

# Scope of Nursing and Midwifery Practice Framework

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# Introduction

An Bord Altranais is the statutory body responsible for the regulation of the practice of nursing and midwifery in Ireland. The general concern of An Bord Altranais is the promotion of high standards of education, training and professional conduct among nurses and midwives. The purpose of this document is to provide nurses and midwives with professional guidance and support on matters relating to clinical practice. It introduces a decision-making framework to assist nurses and midwives in making decisions about the scope of their clinical practice.

The term scope of practice refers to the range of roles, functions, responsibilities and activities, which a registered nurse or a registered midwife is educated, competent, and has the authority to perform. Scope of practice for nurses and midwives in Ireland is determined by legislation, EU directives, international developments, social policy, national and local guidelines, education and individual levels of competence.

This framework provides principles, which should be used to review, outline and expand the parameters of practice for nurses and midwives. The framework aims to support and promote best practice for all nurses and midwives which will ensure the protection of the public and the timely delivery of quality healthcare in Ireland. The healthcare services and the work trends of nurses and midwives are undergoing continuous change, driven by the demand for a consumer-responsive service that is cost-effective and responsive to the changing demographic and epidemiological profile of the Irish population. The role and scope of practice of nurses and midwives must respond to these changes in a dynamic way. For this reason, the framework provided in this document is enabling and aims to support nurses and midwives in determining their scope of practice and, in so doing, to practice with flexibility and innovation.

To date, changes in nursing and midwifery practice have been driven by a process of certification of extended roles. The emphasis has been on the mechanical addition of tasks to the nurse's or the midwife's role and the provision of certification of his/her ability to fulfil that role. This approach has been based on the notion that any task that goes beyond what is learned in pre-registration training requires official sanction by certification.

It is appropriate that nursing and midwifery practice should develop to meet the ever-changing needs of the population and the health service. An Bord Altranais considers that this should take place by an organic expansion of roles based on informed professional discretion and guided by certain fundamental principles, rather than by mechanical extension based on certification. Expansion encompasses becoming more competent, reflective practitioners, developing expertise and skills to meet patients'/clients' needs in a holistic manner. Expansion may refer to a change in the overall scope of practice of the professions to include areas of practice that have not hitherto been within the remit of nurses and midwives. It may also refer to a change in the scope of practice of an individual nurse or midwife to include areas of practice that have not

been within his/her scope of practice, but are within the overall scope of practice of the nursing or midwifery professions.

Decisions about a nurse's and a midwife's scope of practice are complex and involve consideration of a number of important determining factors. These include the core definitions and values that underpin nursing and midwifery practice, the levels of competence, the channels of accountability and the supports and resources available. Individual nurses and midwives are responsible and accountable for making decisions about their own scope of practice. Nursing and midwifery managers, in planning, delivering and evaluating nursing and midwifery care services, are also responsible and accountable for making judgements about the overall scope of practice of nurses and midwives. In formulating the decision-making framework, all of these factors have been taken into account and are considered in the following sections.

Section 2, provides a definition of nursing practice and an outline of the values that should underpin nursing practice.

Section 3, focuses on the distinct identity of midwifery and provides a definition of the scope of midwifery practice and an outline of the values that should underpin midwifery practice.

In Section 4, the key determining factors that must be taken into account in deciding on the scope of practice of nursing and midwifery, are considered.

These include:

- Competence
- Accountability and Autonomy
- Continuing Professional Development
- Support for Professional Nursing and Midwifery Practice
- Delegation
- Emergency Situations.

Section 5, provides a summary of the principles that should guide individual nurses and midwives and nurse and midwife managers in determining scope of practice and provides a schematic outline of the decision-making framework that emerges from a consideration of these principles.

This **Scope of Practice Framework** has been produced to provide guidance and support to all nurses and midwives in determining their roles and responsibilities in relation to patient/client care. It should be considered in conjunction with the latest version of the Code of Professional Conduct for each Nurse and Midwife produced by An Bord Altranais and other guidance documents produced by An Bord from time to time.

# Definition of the Scope of Nursing Practice

The scope of nursing practice in Ireland is the range of roles, functions, responsibilities and activities, which a registered nurse is educated, competent, and has authority to perform.

