

Nurses Board of Victoria

Guidelines: Delegation and Supervision for Registered Nurses and Midwives



NBV

Nurses Board of Victoria



Brain & Behavior

N

Contents

1.0 Purpose	3
2.0 Accountability and Responsibility	3
3.0 Delegation	4
3.1 Principles of delegation	4
4.0 Supervision	4
4.1 Working without direct or indirect supervision	5
References	IBC

The purpose of these Guidelines is to assist registered nurses and midwives to make decisions about delegation and supervision.

1.0 Purpose

This document should be read in conjunction with NBV Guidelines: Scope of Nursing and Midwifery Practice (2007).

The purpose of these Guidelines is to assist registered nurses and midwives to make decisions about delegation and supervision.

Note: The term health consumer used throughout the document includes clients, patients and residents.

The title registered nurse refers to midwives and nurses registered in divisions 1,2,3,4 or 5.

The term personal care worker (PCW) for the purpose of this document refers to the group of workers distinct from and separate to registered nurses and midwives, who are not regulated under statutory legislation (NBSA, 2006).

2.0 Accountability and Responsibility

All registered nurses and midwives must be willing to accept accountability and responsibility when undertaking activities within their individual scope of practice after considering:

- Legislation or restrictions on practice.
- Professional standards of practice.
- Current evidence for practice.
- Individual knowledge, skill and competence.
- Contextual/organisational support for practice.

Accountability means that nurses and midwives are answerable for their decisions, actions, behaviours and the responsibilities that are inherent in their roles.

This includes ensuring the safety and efficacy of nursing or midwifery interventions; documenting and evaluating nursing or midwifery interventions; and ensuring their own personal competence to provide care.

Accountability is both a legal and ethical requirement for practice.

Responsibility is the obligation that a registered nurse or midwife assumes when undertaking a planned or delegated activity and the activity is within the scope of nursing or midwifery practice.

3.0 Delegation

Delegation is the conferring of an authority to a competent individual to perform care activities for a health consumer that they do not have the autonomy to perform.

The registered nurse or midwife delegating care activities to other registered nurses, midwives or personal care workers (PCWs) must fully understand whether the individual to whom they are delegating can safely and competently perform the delegated activity.

If changes in the context necessitate re-delegation, the individual must consult the registered nurse or midwife who was involved in the original delegation.

Delegation is different from allocation or assignment. Allocation or assignment involves asking another individual to provide nursing or midwifery care activities on the assumption that these are normally within that individual's responsibility and scope of practice.

3.1 Principles of delegation

These principles are to be used when a registered nurse or midwife is considering delegating an activity to other registered nurses, midwives or personal care workers.

1. The primary motivation for delegation is to meet the health needs and improve health outcomes of consumers.
2. The practice must be consistent with standards acceptable to the nursing and midwifery profession and with the policy requirements of service providers.
3. Delegation is based on appropriate consultation and planning.
4. Acceptance of delegation is based on readiness, education and assessed competence.
5. Processes should exist for ensuring that a qualified person undertakes continuing education and assessment of competence for the delegated activities.
6. The registered nurse or midwife who delegates an activity to another individual is accountable, not only for their decision to delegate, but also for monitoring the delegated individual's standard of performance.
7. The activity should be part of the current role of the registered nurse or midwife making the delegation.
8. If there is legislation that requires an authorisation to carry out the nursing or midwifery activity, the necessary authorisation has been obtained (for example, authorisation to prescribe or administer scheduled medicines).

4.0 Supervision

Supervision incorporates elements of direction, guidance, overseeing and coordination of activities. Supervision may be direct or indirect according to the nature of the work delegated.

- **Direct supervision** is when the registered nurse or midwife is actually present, observes, works with and directs the individual who is being supervised.
- **Indirect supervision** is when the registered nurse or midwife is easily contactable and available for reasonable access but does not directly observe the activity. What is 'reasonable access' will depend on the context, the needs of the health consumer and the needs of the individual who is being supervised. Where registered nurses or midwives are concerned, it is not necessary for the supervising nurse to be on the premises.

Registered nurses and midwives may be required within their role and responsibilities to provide direct and/or indirect supervision to other nurses, midwives and health care workers. ►

The level of supervision should be appropriate to the degree of risk of the nursing or midwifery activity. For example, the supervision requirements for individuals carrying out newly delegated activities is expected to be greater than that required for an individual who has demonstrated competence in the activity over a period of time.

The responsibility and accountability of the health care organisation or employer is to be aware of the staff mix within the organisation and ensure that consumers' health needs are met and that there is adequate supervision for registered nurses, midwives and non-registered staff.

4.1 Working without direct or indirect supervision

Registered nurses and midwives from all divisions of the register may, from time to time, be required by their employer to work without direct or indirect supervision. Nurses and midwives who assume unsupervised roles should be confident that:

- If required, the necessary statutory authorisations have been obtained (for example, a recognised qualification as a nurse immuniser in order to provide immunisations in settings not supervised by a medical practitioner).
- They are competent to perform all activities of the role unsupervised.
- The necessary organisational policies, procedures and risk management mechanisms are in place to support safe unsupervised practice.

Registered nurses and midwives who are responsible for delegating nursing or midwifery activities to other individuals to work unsupervised, should be confident that:

- The necessary statutory authorisations, if required, have been obtained.
- The individual to whom they are delegating is competent to undertake the delegated unsupervised activity.
- The individual is competent and has met the health care organisation's/employer's and the profession's requirements for competence to perform all activities of the role unsupervised, and is willing and able to carry out their role unsupervised.
- The necessary organisational policies, procedures and risk management mechanisms are in place to support safe unsupervised practice.

For further enquiries:

595 Little Collins Street
Melbourne Victoria 3000
GPO Box 4932
Melbourne Victoria 3001
Telephone +61 3 8635 1200
Facsimile +61 3 8635 1248

www.nbv.org.au
email: generalenquiries@nbv.org.au

References

- Australian Nursing & Midwifery Council (June 2006, unpublished).
Draft – A national framework for the development of decision-making tools for nursing and midwifery practice, Canberra, Australian Capital Territory
- Australian Nursing and Midwifery Council Guideline Delegation and Supervision for Nurses and Midwives (2005) – under review
- National Council of State Boards of Nursing, Inc (1997). The Five Rights of Delegation
- Nurses Board of South Australia (March 2006). A Scope of Practice Decision Making Tool, Adelaide, South Australia
- Nurses Board of Victoria (2007). Guidelines: Scope of Nursing and Midwifery Practice, Melbourne, Victoria
- Nurses Board of Western Australia (2004). Scope of Nursing Practice Decision-Making Framework: Learning Guide Draft, Perth, Western Australia
- Royal College of Nursing Australia & Australian Nursing Federation joint position statement Assistants in nursing and other unlicensed workers (however titled) (2004)
- Queensland Nursing Council (1998). Scope of Nursing Practice Project Decision Making Framework, Brisbane, Queensland



NBV

Nurses Board of Victoria

Safeguarding the public
through professional practice

595 Little Collins Street
Melbourne Victoria 3000
GPO Box 4932
Melbourne Victoria 3001
Telephone +61 3 8635 1200
Facsimile +61 3 8635 1248
www.nbv.org.au