**Patient:** See 'client'. Use acknowledges that nursing provides some of its services to people who are sick and, in the true Latin meaning, are 'suffering'. 'Patient' and 'client' are used synonymously to acknowledge that the same services may, at times, be delivered for both clients and patients.

**Program:** A collection of courses/papers/units of study that lead to an academic qualification.

# STANDARD

# Medicine Management

**September 2002**

This Standard has been developed and endorsed by The Nursing and Midwifery Board of South Australia (nmbSA) in 2002. The Standard was subsequently amended to reflect the *Nursing and Midwifery Practice Act 2008* and approved by the Nursing & Midwifery Board of South Australia (**nmb**SA) for implementation on 04 August 2009.

## THE NURSING AND MIDWIFERY BOARD OF SOUTH AUSTRALIA

The Nursing and Midwifery Board of South Australia (**nmb**SA) is required to protect the health and safety of the public. A function amongst others of the **nmb**SA is to endorse professional standards. The *Nursing and Midwifery Practice Act 2008* requires the **nmb**SA, in exercising this function, to ensure 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 in nursing and in midwifery.

In developing and endorsing this standard, the **nmb**SA aims to:

- clearly describe nursing and midwifery practice for clients, employers, education providers and nurses and midwives;
- provide the people who access nursing and midwifery services with information that will help them make informed decisions about safe, quality health care;
- standardise key aspects of nursing and midwifery practice to promote professional mobility;
- make transparent the **nmb**SA's expectations of nursing and midwifery practice; and
- clearly articulate the standards the **nmb**SA will use in assessing reports of unprofessional conduct or incompetence.

## RESPONSIBILITIES OF REGISTERED NURSES AND MIDWIVES AND ENROLLED NURSES

Registered Nurses, Midwives and Enrolled Nurses have similar responsibilities in regard to medicine management. It is the responsibility of individual registered nurses or midwives and enrolled nurses to interpret these Standards in the context of applicable law, codes of practice, other applicable professional standards, and guidelines relevant to the individual practice setting in the delivery of nursing or midwifery care. Fundamental to this process is the protection of the rights and wellbeing of the client. As members of a profession, registered nurses, midwives and enrolled nurses must practise in the best interests of the client which includes assessment of the need, risks, benefits and alternative methods of treatment proposed given the nurse or the midwife's level of expertise and experience.

## MEDICINE

A medicine is a substance taken to prevent and/or treat illness and/or maintain or promote health. In relation to this standard, the term medicine includes prescription and non-prescription medicines inclusive of complementary healthcare products (The National Policy 2000).

## MEDICINE MANAGEMENT

The management of medicines is an important aspect of nursing and midwifery practice that requires consideration of individual, organisational, social, cultural, religious and professional factors and the exercise of professional/clinical judgment. The **nmb**SA has developed a Medicine Standard that:

- articulates and documents what the **nmb**SA expects as the minimum requirement for nursing or midwifery medicine management that is safe and therapeutic;
- identifies medicine management as incorporating all associated actions from patient assessment to medicine administration and evaluation and the storage and disposal of medicines;
- takes into consideration the increasing complexity and scope of nursing or midwifery practice, the changes to nursing and midwifery educational preparation, and the accountability and autonomy of nurses and midwives in decision making for the delivery of client oriented care; and
- acknowledges the multidisciplinary and collaborative nature of medicine management.

## STANDARD 1

**The safety and wellbeing of the client is ensured through medicine management practices that reflect current knowledge, applicable law, standards and codes of nursing and midwifery practice, and organisational policies and procedures.**

Nursing or midwifery practice includes evidence of:

a) current knowledge of therapeutic substances and associated technology, and their safe use in contemporary health care practice;
b) knowledge of and compliance with human rights conventions, relevant State and Federal Legislation, common law, Professional Standards and Codes;
c) knowledge of and compliance with relevant organisational policies and/or procedures and guidelines;
d) respect for the dignity, privacy and rights of clients in relation to information disclosure and consent;
e) ensuring clients' rights to comprehensive information about prescribed medicines;
f) acceptance and understanding of accountability and responsibility in relation to prescribing, verbal orders, administering (including standing orders), delegating, documenting, transporting and storing medicines; and
g) appropriate action in response to questionable orders, decisions or behaviours of others including members of the health care team.

## STANDARD 2

**Nursing and midwifery practice promotes the quality use of medicines and ensures a safe and therapeutic environment.**

### Assessment

Nursing or midwifery practice includes evidence of:

a) a comprehensive nursing or midwifery assessment of the client, relevant to the medicine therapy, including:
   - initial and ongoing assessment of the client's relevant medical history, and physical, cognitive, cultural, psychological and safety needs;
   - the need for the medicine therapy;
   - the existence of any allergies;
   - the optimum mode of administration, including self medicine;
   - the therapeutic goals, effects and/or side effects and interactions; and

b) active client involvement in the processes of care and education regarding their medicine therapy.

### Consent

Nursing or midwifery practice includes evidence of:

a) informed consent by the client or authorisation by a representative;

b) recognition of a client's right to refuse a medicine; and

c) appropriate action when a client refuses a medicine.

### Administration of Medicines

Nursing or midwifery practice includes evidence of:

a) the safe administration of medicines which may include the decision to withhold medicines;

b) anticipation of and appropriate response to unexpected medicine outcomes;

c) documentation of all relevant aspects of the medicine therapy, which may include:
   - relevant medical history;
   - current health problems likely to be affected by the medicine;
   - the timing, dose and mode of administration of the medicine;
   - client outcomes;
   - medicine incidents; and

d) evaluation of nursing interventions or midwifery care in relation to client outcomes.

## STANDARD 3

**Medicine management requires consultation and collaboration to ensure therapeutic outcomes.**

Nursing or midwifery practice includes evidence of:

a) organisational and individual responsibility for staff preparation and education;
b) systematic approaches to improving practice including appropriate review and management of medicine incidents;
c) multidisciplinary review of medicine management practices with a focus on quality improvement;
d) appropriate consultation with the client, prescribing medical officer, pharmacist and other relevant health professionals in all aspects of the medicine management process;
e) delegation and supervision of aspects of medicine management to others commensurate with their abilities and scope of practice;
f) collaboration with clients to facilitate appropriate self medicine; and
g) arrangements for the debriefing and counselling of clients, relevant significant others and staff following medicine incidents.