This definition of scope of nursing practice must be understood in the context of the following definition of nursing, which is based on the definitions provided by the World Health Organisation (WHO 1996) and the International Council of Nurses (ICN 1987):

*“Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health [and comfort<sup>1</sup>] as well as prevent ill health. Nursing also includes the [assessment,<sup>1</sup>] planning and giving of care during illness and rehabilitation, and encompasses the physical, mental, [spiritual<sup>1</sup>] and social aspects of life as they affect health, illness, disability and dying.*

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

*Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills, and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences.” (WHO 1996 p. 4)*

*“Within the total health care environment, nurses share with other health professionals and those in other sectors of public service the function of planning, implementation and evaluation to ensure the adequacy of the health system.” (ICN 1987)*

**Nursing practice is underpinned by values that guide the way in which nursing care is delivered. An Bord Altranais considers that the following values should underpin nursing practice and provide the basis for the formulation of a philosophy of nursing:**

1. In making decisions about an individual nurse's scope of practice, the best interests of the patient/client and the importance of promoting and maintaining the highest standards of quality in the health services, should be foremost.
2. Nursing care should be delivered in a way that respects the uniqueness and dignity of each patient/client regardless of culture or religion.
3. Fundamental to nursing practice is the therapeutic relationship between the nurse and the patient/client that is based on trust, understanding, compassion, support and serves to empower the patient/client to make life choices.

<sup>1</sup>Words in [ ] are not part of the original quote.

## SECTION 2: DEFINITION OF THE SCOPE OF NURSING PRACTICE

4. Nursing practice involves advocacy for the individual patient/client and for his/her family. It also involves advocacy on behalf of nursing within the organisational and management structures within which it is delivered.
5. Nursing practice is based on the best available evidence.
6. Nursing practice should always be based on the principles of professional conduct as outlined in the latest version of the Code of Professional Conduct for each Nurse and Midwife produced by An Bord Altranais.

# Definition of the Scope of Midwifery Practice

The scope of midwifery practice in Ireland is the range of roles, functions, responsibilities and activities which a registered midwife is educated, competent, and has authority to perform.

This definition of the scope of midwifery practice must be understood in the context of the EEC Directive on the activities of a midwife and the definition of a midwife as outlined by the WHO/ICM/FIGO (1992).

The scope of midwifery practice is outlined within the EEC Council Directive of 1980 (80/155/EEC). This directive, concerning the coordination of provisions laid down by law, regulation or administrative action in respect of the activities of midwives, outlines the minimum knowledge and clinical experience necessary for midwifery and outlines the activities that midwives are entitled to take up and pursue. It states:

*“Member States shall ensure that midwives are at least entitled to take up and pursue the following activities:*

- 1. to provide sound family planning information and advice;*
- 2. to diagnose pregnancies and monitor normal pregnancies; to carry out the examinations necessary for the monitoring of the development of normal pregnancies;*
- 3. to prescribe or advise on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;*
- 4. to provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition;*
- 5. to care for and assist the mother during labour and to monitor the condition of the foetus in utero by the appropriate clinical and technical means;*
- 6. to conduct spontaneous deliveries including where required an episiotomy and in urgent cases a breech delivery;*
- 7. to recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where appropriate; to take the necessary emergency measures in the doctor’s absence, in particular the manual removal of the placenta, possibly followed by the manual examination of the uterus;*
- 8. to examine and care for the new-born infant; to take all initiatives which are necessary in case of need and to carry out where necessary immediate resuscitation;*
- 9. to care for and monitor the progress of the mother in the post-natal period and to give all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;*
- 10. to carry out the treatment prescribed by a doctor;*

11. to maintain all necessary records.”

A midwife is defined as follows –

*“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 practice midwifery. She<sup>2</sup> must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for the women, but also within the family and the community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynaecology, family planning and child-care. She may practice in hospitals, clinics, health units, domiciliary conditions or in any other service.”*

*(WHO/ICMIFIGO 1992)*

**Midwifery practice is underpinned by values that guide the way in which midwives deliver care. An Bord Altranais considers that the following values should underpin midwifery practice and provide the basis for the formulation of a philosophy of midwifery:**

1. Childbirth is viewed as a part of the life cycle, a normal healthy event.
2. The focus of midwifery practice is pregnant women and their families and delivering women-centred maternity services.
3. Midwifery care is delivered in a manner, which respects the uniqueness and dignity of each person regardless of culture or religion.
4. The concept of partnership between the woman and the midwife is fundamental to midwifery practice. It is based on mutual trust, support and collaboration, which facilitates informed choice and decision-making and the empowerment of both the woman and the midwife.
5. Decisions about an individual midwife's scope of practice should always be made with the woman's and her family's best interests foremost and in the interest of promoting and maintaining best quality maternity services for women and their families.
6. Midwifery practice is based on the best available evidence.
7. Midwifery practice involves advocacy for the individual woman and her family.
8. Midwifery practice should always be based on principles of professional conduct as outlined in the latest version of the Code of Professional Conduct for each Nurse and Midwife and the Guidelines for Midwives produced by An Bord Altranais.

