



The skill mix of staff working in nursing and midwifery settings necessitates a clear set of guidelines for registered nurses and midwives who delegate¹ aspects of nursing and midwifery care to other registered nurses, registered midwives, enrolled nurses or to assistants in nursing (however titled).²

The practice of registered nurses, registered midwives and enrolled nurses³ is governed by the Nursing and Midwifery Board of Australia pursuant to the *Health Practitioner Regulation National Law Act 2009*. Assistants in nursing (however titled) are not licensed by the Nursing and Midwifery Board of Australia. It should be noted that there is limited employment of assistants in nursing in midwifery services.

The purpose of these guidelines is to:

- clarify the role and obligation of registered nurses and registered midwives when delegating aspects of nursing and midwifery care;
- guide registered nurses and registered midwives through the issues to be considered in delegating aspects of nursing and midwifery care; and
- clarify the role and obligation of employers in the delegation of aspects of nursing and midwifery care by nurses and midwives.

The Australian Nursing Federation recommends the adoption of the following guidelines:

1. Nursing and midwifery care needs of the client are assessed by registered nurses and registered midwives who develop a nursing or midwifery plan of care, and make informed decisions relating to delegation within that nursing and midwifery plan of care.
2. The wishes, wellbeing and interests of the patient or client are central to the assessment and care delivery process developed by the registered nurse or registered midwife.
3. A registered nurse or midwife must not require an assistant in nursing (however titled) to perform aspects of nursing or midwifery care; where the registered nurse reasonably believes the skill or competency level of the assistant in nursing (however titled) is inadequate; or where the registered nurse reasonably believes the nursing care is outside the role of the assistant in nursing.
4. Each registered nurse or registered midwife is responsible for their own practice and conduct. This responsibility includes an informed, responsible approach to delegation. The registered nurse or registered midwife remains accountable for delegated aspects of nursing or midwifery care.

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delegation by registered nurses and registered midwives

5. A registered nurse or registered midwife cannot assume that the policies, protocols and practices of the employer are always in accordance with legislative requirements. Registered nurses and registered midwives should seek advice or assistance from the ANF and other relevant organisations in matters relating to regulation and other legislation.
6. In accepting any delegated activity, the enrolled nurse or assistant in nursing (however titled) is making an undertaking to personally perform that activity. A delegated activity may not be re-delegated to another person by the person to whom the registered nurse or registered midwife has delegated the aspects of nursing or midwifery care.
7. Enrolled nurses are responsible for their own practice and conduct. In accepting delegated aspects of nursing or midwifery care, enrolled nurses are accepting responsibility and accountability for delivery of those aspects of nursing or midwifery care.
8. Enrolled nurses and assistants in nursing (however titled) have a responsibility to advise the delegating registered nurse or registered midwife if they are not competent to provide the delegated care.
9. Assistants in nursing (however titled) assist registered nurses, midwives and enrolled nurses by providing delegated aspects of nursing and/or midwifery care within the limits specified by their education, training and experience, and in accordance with legislation.
10. Assistants in nursing (however titled) work within a plan of care developed by registered nurses or midwives under supervision at all times. This supervision may be direct or indirect.⁴
11. Assistants in nursing (however titled) are accountable to registered nurses or midwives for all delegated activities.
12. Employers are responsible for ensuring that all employees are competent to carry out the role for which they have been employed.
13. Employers are responsible for ensuring that registered nurses and midwives have access to information regarding the safety and competence for practice of each assistant in nursing (however titled) to whom they are likely to delegate aspects of nursing or midwifery care.
14. Employers are responsible for ensuring that registered nurses and midwives are not required to delegate aspects of nursing or midwifery care to assistants in nursing (however titled) where this is expressly prohibited by state or territory Acts or regulations or where the registered nurse or midwife considers that the assistant in nursing (however titled) is not competent to provide the delegated aspects of nursing or midwifery care.
15. Employers are responsible for ensuring that agency or workplace policies, protocols and practices in relation to delegation are in line with state and territory legislation and the NMBA professional practice framework.

16. Employers should consult with nursing and midwifery staff, in determining staffing levels and skill mix that are adequate and appropriate to meet the nursing and midwifery care need of patients / clients. Employers must provide staffing levels and skill mix that enable nurses and midwives to practice in accordance with the professional standards and competencies stipulated by the Nursing and Midwifery Board of Australia pursuant to the Health Practitioner Regulation National Law Act 2009.
17. Employers are responsible for providing resources and infrastructure for the continuing professional development of all nursing and midwifery staff involved in the delivery of care.

checklist for delegation continued

The Checklist for Delegation should be read in conjunction with the ANMC national framework for the development of decision-making tools for nursing and midwifery practice adopted by the Nursing and Midwifery Board of Australia in 2010. The following are examples of factors requiring consideration when delegating aspects of nursing or midwifery care:

- What is the client's health status?
- Has the care plan been recently evaluated and modified in line with changes in the client's condition?
- What co-morbidities and/or disabilities must be taken into account?
- To what extent is the registered nurse or registered midwife required and/or able to supervise and monitor the activity being delegated?
- What level of qualification, skill, knowledge and experience is required of the person to whom the activity is being delegated?
- In what context is the delegated activity to be performed?
- Is it reasonable to expect the person to accept the delegated activities?
- Is the person able to manage the delegated activities within their current workload?
- Is the activity within that person's role and scope of practice?
- Is the person safe and competent to undertake the delegated care?

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reviewed and re-endorsed december 2007

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References

- 1 See ANMC National Framework for the Development of Decision-making Tools for Nursing and Midwifery Practice Sep 2007 adopted by the NMBA 2010:
<http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx#decisionmakingframework>
- 2 The term assistant in nursing (however titled), means a person who assists registered nurses and midwives and enrolled nurses in the delivery of nursing care.
- 3 The term registered nurse, registered midwife and enrolled nurse are protected titles under the Health Practitioner Regulation National Law Act 2009. These nurses and midwives are registered for practice by the NMBA.
- 4 Direct supervision: the registered nurse or registered midwife is actually present, personally observes, works with, guides and directs the person who is being supervised.

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