

Australian Capital Territory

Health Professionals (ACT Nursing and Midwifery Board Standards Statements) Approval 2006 (No 1)*

Notifiable Instrument NI2006-216

made under the

Health Professionals Regulation 2004, section 134 (Standards Statement)

1 Name of instrument

This instrument is the *Health Professionals (ACT Nursing and Midwifery Board Standards Statements) Approval 2006 (No 1)*.

2 Commencement

This instrument commences on the day after notification.

3 Standard Statements

In accordance with Regulation 134 (3) of the Health Professionals Regulation 2004 the ACT Nursing and Midwifery Board has approved the following Standards Statements.

Attachment 1: ANMC Code of Professional Conduct for Nurses in Australia

Attachment 2: ANMC Code of Ethics for Nurses in Australia

Attachment 3: ANMC National Competency Standards for the Registered Nurse

Attachment 4: ANMC National Competency Standards for the Enrolled Nurse

Attachment 5: ANMC National Competency Standards for the Nurse Practitioner

Attachment 6: ANMC National Competency Standards for the Midwife

Attachment 7: ACMI Code of Ethics

Attachment 8: ACMI Code of Practice for Midwives

Mary Kirk
President

20 June 2006

*Name amended under Legislation Act, s 60

CODE OF PROFESSIONAL CONDUCT FOR NURSES IN AUSTRALIA

Introduction Purpose Interpretation of Terms Code of Professional Conduct Explanatory Statements Bibliography

Introduction

The Code of Professional Conduct for Nurses in Australia (the Code) is a set of expected national standards of nursing conduct for Australian nurses. 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 profession. A breach of the Code may constitute professional misconduct or unprofessional conduct.

The nursing profession expects that nurses will conduct themselves personally and professionally in a way that will maintain public trust and confidence in the profession. Nurses have a responsibility to the individual, society, and the profession to provide safe and competent nursing care which is responsive to individual, group and community needs, and the profession.

Purpose

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

- set an expected national standard of conduct for the nursing profession,
- inform the community of the standards for professional conduct of nurses in Australia, and
- provide consumer, regulatory, employing and professional bodies with a basis for decisions regarding standards of professional conduct.

Interpretation of Terms

Nurse. Means a registered or enrolled nurse who is authorised to practise in a state or territory of Australia.

Individual/s. Refers to a person/persons receiving nursing care.

Adverse therapeutic outcome. Means a negative health outcome for a person who has received services or care from a nurse.

Significant other persons. Those persons of whatever relationship to the person receiving nursing care, who play an important role in the life of that individual.

Professional Boundaries. Means the limit of a relationship between a nurse and an individual or between a nurse and any significant other persons, which facilitates safe and therapeutic practice and results in safe and effective care.

A Sexual Relationship. Means a relationship between a nurse and an individual that includes a sexual element.

Professional Standards. Include:

- this Code,
- the Code of Ethics for Nurses in Australia,
- the ANMC Competency Standards for Registered and Enrolled Nurses,
- other endorsed standards or guidelines published by the state and territory nurse regulatory authorities, and
- standards developed by professional nursing organisations.

A nurse must:

1. Practise in a safe and competent manner.
 2. Practise in accordance with the agreed standards of the profession.
 3. Not bring discredit upon the reputation of the nursing profession.
 4. Practise in accordance with laws relevant to the nurse's area of practice.
 5. Respect the dignity, culture, values and beliefs of an individual and any significant other person.
 6. Support the health, well being and informed decision-making of an individual.
 7. Promote and preserve the trust that is inherent in the privileged relationship between a nurse and an individual, and respect both the person and property of that individual.
 8. Treat personal information obtained in a professional capacity as confidential.
 9. Refrain from engaging in exploitation, misinformation and misrepresentation in regard to health care products and nursing services.
- When an aspect of care is delegated, a nurse must ensure that delegation is appropriate and does not compromise the safety of an individual.
 - A nurse has an obligation to practise in a safe and competent manner that is not compromised by personal health limitations.

Explanatory Statements

The explanatory statements form part of the Code and may be used to clarify the meaning and scope of operation of that provision.

1. A nurse must practise in a safe and competent manner.

- A nurse is personally accountable for the provision of safe and competent nursing care. Therefore it is the responsibility of each nurse to maintain the competence necessary for current practice.
- Maintenance of competence includes participation in ongoing professional education to maintain and upgrade knowledge and skills relevant to practice in a clinical, management, education or research setting.
- A nurse must be aware that undertaking activities that are not within their scope of practice may compromise the safety of an individual. The scope of practice is based on each nurse's education, knowledge, competency, extent of experience and lawful authority.
- Nurses will advise the appropriate authorities or employers of their scope of practice including any limitations.