## OTHER ISSUES

Where Standing Orders exist, they are a matter of organisational policy and should be implemented in accordance with this Standard.

## ADDITIONAL SOURCES OF INFORMATION

When interpreting Standards of the **nmb**SA, it may be helpful to refer to relevant current legislation, the common law, Standards and Codes of nursing and/or midwifery practice.

## EXPLANATION OF TERMS

**Accountability**
Accountability is the nurse or midwife accepting responsibility for her or his decisions and behaviours as a professional nurse or midwife and for the consequences of those decisions.

**Administration**
Refers to the act of giving a prescribed medicine orally, by injection, by inhalation, per rectum, per vagina, topically or enterally and ensuring that the prescribed medicine has entered the client's body.

**Authorised Prescriber**
A person lawfully entitled to write a prescription and give verbal instructions including telephone instructions for the dispensing and administration of a medicine. In South Australia persons who are legally authorised to prescribe medicines are set out in the *Controlled Substances Act 1984* and Regulations.

**Autonomous Nursing Practice**
Autonomy in practice is the nurse or midwife being self-directed in determining appropriate decisions and behaviours.

**Best Practice**
Best practice is demonstrated by adherence to Standards of Practice endorsed by the nursing or midwifery profession and described by experts at professional conferences and in relevant journals.

**Clients**
For the purpose of this standard, the term *'client'* should be interpreted to mean any person who is the recipient of nursing or midwifery care. This includes the individual, their family and significant others. It may also mean a group of individuals, a community or a specific population and therefore is inclusive of all members of the South Australian public.

In relation to midwifery practice the client should be recognised as referring to a woman who is the primary recipient of midwifery care. It includes where appropriate the woman's infant (newborn or unborn), her partner and significant others in a woman-centred care environment.

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

**Consent**
To consent is to give one's permission verbally, in writing or by implication. Consent can only be given by a client who has legal capacity and is competent to do so. Informed consent requires disclosure of sufficient information including risks, benefits, alternatives and consequences of no action so that the client is able to make an informed decision. If a client is not competent, or does not have capacity to consent, then consent can be given by a person who has authority to consent on behalf of the client. Such authority can be conferred by a Court of law or by legislation. To be effective the consent must be voluntarily given, cover the act performed and be given

by a person who has legal capacity to consent. In an emergency a client may be unable to consent. In these situations reference should be made to statutory provisions for authorising medical treatment and nursing or midwifery care. Any next of kin should be notified and where possible agreement to the proposed treatment obtained.

**Controlled Substances Act**
This Act specifies by use of the title Registered Nurse the responsibilities for controlled substances.

**Dispensing**
Supplying a medicine or poison according to an authorised prescription. In South Australia persons who are legally authorised to dispense medicines are set out in the *Controlled Substances Act 1984* and Regulations.

**Ethical Considerations**
Nursing and midwifery practice is guided by ethical principles that include promoting autonomy for the client, acting only for the client's good (beneficence), avoiding harm to the client (non-maleficence) and respecting the dignity of the client and the client's human rights. This Standard should be read in conjunction with the ANMC Codes of Ethics for Nurses, the ANMC Code of Ethics for Midwives and other statements intended to promote ethical nursing and midwifery practice.

**Evidence Based Practice**
Evidence based practice is the process of informing and improving one's professional competence by drawing from expert opinion and the results of research, including systematic reviews to ensure that personal practice is based as far as possible on sound and verifiable research evidence.

**Human Rights Conventions**
Since 1945 the United Nations has developed a framework for human rights that encompasses international instruments which Australia has ratified. These include the 1948 United Declaration of Human Rights, the 1958 Discrimination (Employment and Occupation) Convention, the 1966 International Covenant on Civil and Political Rights, and the 1975 Declaration on the Rights of Disabled Clients. Such conventions provide an international context for ethical nursing practice.

**Nursing or Midwifery Competence**
Nursing or midwifery competence is the ability of the nurse or the midwife to act with the knowledge, skills and attitudes that can reasonably be expected of a registered or enrolled nurse or a midwife in South Australia taking into account the education and experience of the nurse or the midwife and the particular circumstances of the situation.

This Standard should be read in conjunction with:
ANMC National Competency Standards for the Registered Nurse
ANMC National Competency Standards for the Midwife
ANMC National Competency Standards for the Enrolled Nurse

**Practice Settings**
The use of the term practice settings is inclusive of all settings where nurses practice.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units (ICM 2005).

**Prescribing**
The act of approving a medicine to prevent or treat an illness and/or maintain or promote health. In South Australia persons who are legally authorised to prescribe medicines are set out in the *Controlled Substances Act 1984* and Regulations.

**Risk Management**
Practising in the best interests of the client requires an assessment of the risks to the client, staff members and others. Whereas it is impossible to eliminate risk entirely, it is the responsibility of the nurse or the midwife and other members of the multidisciplinary team to minimise the risks to clients to a level agreed to by the client (or the client's representative), wherever possible.

**Stakeholders**
Stakeholders are anyone who has an interest. Stakeholders for this Standard may include:

- clients and/or consumer representative organisations;
- the relatives and/or friends of clients; and
- health care providers.

**Standards**
Standards are statements on the conduct of nursing and/or midwifery practice endorsed by The Nursing and Midwifery Board of South Australia.

# STANDARD

## Delegation by a Registered Nurse or a Midwife to an Unlicensed Healthcare Worker

**May 2005**

This Standard has been developed and endorsed by the Nurses Board of South Australia (**nbsa**) in 2005. The Standard was subsequently amended to reflect the *Nursing and Midwifery Practice Act 2008* and approved by the Nursing & Midwifery Board of South Australia (**nmb**SA) for implementation on 04 August 2009.

## Nursing and Midwifery Board of South Australia

The Nursing and Midwifery Board of South Australia (**nmb**SA) is required by legislation to protect the health and safety of the public. A critical function of the **nmb**SA is to endorse professional standards to ensure that the community is adequately provided with nursing and midwifery care of the highest quality and standard.

The provision of quality nursing and midwifery care requires the knowledge, skills and professional judgement of a registered nurse or a midwife. The art and science of nursing and midwifery includes varied and complex knowledge-based practices which cannot be broken down into a series of discrete tasks that can be reassigned.