<sup>2</sup>The female gender is referred to in this definition of a midwife, it should be interpreted as referring to either gender:

# Important Considerations in Determining the Scope of Nursing and Midwifery Practice

## 4.1 Competence

Competence is the ability of the registered nurse or registered midwife to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice<sup>3</sup>.

In determining his/her scope of practice, the nurse or midwife must make a judgement as to whether he/she is competent to carry out a particular role or function. He/she must also take measures to develop and maintain the competence necessary for professional practice. To be competent, it is not enough to be able to fulfil a specific role or function or even to be able to practice at a specific level of skill. A competent professional nurse or midwife possesses many attributes. These include practical and technical skills, communication and interpersonal skills, organisational and managerial skills, the ability to practice safely and effectively utilising evidence, the ability to adopt a problem solving approach to care utilising critical thinking, the ability to perform as part of a multidisciplinary team demonstrating a professional attitude, accepting responsibility and being accountable for one's practice (Eraut 1994, Sharp et al 1995 and Fraser et al 1996).

Competence is not static. One may learn a specific skill, but the knowledge underpinning that skill may change over time. This can affect the ability to practice the skill. In addition practice is necessary to maintain competence. The nurse and midwife must acknowledge any limitations of competence and refuse in such cases to accept delegated or assigned functions. If appropriate, the nurse or midwife must take appropriate measures to gain competence in the particular area. Competence is developmental. The maintenance of competence and ensuring its continuing development is achieved by engaging in continuing professional development.

## 4.2 Accountability and Autonomy

Accountability is *"the fulfilment of a formal obligation to disclose to referent others the purposes, principles, procedures, relationships, results, income and expenditures for which one has authority"* (Lewis and Batey 1982). This means being answerable for the decisions made in the course of one's professional practice. In the course of his/her professional practice, a nurse or a midwife must be prepared to make explicit the rationale for decisions they make and to justify such decisions in the context of legislation, professional standards and guidelines, evidence based practice and professional and ethical conduct.

Accountability is the cornerstone of professional nursing and midwifery practice. Nurses and midwives are accountable both legally and professionally for their practice. Nurses and midwives are accountable to the patient/client, the public, their regulatory body, their employer and any relevant supervisory authority. It should be noted that accountability applies to both actions and omissions.

<sup>3</sup>Definition of competence as agreed by the Focus Group for the Assessment of Clinical Competence set up by An Bord Altranais January 2000.

Accountability cannot be achieved unless the nurse or midwife has autonomy to practice. Nurses are autonomous in the practice of nursing and midwives are autonomous in the practice of midwifery. This means that nurses and midwives have the freedom to make discretionary and binding decisions in accordance with their scope of practice and act on those decisions (Batey and Lewis 1982). Inherent in the fulfilment of an autonomous role is authority to practice. Authority is *“the legitimate power to fulfil a responsibility”* (Batey and Lewis 1982).

### 4.3 Continuing Professional Development

Continuing professional development encompasses experiences, activities and processes that contribute towards the development of a nurse or midwife as a healthcare professional. This means it is a lifelong process of learning, both structured and informal. Continuing education is a vital component of continuing professional development and takes place after the completion of the pre-registration education programme for nurses and midwives. It consists of planned learning experiences that are designed to augment the knowledge, skills and attitudes of a registered nurse or registered midwife, for the enhancement of nursing or midwifery practice, patient/client care, education, administration and research.

It is essential for each nurse and midwife to engage in continuing professional development following registration in order to acquire the new knowledge and competence which will enable him/her to practice effectively in an ever-changing health care environment.

Continuing professional development is required in order to maintain and enhance professional standards and to provide the highest quality of health care; it should also contribute to the nurse's and midwife's personal development.