2. A nurse must practise in accordance with the agreed standards of the profession.

- A nurse is responsible to ensure that the standard of that nurse's practice conforms with professional standards with the object of enhancing the safety of the individual, any significant other person and colleagues.
- A nurse's primary responsibility is to provide safe and appropriate nursing services. Any circumstance which may compromise professional standards, or any observation of questionable or unethical practice, will be made known to an appropriate person or authority. If the concern is not resolved and continues to compromise safe and appropriate care, a nurse must intervene to safeguard the individual and notify the appropriate authority.

3. A nurse must not bring discredit upon the reputation of the nursing profession.

- The actions of a nurse in their personal life may have an adverse impact on their reputation and on the profession, and may have adverse therapeutic outcomes.
- The conduct of a nurse must at all times maintain and build public trust and confidence in the profession.

Explanatory Statements (Continued)

4. A nurse must practise in accordance with laws relevant to the nurse's area of practice.

- Nurses must be familiar with relevant laws to ensure that they do not engage in practices prohibited by such laws or delegate to others activities prohibited by those laws.

5. A nurse must respect the dignity, culture, values and beliefs of an individual and any significant other person.

- In planning and providing effective nursing care, a nurse must consider and respect cultural values and beliefs, personal wishes and decisions of individuals and any significant other person.
- A nurse must promote and protect the interests of an individual, irrespective of gender, age, race, sexuality, lifestyle, or religious or cultural beliefs.
- In making professional judgements in relation to individual's interests and rights, a nurse must not contravene any law or breach the human rights of any individual.

6. A nurse must support the health, well being and informed decision-making of an individual.

- A nurse must inform an individual and any significant other person regarding the nature and purpose of that individual's care, and assist that individual to make an informed decision.
- In situations where individuals are unable to decide or speak independently, a nurse must endeavour to ensure that the perspective of that individual is represented by an appropriate advocate.

7. A nurse must promote and preserve the trust that is inherent in the privileged relationship between a nurse and an individual and respect both the person and property of that individual.

- Within a professional relationship between an individual and a nurse, there exists a power imbalance which makes the individual vulnerable and open to exploitation.
- An individual trusts that a nurse will cause no physical or psychological harm and will care for the possessions and property of that individual.
- A nurse has a responsibility to maintain a professional boundary between that nurse and an individual, and between that nurse and any significant other person.
- A nurse fulfils roles outside of the professional role, including family member, friend and community member. A nurse must be aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit to the individual.
- A sexual relationship between a nurse and an individual for whom they provide care is unacceptable. Consent is not an acceptable defence in the case of sexual or intimate behaviour within a relationship between a nurse and an individual for whom they provide care.

Explanatory Statements (continued)

8. A nurse must treat personal information obtained in a professional capacity as confidential.

This should be considered in conjunction with the National Privacy Principles Guidelines which support the Privacy Act 1994. (www.privacy.gov.au)

- A nurse has a moral duty and a legal obligation to protect the privacy of an individual by restricting information obtained in a professional capacity to appropriate personnel and settings, and to professional purposes.
- A nurse must, where relevant, inform an individual that in order to provide competent care, it is necessary for a nurse to disclose information that may be important to the clinical decision making by other members of a health care team.
- A nurse must, where practicable, seek consent from the individual or a person entitled to act on behalf of the individual before disclosing information. In the absence of consent, the nurse uses professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, well-being, health and safety of the individual and recognising that the nurse is required by law to disclose certain information.

9. A nurse must refrain from engaging in exploitation, misinformation or misrepresentation in regard to health care products and nursing services.

- When a nurse provides advice about any product or service, the nurse must fully explain the advantages and disadvantages of alternate products or services so that an individual can make an informed choice. Where a specific product or service is advised, a nurse must ensure that advice is based on adequate knowledge and not on commercial or other forms of gain.
- A nurse must accurately represent the nature of their services or care intended to be provided.

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CODE OF ETHICS FOR NURSES IN AUSTRALIA

Background

Introduction

Interpretation of Terms

Code of Ethics

Bibliography

Background

This Code of Ethics has been developed for nursing in the Australian context and is relevant to all nurses in all practice settings.

The impetus for its development came at the Australasian Nurse Registering Authorities Conference (ANRAC) of 1990, when the research arising from the ANRAC Nursing Competencies Assessment Project indicated that 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., Royal College of Nursing, Australia and the Australian Nursing Federation. In 2000 these peak organisations agreed to undertake a joint project to review the Code of Ethics. It is recognised that the Code of Ethics could not have been realised without the participation of nurses and nursing organisations in Australia, whose many submissions and comments are acknowledged and appreciated.