Nurses and midwives must be best positioned to continue to make a significant contribution to the health of the South Australian public now and into the future. The *National Review of Nursing Education and Nursing Education* 2002 - *Our Duty of Care*, reports that the strength of nurses and midwives stems from their flexibility, diversity and responsiveness to the demands of an ever-changing health environment.

In line with the *National Health Workforce Strategic Framework* (NHWSF) these standards recognise that the nature of health service delivery and the health workforce is changing and as new models of care evolve to meet changing demand. Accordingly, these standards support in making optimal use of the skills of the whole health workforce to ensure best health outcomes for the Australian public.

*National Nursing and Nursing Education Taskforce* supports the position that nurses and midwives must be accountable for those aspects of their professional work that they delegate to unlicensed healthcare workers. Further the Taskforce is clear that this accountability be supported by principle based processes for making decisions about delegations that include ensuring adequate knowledge, competency and supervision arrangements for those workers carrying out delegated activities, and that such delegation of nursing and midwifery work is in the best interests of the client/woman.

At no time should the safety of the client (or woman and her baby as is the case in midwifery) be compromised by substituting less qualified care providers when the competencies of a registered nurse or a midwife are indicated. The health care needs, safety and wellbeing of the public should be foremost in determining the appropriate skill mix of health care providers and whether aspects of that care can appropriately be performed by different categories of care providers. The safety and wellbeing of the client/client group/woman must be the central focus for all decisions regarding delegation of health care to unlicensed healthcare workers.

## Purpose of the Standards

**The purpose of these standards is to guide nurses and midwives in their practice where delegation to an unlicensed healthcare worker may occur. They are not intended to describe the operational provision of care or the care environment or to direct the unlicensed healthcare worker or their employer.**

These standards describe the relationship between the registered nurse, the enrolled nurse, the midwife, the employer and the unlicensed healthcare worker in relation to delegated healthcare tasks and functions. They further describe the delegation process and the evidence required of nursing and midwifery practice in relation to delegation.

The purpose of these standards is to govern the practice of nurses and midwives who practise in a setting where delegation to an unlicensed healthcare worker may occur. These standards are not intended to govern the setting, the unlicensed healthcare worker or the employer itself.

These standards apply to registered nurses and midwives who delegate tasks or functions to unlicensed healthcare workers.

In developing and endorsing this standard the **nmb**SA aims to:

- clearly describe nursing and midwifery practice for the public, employers, education providers and the professions;
- provide individuals who access nursing and midwifery services with information that will assist them to make informed decisions about safe, quality health care;
- standardise key aspects of nursing and midwifery practice to promote consistency and professional mobility;
- clarify the **nmb**SA**'s** expectations of nursing and midwifery standards of practice; and
- clearly articulate the standards for use in the investigation of reports of unprofessional conduct or incompetence.

For the purpose of these standards the term *'client'* should be interpreted to mean any person who is the recipient of nursing or midwifery services. This includes the individual, their family and significant others. It may also mean a group of individuals, a community or a specific population and therefore is inclusive of all members of the South Australian public. In relation to midwifery practice the client should be recognised as referring to a woman who is the primary recipient of midwifery care. It includes where appropriate the woman's infant (newborn or unborn), her partner and significant others in a woman-centred care environment.

The **nmb**SA notes the commonly used term *'unlicensed'* as used by Government and training authorities nationally and internationally, and has adopted this term for consistency to be used interchangeably with *'unregulated'*. The **nmb**SA appreciates the sensitivities regarding the term 'unregulated' healthcare worker. In developing these standards the term *'unregulated healthcare worker'* has been previously used as a means of clarification that this group of workers are **distinct from, and separate to nurses and midwives**, who are regulated under a nursing and midwifery regulatory authority (the Nursing and Midwifery Board of South Australia) and an Act of Parliament.

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# Nursing or Midwifery Accountability for Delegation

## Delegation

The **nmb**SA has defined delegation to mean the conferring of authority to perform specific functions or tasks in a specific situation, to a person whose role and function allows them to perform them but does not have the authority to perform the function or task autonomously without supervision of an appropriately qualified health professional.

Delegation of care by a registered nurse or a midwife is a formal process requiring professional judgement and decision making and is informed on the basis of an individual client assessment and identification of therapeutic benefit and improved client outcomes.

Registered nurses and midwives who delegate health care tasks are accountable to the **nmb**SA, the employer and the public, for their own actions and decisions. Registered nurses and midwives who delegate health care tasks retain accountability for the decision to delegate as well as the process for the delegation of health care tasks.

**The nmbSA has determined that Delegation occurs where:**

**1) a registered nurse and client or midwife and woman relationship can be established;**

**2) the task to be performed is within the professional scope of practice of the registered nurse or the midwife to delegate;**

**3) the task to be performed requires an assessment of client need to individualise and/or interpret care for an individual client; and**

**4) the registered nurse or the midwife (delegator) determines that the unlicensed healthcare worker (delegate) is competent and capable of carrying out the delegated task.**

The therapeutic benefit to the client/woman must be embedded in all aspects of decision making regarding delegation of health care tasks to unlicensed healthcare workers. Decision making should occur in partnership with the client and their significant support network.

### The Significance of this Standard

Delegation should be determined on the basis of an individualised client health care assessment and after appropriate education (including the provision of information and skills training and assessment).

A registered nurse or a midwife may determine that it is appropriate to delegate a healthcare task to an unlicensed healthcare worker but must be aware that unlicensed healthcare workers are not required to register with any statutory regulatory authority, institution or other government authority, and as such, are not regulated within the same legislative framework as nurses and midwives.

The decision to delegate a healthcare task remains the responsibility of the registered nurse or the midwife.

If a registered nurse or a midwife engages solely in the process of education of an unlicensed healthcare worker, they are not accountable for the extent to which the unlicensed healthcare worker performs their tasks or functions based on that education. In such circumstances the registered nurse or the midwife is accountable for the standard of the education they provide.

If, however, the registered nurse or the midwife establishes a professional relationship with a particular client/s in respect to a particular health outcome/s, the **nmb**SA holds the registered nurse or the midwife accountable for that delegation. The **nmb**SA would interpret and expect that a registered nurse or a midwife who is responsible for individualising any health care task for a specific client to be performed by an unlicensed healthcare worker, would be delegating that health care task.

The **nmb**SA would recognise that a registered nurse or a midwife is practising within their professional scope of practice and accountability by refusing to delegate to an unlicensed healthcare worker in circumstances which involve:

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

## Employer Accountability for Delegation

The employer (and/or its agent) has vicarious liability and respective accountability with the registered nurse or the midwife who delegates healthcare tasks to an unlicensed healthcare worker.