The individual nurse and midwife has a responsibility to develop himself/herself as a professional. Health care organisations have a responsibility to assess the professional development needs of their staff and to provide appropriate support for staff to enable them to practice to high standards in the interests of quality patient/client care.

Examples of activities that might contribute to a nurse's and a midwife's professional development include formal education programmes, reflective practice, journal clubs, case-conferencing, clinical supervision, learning sets, preceptorship, mentorship, workshops, distance learning, accessing and sourcing information.

### 4.4 Support for Professional Nursing and Midwifery Practice

In order for nurses and midwives to practice competently and to realise their potential in the interests of quality patient/client care, certain supports need to be in place. These include local and national guidelines, policies and protocols that have been developed collaboratively with practicing nurses and midwives and with reference to legislation and research-based literature, where this is available. Nursing and midwifery managers need to ensure that there are systems in place that will provide support for nurses and midwives in determining and expanding their scope of practice.

## 4.5 Delegation

Delegation is the transfer of authority by a nurse or midwife to another person to perform a particular role/function.

Each registered nurse and midwife is accountable for his/her own practice. The nurse or midwife who is delegating (the delegator) is accountable for the decision to delegate. This means that the delegator is accountable for ensuring that the delegated role/function is appropriate and that support and resources are available to the person to whom the role/function has been delegated. The nurse or midwife (or other person) to whom the particular role/function has been delegated is accountable for carrying out the delegated role/function in an appropriate manner.

**When delegating a particular role/function, the nurse or midwife must take account of the following principles:**

1. The nurse or midwife must ensure that the primary motivation for delegation is to serve the interests of the patient/client.
2. The nurse or midwife must ensure that the delegation is appropriate with reference to the definitions and philosophies of nursing or midwifery as appropriate.
3. The nurse or midwife must take the level of experience, competence, role and scope of practice of the person to whom the role/function is being delegated into account.
4. The nurse or midwife must not delegate to junior colleagues, tasks and responsibilities beyond their skill and experience.
5. The nurse or midwife must ensure appropriate assessment, planning, implementation and evaluation of the delegated role/function.
6. The nurse or midwife must communicate the role/function in a manner understandable to the person to whom it is being delegated.
7. The nurse or midwife must decide on the level of supervision and feedback necessary.

**A nurse or midwife to whom a particular role/function has been delegated should take account of the following principles:**

1. The nurse or midwife must consider if it is within their current scope of practice. If the delegated role/function is beyond the current scope of practice of the nurse or midwife, the nurse or midwife will need to consider the appropriateness of this delegation. In this circumstance the nurse or midwife must refer to the An Bord Altranais **Scope of Practice Framework**.
2. The nurse or midwife must acknowledge any limitations of competence.
3. The nurse or midwife must provide appropriate feedback to the delegator.

## 4.6 Emergency Situations

Nothing in this document will be construed as preventing a nurse or midwife from taking appropriate action in the case of an emergency. The best interests of the patient/client must be served by appropriate nursing or midwifery intervention in emergency situations.