Ultimately the employer (and/or its agent) is responsible for his/her employee. Further, the employer is ultimately accountable to the extent where decisions are made by a registered nurse or a midwife where the registered nurse or the midwife acts as a consultant to the employer through the contractual relationship.

The service provider (employer, employer's agent, a service broker or funding body) is responsible for ensuring appropriate policies and protocols, staffing requirements, delivery systems, clarification of roles, accountability, responsibilities and delegation and supervision protocols are in place.

**No registered nurse or midwife may be compelled to delegate care that they determine in their professional judgement is inappropriate.**

## CRITICAL ELEMENTS FOR DELEGATION TO AN UNLICENSED HEALTHCARE WORKER

Within the practice of nursing and midwifery there are a variety of health care processes and procedures that nurses and midwives undertake to address identified client health care problems in order to meet identified needs.

**Delegation of care tasks to unlicensed healthcare workers must be dependent on collaboration between services providers, nurses, midwives and other health professionals, and the determination of appropriate conditions for delegation by a registered nurse or a midwife.**

The **nmb**SA believes that a determination to delegate an aspect of health care to an unlicensed healthcare worker requires consideration of **four critical elements**. These critical elements outline specific expectations and provide a framework for registered nurses and midwives to delegate aspects of care to unlicensed healthcare workers.

**The Five Critical Elements for Delegation are;**

**(1) Health Assessment**

**(2) Education and Training**

**(3) Supervision**

**(4) Accountability**

The four critical elements, which form the basis for these Standards, assist the registered nurse or the midwife to determine that an unlicensed healthcare worker is competent to safely perform a particular delegated health care task for an individual client in a given set of circumstances and within a known environment or setting.

The critical elements also assist the unlicensed healthcare worker and their employer in understanding of the scope and limitations of nursing and midwifery practice in relation to delegation, accountability and supervision of unlicensed healthcare workers.

## The Role of the Registered Nurse and the Midwife

Nurses and midwives use a systematic and evidence based approach when making decisions in relation to client care. Nurses and midwives, together with other qualified health professionals, are responsible for assessing the client's health care needs through collaboration with the client, the client's significant other/s, support person/s and other health care personnel (both regulated and unregulated) and for evaluating the process and outcome of that care.

The registered nurse or the midwife may implement a plan of care by providing direct nursing or midwifery care or may make a decision to delegate aspects of care to another category of healthcare worker.

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

Health care that requires independent, specialised, nursing or midwifery knowledge, skill or judgement as intrinsic to ensuring the client's safety, **cannot** be delegated to an unlicensed healthcare worker. Such a level of health care is exclusively within the province, scope and accountability of nursing and midwifery practice.

The more complex or unpredictable the care and the care environment, the more appropriately a qualified and competent health care provider should provide the care.

## The Role of the Enrolled Nurse

**Delegation of health care task/s to unlicensed healthcare workers is *not* within the scope of practice of an enrolled nurse.**

Though the enrolled nurse does not delegate they have a strong collaborative relationship with the unlicensed healthcare worker. The enrolled nurse may, with the supervision of a registered nurse or a midwife, act to facilitate and support an unlicensed healthcare worker whilst the unlicensed healthcare worker works with the delegation of the registered nurse or the midwife.

In South Australia an enrolled nurse practises with the supervision (direct or indirect) of a registered nurse or a midwife. The enrolled nurse retains responsibility for their own actions and remains accountable to the registered nurse or the midwife for all delegated decisions and functions.

The enrolled nurse has an important and unique role as part of an appropriate staff skill mix. Enrolled nurses provide an additional level of qualified nursing support in the provision of nursing care to clients with some level of health instability. This includes recognition of normal and abnormal function in assessment, intervention and evaluation of clients' health and functional status. Enrolled nurses have, by virtue of their education, training and regulation, the appropriate level of skill, knowledge and expertise to effectively report changes in health and functional status to the registered nurse or the midwife in a timely and informed manner.

## STANDARDS STATEMENT FOR DELEGATION BY A REGISTERED NURSE OR A MIDWIFE

These Standards complement, extend and expand the standards for professional nursing and midwifery. They are in addition to and should be read in conjunction with, the standards expected for all registered nurses and midwives as developed by the Australian Nursing and Midwifery Council (ANMC), Nursing and midwifery Regulatory Authorities and Professional Associations.

### Standards Statement 1    Health Assessment

**A comprehensive health assessment will be undertaken in collaboration with the client and their primary support network, relevant nursing, midwifery, medical and allied health professionals to inform and support a decision to delegate health care tasks to unlicensed healthcare workers.**

A comprehensive, collaborative health assessment undertaken by a registered nurse, a midwife or other appropriately qualified health professional, is required as a critical process in determining appropriate delegation of aspects of care. The health assessment provides important information in determining the client's health care needs within a risk management framework.

A health assessment undertaken in partnership and collaboration with the client and their primary support network enables and supports choice and informed decision making and consent.

**Health assessment includes evidence of:**

1.1 Active client/significant other involvement in the informed decision making process.

1.2 A structured approach which incorporates the nature, complexity, variability, urgency and priority of short and long term client care needs.

1.3 The level of predictability of the client's health care status and pattern/s of response to health care interventions.

1.4 The nature of any emergency or risk management responses that may be required as part of the care.

1.5 The level of ongoing assessment, resources and evaluation required to ensure optimal outcomes and benefit to the client.

1.6 The range and severity of potential adverse outcomes associated with the performance of the health care intervention.

1.7 The range and complexity of actions required to intervene in relation to potential adverse outcomes.

1.8 The degree of clinical decision-making required to maintain optimal health stability.

1.9 A risk assessment in relation to the environment, setting and context in which the healthcare task will be performed.

1.10 A documented plan of care specific to aspects of the delegated healthcare task and expected outcomes of care.

1.11 The therapeutic benefit/s and risk/s associated with delegating aspects of healthcare task.

1.12 The healthcare tasks or aspects of care that are appropriate to delegate to an unlicensed healthcare worker.

## Standards Statement 2 Education and Training

**Appropriate competency and theory based education, including the provision of information (teaching) and skill training and acquisition (training) are a pre-requisite to determining the appropriate skill and knowledge level of each unlicensed healthcare worker and the decision to delegate health care tasks.**

Education may be provided by a registered nurse or a midwife who is competent and has the necessary knowledge, skill and professional judgement to perform the healthcare task. Education may be provided by other appropriate education provider/s other than the registered nurse or the midwife responsible for delegation.

The registered nurse or the midwife remains accountable for the accuracy and currency (evidence based practice) of the information they provide to the unlicensed healthcare worker.

**Appropriate education and training includes evidence of:**

2.1 Sufficient evidence based information in relation to the health care condition and that the unlicensed healthcare worker understands the rationale for and aspects of the specific healthcare task to be delegated.

2.2 Sufficient information to ensure that the unlicensed healthcare worker understands the context of care in which the healthcare task is to be delegated.

2.3 Information that is appropriate (in language and context) to the level of responsibility and scope of the unlicensed healthcare workers' role.

2.4 Expected/optimal outcomes or relevance to the healthcare task to be delegated.

2.5 Potential negative outcomes of care including adverse effects of interventions and emergency requirements relevant to the healthcare task to be delegated.

2.6 Observations that the unlicensed healthcare worker may be required to report or record (including optimal and potential adverse outcomes of care).

2.7 Specific practical demonstration of the healthcare task to be delegated (including specific equipment and resources required to undertake the healthcare task).

2.8 Appropriate opportunity and supervision to practise and acquire the competence to perform the healthcare task to be delegated.

2.9 The unique requirements of the client (where education preparation is specific to the client).

2.10 Clarification of the scope including limitations of the unlicensed healthcare worker's role in relation to the healthcare task to be delegated.

2.11 Knowledge and understanding of relevant policies and procedures and legislative requirements relevant to the context of care.

## Standards Statement 3 Supervision

**The level and nature of appropriate supervision of unlicensed healthcare workers will be determined by the client's health status relevant to the level of stability of the client's condition, the level of predictability of the client's responses, the assessed risk of the health care task/s to be performed and the availability of resources and support infrastructure.**

Supervision refers to monitoring, evaluating and directing specific activities of unlicensed healthcare workers for a defined period of time and is determined by the registered nurse or the 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 individual unlicensed healthcare worker taking into account the variability of competence, skill, knowledge and experience.

The decision as to the extent of supervision required is based on the registered nurse or the midwifes' professional judgement and is determined as part of the health and risk management assessment and prior to the decision to delegate care.

### Appropriate supervision includes evidence of:

3.1 The level of education, knowledge, skills, experience and understanding of each unlicensed healthcare worker relevant to the delegated health care task.

3.2 The assessment of competence of the unlicensed healthcare worker relevant to the delegated healthcare task for the individual client.

3.3 The complexity of the delegated healthcare task.

3.4 The stability and predictability of the client's health status.

3.5 The frequency with which the healthcare task is to be performed.

3.6 The context of care in which the healthcare task is to be performed (eg whether the healthcare task is a routine activity with predictable outcomes or an emergency response).

3.7 The environment or setting in which the healthcare task is to be performed.

3.8 Availability of and access to ongoing clinical support and direction (by an appropriate health professional) and emergency intervention if required.

3.9 An identified and documented process for periodic review and evaluation of the delegation of care (ie initial and ongoing assessment of competence).

3.10 An identified process for recording and reporting as a requirement for delegation of care.

3.11 The support infrastructure in which the unlicensed healthcare worker is providing the care (eg does the setting in which the unlicensed healthcare worker is providing care impact of the risk assessment or requirements for supervision).

3.12 Supportive organisational policy and protocols/procedures in place.

## Standards Statement 4 Accountability

**The registered nurse or the midwife together with the service provider is accountable and responsible for her/his decisions and actions in relation to the delegation of care to unlicensed care workers.**

The registered nurse or the midwife remains accountable for their own decisions and actions in relation to any and all delegations of care. This accountability is to the client, the employer and the **nmb**SA.

This accountability is not transferable and therefore should be a primary determinant in the decision to delegate any healthcare task to an unlicensed healthcare worker.

The registered nurse or the midwife who delegates a specific health care task/s in compliance with these standards is *not* accountable for the actions or decisions made by an unlicensed healthcare worker who does *not* follow the delegated responsibility as determined by the registered nurse or the midwife.

**Accountability includes evidence of the registered nurse or the midwife being accountable for:**

4.1 Her/his own actions and decisions in relation to the decision to educate, delegate and supervise the unlicensed healthcare worker.

4.2 Maintaining knowledge and understanding of the responsibilities and limitations of the unlicensed healthcare worker's role.

4.3 An evidence based approach to assessing planning, delivering, evaluating and modifying client care and the decision to delegate care.

4.4 Providing accurate and appropriate information in the education of unlicensed healthcare workers as a pre-requisite to delegation.

4.5 Undertaking a comprehensive health and risk assessment as a pre-requisite for determining whether to delegate a healthcare task.

4.6 The development of a plan of care for use by an unlicensed healthcare worker that is context and setting specific as a pre-requisite to delegation of a healthcare task.

4.7 Being competent to appropriately perform the healthcare tasks that are to be delegated to an unlicensed healthcare worker.

4.8 Being competent to educate and delegate healthcare tasks to an unlicensed healthcare worker.

4.9 Assessing and maintaining an appropriate level of supervision and monitoring of the unlicensed healthcare worker to ensure the safety of the client.

4.10 Taking action to ensure client safety including collaborating with employers, withdrawing delegation or determining not to delegate healthcare tasks to unlicensed healthcare workers where client safety is actually or potentially at risk.

4.11 Requiring unlicensed healthcare workers to report incidences or breaches in appropriate care.

4.12 The timely exchange of appropriate information with service providers (employers) who are jointly and equally accountable for the provision of safe and appropriate care to clients.

**The decision to Delegate must be based upon evidence of all of the following:**

4.13 Legislative requirements for the performance of the healthcare task (ie any legislative requirements/barriers to delegating the task).

4.14 Organisational policy and procedures in relation to the performance of the healthcare task.

4.15 The assessed risks and benefits to the client of performing the healthcare task.

4.16 The assessed risks and benefits to the client in determining whether that healthcare task may be delegated to an unlicensed healthcare worker.

4.17 The predictability (stability) of expected health care outcomes of performing the healthcare task.

4.18 The level of stability of the client's care needs (ie how well established is the pattern of care) and the degree to which care needs are interrelated.