# Principles for Determining Scope of Practice

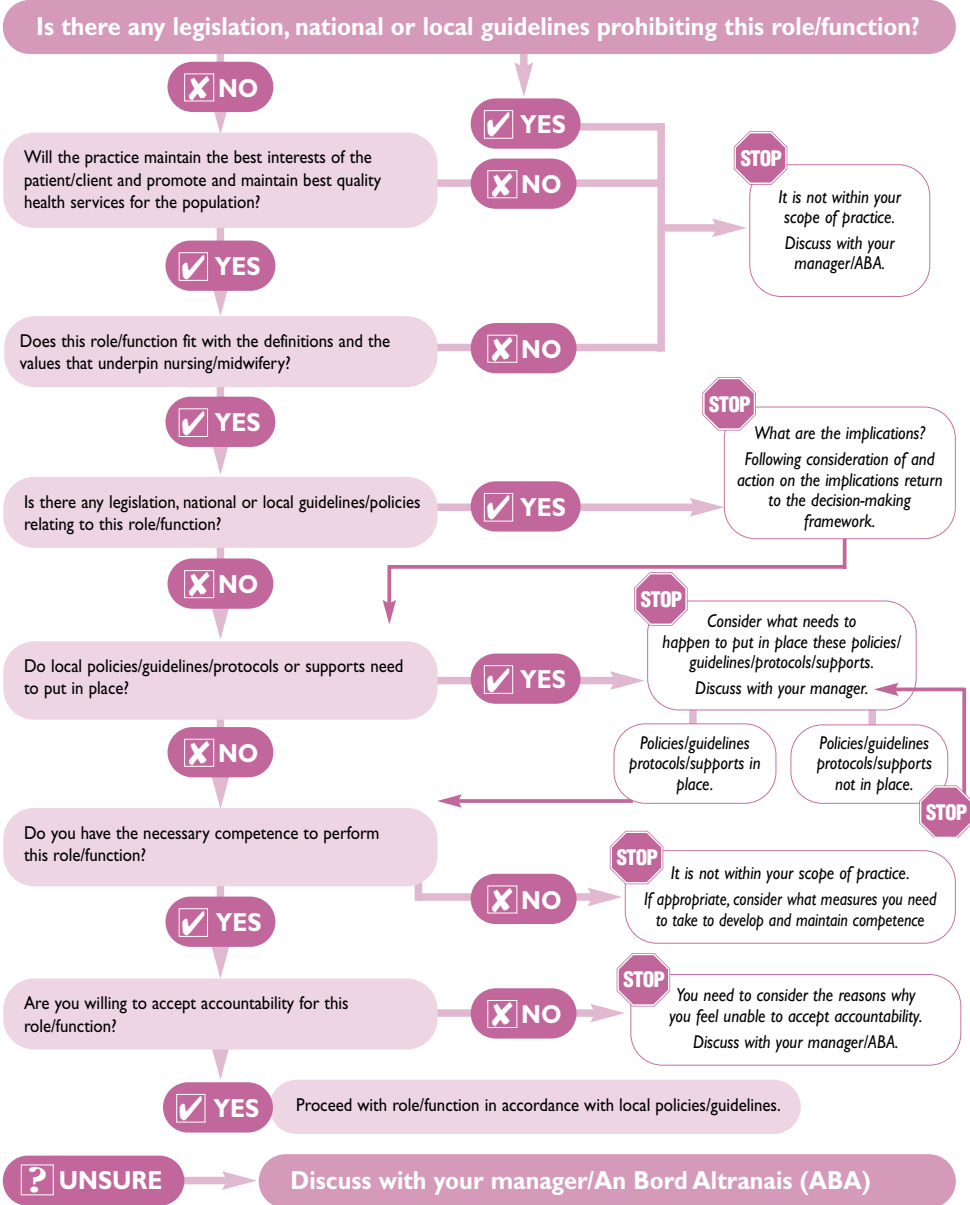
The following principles are the basis for making decisions with regard to the scope of practice for an individual nurse/midwife:

1. The primary motivation for expansion of practice must be the best interest of patients/clients and the promotion and maintenance of the best quality health services for the population.
2. Expansion of practice must be made in the context of the definitions of nursing/midwifery and the values that underpin nursing/midwifery practice.
3. Expansion of practice must only be made with due consideration to legislation, national policy, local policy and guidelines. If necessary at local level appropriate policies/protocols and guidelines should be devised and appropriate supports put in place.
4. In determining his/her scope of practice the nurse/midwife must make a judgement as to whether he/she is competent to carry out the role/function.
5. The nurse/midwife must take measures to develop and maintain the competence necessary for professional practice. The nurse/midwife must acknowledge any limitations of competence.
6. Expansion of practice must be based on appropriate assessment, planning, communication and evaluation.
7. The nurse/midwife who is delegating a particular role/function (the delegator) is accountable for the decision to delegate. This means that the delegator is accountable for ensuring that the delegated role/function is appropriate and that support and resources are available to the person to whom it has been delegated. The nurse/midwife (or other person) receiving a delegated role/function is accountable for carrying out the delegated role/function. This means that the nurse/midwife (or other person), on acceptance of a delegated role/function, is accountable for the appropriate performance of that role/function.
8. The individual nurse/midwife is accountable for his/her practice. This means that he/she is accountable for decisions he/she makes in determining his/her scope of practice. This includes decisions to expand or not to expand his/her practice.

The following framework is provided to assist nurses and midwives in determining their scope of practice.

# Nurse/Midwife Scope of Practice Decision-Making Framework

## CONSIDER THE NURSING/MIDWIFERY ROLE/FUNCTION



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