4.19 The status of the healthcare task and the indicators for performing the healthcare task (ie is it a routine activity of daily living or an emergency intervention response).

4.20 The frequency with which the healthcare task is to be performed to maintain the level of competence.

4.21 The cognitive and technical requirements needed to perform the health care task.

4.22 The level of autonomous decision-making required to safely meet the overall care requirements.

4.23 The frequency with which health status and care needs may change (ie the level of complex care requirement and potential for unstable, unpredictable health status).

4.24 Availability of and access to ongoing clinical support and direction (by an appropriate health professional) and emergency intervention if required.

4.25 The complexity of the healthcare task and the level of educational and/or technical skill required to perform the healthcare task.

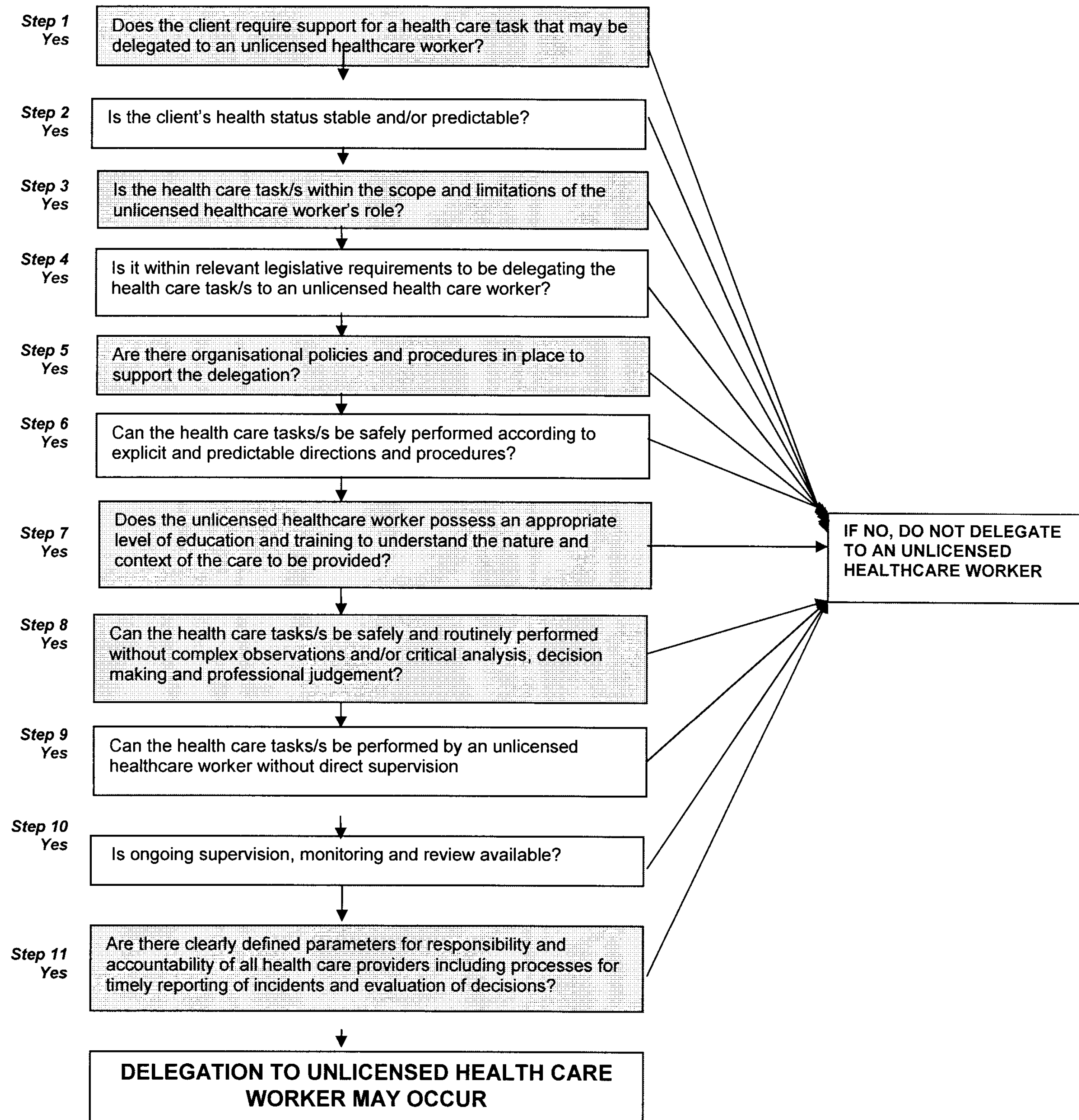
4.26 The environment or setting in which the healthcare task is to be performed and the variables in that environment that may result in additional risk management considerations.

4.27 The necessary pre-requisites for delegation are undertaken including a comprehensive health assessment, appropriate educational preparation, determination of the appropriate level of supervision and the clarification of ongoing accountability of the registered nurse or the midwife and relevant others.

4.28 Accurate and current records maintained by the registered nurse or the midwife of all delegated healthcare.

4.29 Client-specific non-transferable delegation of health care tasks.

## Decision Making Process for Delegation by a registered nurse or a midwife



## GLOSSARY OF TERMS

### Accountability

Accountability is the preparedness and obligation to give an explanation of justification to relevant others (including the nursing and the midwifery regulatory authority) for one's judgements, intentions, decisions, actions and omissions.

Accountability means that the 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 the midwife is accountable to the client, the employer, the regulator and the public. Nurses and midwives are autonomously accountable for all decisions, actions, behaviours and delegation decisions. This accountability is not transferable.

### 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. *(ANMC National Competency Standards for the Midwife 2006).*

### Competence

Competence is the ability of the nurse or midwife to act with and integrate the knowledge, skills, values, attitudes, abilities and professional judgement that underpin effective and quality nursing and midwifery care and is required to practice safely and ethically in a designated role and setting.

### Delegation

The **nmb**SA has defined delegation to mean the conferring (often referred to as transferring or assigning) of authority to perform specific functions or tasks in a specific situation, to a person whose role and function allows them to perform them but does not have the authority to perform the function or task autonomously without supervision of an appropriately qualified health professional.

### Education

Education, skills assessment and training infer the transfer of generic information and skill and the knowledge that underpins that skill acquisition, and occur in a generic environment and context which do not require that the registered nurse or the midwife has any specific knowledge of, or professional relationship with, or obligation to, the client.

Education includes components of provision of information (teaching) and skill training and assessment (training). Education may be provided by the registered nurse or the midwife who is responsible for the delegation of care to the unlicensed healthcare worker or may be provided by another appropriate education provider.

### Employer

An employer means an employer (or its agent) of an unlicensed healthcare worker and/or an employer of the registered nurse or the midwife and refers to an employer's agent (including a Director of Nursing or Nurse/Midwife Manager who is the senior nurse or midwife).

### Healthcare Tasks

Healthcare tasks are any range of health care interventions that are primarily undertaken by a nurse or a midwife who has the knowledge, skill and authorisation to perform then as part of their nursing or midwifery practice. Such health care tasks which may be delegated to an unlicensed healthcare worker by a registered nurse or a midwife are those not restricted or prohibited by legislation and/or organisational policy.

**Professional Judgement**
Professional nursing or midwifery judgement is the intellectual (educated, informed and experienced) process that a nurse or a midwife exercises in forming an opinion and reaching a clinical decision based upon an analysis of the available evidence.

**Non-healthcare settings**
Non-healthcare settings may include any settings or environment in which direct care is provided and may include but is not limited to community services, residential facilities, group homes, private residences, mobile services, schools and childcare services.

**Registered Nurse**
A registered nurse is a person who has completed an appropriate qualification, has met the requirements determined by the Nursing and Midwifery Board of South Australia and is registered under legislation. A registered nurse is authorised to practise 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.

**Midwife**
A midwife is a person who is registered under the specific Nurses Act or Nurses and Midwives Act of the state or territory in which they work. A midwife is authorised to practise without supervision and is accountable and responsible for the provision of midwifery care. Midwives, in partnership with the woman, provide care, education and support during the childbearing cycle in partnership with women.

**Enrolled Nurse**
The enrolled nurse is an associate of the registered nurse or the midwife who has completed an appropriate qualification, has met the requirements determined by the Nursing and Midwifery Board of South Australia and is enrolled under the *Nursing and Midwifery Practice Act 2008.* An enrolled nurse practices with the supervision (direct or indirect) of a registered nurse or a midwife. The enrolled nurse retains accountability and responsibility for his/her actions and remains accountable to the registered nurse/midwife for all delegated decisions and functions.

**Plan of Care**
The Plan of Care is formulated, reviewed and modified by the registered nurse or the midwife as a result of a comprehensive health assessment and determination of client care needs. The plan of care should be appropriate as to direct the responsibilities of the unlicensed healthcare worker in relation to those delegated healthcare tasks they have been authorised to perform.

**Stable predictable health status**
Refers to the circumstances where a client's/woman's health status can be anticipated, the plan of care can be readily established and is managed with interventions that have predictable outcomes.

**Unstable, predictable health status**
Unstable, unpredictable health status. where continuous/frequent health assessment is required to maintain the safety and ensure therapeutic benefit for the client is specifically within the scope of practice of a registered nurse, midwife or other qualified health professional. Unstable, unpredictable health status would include a situation where the client's clinical and behavioural status is of a serious and/or complex nature, critical, fluctuating, potentially or expected to rapidly change and requires continuous assessment and evaluation of an appropriately qualified health professional.

### Supervision

Supervision includes oversight, direction, guidance or support (whether given directly or indirectly).

### Unlicensed Healthcare Worker

The **nmb**SA notes the commonly used term *'unlicensed'* as used by Government and training authorities nationally and internationally, and has adopted this term for consistency to be used interchangeably with *'unregulated'*. The **nmb**SA appreciates the sensitivities regarding the term 'unregulated' healthcare worker. In developing these standards the term *'unregulated healthcare worker'* has been previously used as a means of clarification that this group of workers are **distinct from, and separate to nurses and midwives**, who are regulated under a nursing and midwifery regulatory authority (the Nursing and Midwifery Board of South Australia) and an Act of Parliament.

**Within the scope of these Standards, the nmbSA has identified that an *'Unlicensed healthcare worker'* is one who:**

- is employed within a health care, residential or community support context and undertakes a component of direct hands on care;
- provides care to a health vulnerable client population under the premise that most clients have stable health status with predictable health outcomes;
- is paid a salary, honorarium or allowance to provide that care;
- performs a component of health care tasks that have traditionally been, and continues to be within the role and scope of regulated health professionals;
- performs a component of health care tasks that may also, or otherwise be provided by family or significant other/s;
- works under the delegation and supervision of a registered nurse or a midwife in the performance of health care tasks;
- contributes to the assessment, planning and implementation of health care and personal care;
- provides assistance in a range of services focused on supporting people with routine activities of daily living;
- provides lifestyle support in a range of care environments;
- contributes to risk management and quality assurance processes; and
- works within legislative frameworks (eg *Aged Care Act 1997, Disability Services Act 1986, Education Act (SA) 1972, Children's Services Act (SA) 1985).*

# Related Documents, Resources and Acknowledgements

## Legislation

- *Nursing and Midwifery Practice Act (2008)*

## Australian Nursing and Midwifery Council (ANMC)

- National Competency Standards for the Registered Nurse (January 2006)
- National Competency Standards for the Enrolled Nurse (October 2002)
- National Competency Standards for the Midwife (January 2006)
- National Competency Standards for the Nurse Practitioner (2006)
- Code of Professional Conduct for Nurses (August 2008)
- Code of Ethics for Nurses (August 2008)
- Code of Professional Conduct for Midwives (August 2008)
- Code of Ethics for Midwives (August 2008)
- Continuing Competence Framework (2009)
- Principles for Dealing with Professional Conduct Issues for Nurses and Midwives (2007)
- Principles for the Assessment of National Competency Standards (October 2002)
- Decision Making Framework (April 2007)
- Delegation and Supervision for Nurses and Midwives (2007)

## Nursing and Midwifery Board of South Australia Standards (nmbSA)

- Standard for Medication Management (2002, under review)
- Restraints: Guideline for Nurses and Midwives in South Australia (2008, amended Aug 2009)
- Standard for Therapeutic Relationships and Professional Boundaries (2002, rescinded Aug 2009)
- Professional Standards Statements for Nurse Practitioner Practice (2002, to be rescinded July 2010)
- Standard for Authorisation of an Enrolled Nurse to Practise without the Supervision of a Registered Nurse or a Midwife (2002, amended Aug 2009)
- Scope of Practice Decision Making Tool (2005, amended Aug 2009)

## Australian College of Midwives (ACM)

- National Midwifery Guidelines for Consultation and Referral

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

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

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

Australian Health Minister's Conference 2004- *National Health Workforce Strategic Framework*

Australian Nursing Federation *Delegation by registered nurses* (September 2003)

Australian Nursing Federation *Assistants in Nursing and other unlicensed workers (however titled) providing aspects of care* (April 2004)

Australian Nursing and Midwifery Council and Royal College of Nursing Australia (1999) *Joint Position Statement on Unregulated Workers and Nursing Care*

College of Nurses Aotearoa (NZ) Inc *The Health Service Assistant and the Registered Nurse A Discussion Paper, Principles and Guidelines* (2003)

National Review of Nursing Education 2002 - *Our Duty of Care*

New Zealand Nurses Organisation (1997) *Non Regulated Health Care Workers Supporting Nursing Care Delivery*

New Zealand Nurses Organisation (1998*) Guidelines for Nurses Working with Unregulated Caregivers*

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)

Royal College of Nursing Australia and Australian Nursing Federation Joint Position Statement *Assistants in Nursing and other unlicensed workers (however titled)* (March 2004)

Australian College of Midwives

**International Nursing and Midwifery Regulatory Authorities, Professional Associations and other key bodies.**

Alberta Association of Registered Nurses *Guidelines for Delegation and Supervision of Patient and Client Care* (June 2002)

Alberta Association of Registered *Nurses Guidelines for Assignment of Patient/Client Care* June 2002

Alberta Association of Registered Nurses *AARN Position Statement on the Utilization of Auxiliary Health Care Workers in the Delivery of Health Care* (April 1998)

Alberta Association of Registered Nurses (1997) *Position Paper – Literature Update in Cost-effectiveness of Registered Nurse Care*

Alberta Association of Registered Nurses (1995) *Position Paper – Nursing Skill Mix and Patient/ Client Outcomes: A Literature Review*

American Nursing Association *An Overview of Risk Management: Regulation of Nursing Practice* (2001)

British Association of Critical Care Nurses (2003) *Position Statement – The Role of Health Care Assistants Who are Involved in Direct Patient Care Activities Within Critical Care Areas*

Canadian Nursing Association *Policy Statement – Unregulated Health Care Workers Supporting Nursing Care Delivery* (2001)

Centre for Group Care and Community Care Studies (2000*) Health Care Support Workers Review and the Development of Quality Social Care* DeMontford University, Leicester

College and Association of Registered Nurses of Alberta (CARNA), College of Licensed Practical Nurses of Alberta, College of Registered Nurses of Alberta (2003) *Decision making Standards for Nurses in the Supervision of Health Care Aides: Restricted Activities and Activities of Daily Living*

College of Nurses of Ontario *Guidelines for Working with Unregulated Care Providers for Registered Nurses and Registered Practical Nurses in Ontario* (October 2000)

College of Nurses of Ontario *Utilization of Unregulated Care Providers (UCPs): A Guide to Making Decisions for Registered Nurses and Registered Practical Nurses in Ontario* (March 2001)

College of Nurses of Ontario *Safeguarding Care By Unregulated Health Care Providers* (May 1995)

College of Registered Nurses of Nova Scotia (1995) *Regulation of Personal Care Workers*

Dewhurst, K., ( 2001) *Jacks and Jills of All Trades Masters of None – An Examination of "Unregulated Care Providers" in Canada from a Risk Management Perspective* presentation to the 2001 National Healthcare Leadership Conference and Exhibition: Health Human Resources.

Disability Services Office, Department for Families and Communities South Australia, DSP-15 Health Support Training and Competency Based Assessment of Care Workers (2004)

Disability Services Office, Department for Families and Communities South Australia,
DSP15A Guidelines for Provider Agency Managers and Case Managers (Brokers) in the Provision of Health Support to People with Disabilities (2004)

Disability Services Office, Department for Families and Communities South Australia, DSP15B
Guidelines for Registered Nurses in the Provision of Health Support to People with Disabilities (2004)

Michigan Nurses Association *Self Study Activity: RN Accountability for Delegation Decisions: Legal Parameters in Michigan and Professional Guidelines* (2004)

National Council of State Board of Nursing (USA) *Role Development: Critical Components of Delegation Curriculum Outline* (1997)

New York State Nurses Association (2003) *Position Statement - Professional Nursing Practice and Non-Nursing Functions*

New York State Nurses Association (2003) *Position Statement – Ethical Guidelines for the Utilization of Unlicensed Assistive Personnel.*

New York State Nurses Association (2003) *Position Statement – Role of the Professional Nurse Regarding Unlicensed Personnel.*

New York State Nurses Association (2003) 3rd edit *The Guidelines – Regarding the Utilization of Licensed Nurses (RNS and LPNS) and Unlicensed Assistive Personnel (UAP) in the Delivery of Nursing Care.*

North Caroline Board of Nursing *The Relationship between the Licensed Nurse and Unlicensed Assistive Personnel in an Office Practice Setting: A Regulatory Perspective*

Nurses Association of New Brunswick (2002) *Delegating Nursing Tasks and Procedures*

Nurses Association of New Brunswick (2000) *NANB Criteria for Delegation of Nursing Tasks to RNA's in the Nursing Home Setting*

Ohio Board of Nursing: *Nursing Standards and Delegation: A Guide to Ohio Board Of Nursing Rules* (April 2001)

Oklahoma Board of Nursing *Delegation of Nursing Functions to Unlicensed Persons* (November 2003)

Ontario Association of Community Access Centres, Ontario Community Support Association, Ontario Home Health Care Provider's Association (2002) *The Role and Value of Homemakers/Personal Support Workers in the health Care System A Discussion Paper*

Oregon State Board of Nursing Nurse Practice Act *Standards for Registered Nurse Delegation of Nursing Care Tasks To Unlicensed Persons* (2004)

Registered Nurses Association of British Columbia (2000) *Policy Statement Delegating Tasks to Unregulated Care Providers*

Registered Nurses Association of British Columbia (2001) *Policy Statement Nursing Staff Mix for Safe and Appropriate Care*

State Board of Idaho Board of Nursing *Delegation to Unlicensed Assistive Personnel* (1999)

Washington State Nurses Board *Delegation of Nursing Care Tasks in Community Based Care Settings (1999)*

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