The Code of Ethics outlines the nursing profession's intention to accept the rights of individuals and to uphold these rights in practice. The Code of Ethics is complementary to the International Council of Nurses (ICN) Code of Ethics for Nurses (2000).

The purpose of this Code of Ethics is to:

- identify the fundamental moral commitments of the profession,
- provide nurses with a basis for professional and self reflection on ethical conduct,
- act as a guide to ethical practice, and
- indicate to the community the moral values which nurses can be expected to hold.

Introduction

The nurse's primary professional responsibility is to people requiring nursing care. In fulfilling this responsibility nurses provide care and support before and during birth and throughout life, and alleviate pain and suffering during the dying process. Nurses enable individuals, families and groups to maintain, restore or improve their health status, or to be cared for and comforted when deterioration of health has become irreversible.

A traditional ideal of nursing is the concern for the care and nurture of human beings giving just and due consideration to their ethnicity, culture, gender, spiritual values, sexuality, disability, age, economic, social or health status, or any other grounds. Nurses respect and uphold the rights of Australian Indigenous peoples. The profession also acknowledges the cultural diversity in contemporary Australian society.

Nursing care is based on the development of a therapeutic relationship and the implementation and evaluation of therapeutic processes. Therapeutic processes include health promotion and education, counselling, nursing interventions and empowerment of individuals, families or groups to exercise maximum choice in relation to their health care.

Nursing practice is undertaken in a variety of settings. Any particular setting will be affected to some degree by processes which are not within a nurse's control or influence. The processes affecting nursing practice can include government policies, laws, resource constraints, institutional policies, management decisions, and the practice of other health care providers. Nurses also recognise the potential for conflict between one person's needs and those of another, or of a group or community.

Such factors may affect the degree to which nurses are able to fulfil their moral obligations and/or the number and type of ethical problems they may face.

The Code contains six broad value statements. Nurses are encouraged to use these statements as a guide in reflecting on the degree to which their practice demonstrates those values. As a means of assisting in interpretation of the six values, a number of explanatory statements are provided.

These explanatory statements are not intended to cover all the aspects a nurse should consider, but can be used to assist further exploration and consideration of ethical concerns in nursing practice.

Nurses are also encouraged to undertake discussion and educational opportunities in ethics in order to clarify for themselves issues related to the fulfilment of their moral obligations. This Code of Ethics is not intended to provide a formula for the resolution of ethical problems, nor can it adequately address the definitions and exploration of terms and concepts which are part of the study of ethics.

Nurses are autonomous moral agents and sometimes may adopt a personal moral stance that would make participation in certain procedures morally unacceptable to them. Nurses have a right to refuse (conscientious objection) to participate in procedures, which they judge on strongly held moral beliefs to be unacceptable. In exercising their conscientious objection nurses must take all reasonable steps to ensure that quality of care and patient safety is not compromised.

Nurses accepting employment positions where they foresee they may be called on to be involved in situations at variance with their sincerely held beliefs, have a responsibility to acquaint their employer or prospective employer with this fact within a reasonable time. Nurses, however, should consider seriously whether it is appropriate for them to accept employment positions where they see these situations may arise, particularly if this is likely to be more than a rare occurrence.

Employers and colleagues have a responsibility to ensure that such nurses are not overtly or covertly discriminated against in their workplace.

The Code of Ethics is supported by the Code of Professional Conduct for Nurses in Australia. While the Code of Ethics focuses on the ethics and ideals of the profession, the Code of Professional Conduct identifies the minimum requirements for practice in the profession, and focuses on the clarification of professional misconduct and unprofessional conduct. The two Codes, together with published practice standards, provide a framework for nursing.

Interpretation of Terms

Accountability: the state of being answerable for one's decisions and actions. It cannot be delegated (ANRAC 1990).

Individual/individuals: refers to a person/persons receiving nursing care.

Moral Agent: a person who acts morally/ethically on his or her own authority.

Responsibility: the obligation that an individual assumes when undertaking to carry out planned/delegated functions. The individual who authorises the delegated function retains accountability (ANRAC 1990).

Ethics: the moral practices, beliefs, and standards of an individual/s and/or a group.

Ethical problem: a situation that requires ethical consideration or ethical decision making, or a conflict of moral values.

VALUE STATEMENT 1

Nurses respect individual's needs, values, culture and vulnerability in the provision of nursing care.

Explanatory Statements

- 1 Nurses acknowledge the diversity in contemporary Australian society. Nursing care for any individual or group should not be compromised because of ethnicity, culture, aboriginality, gender, spiritual values, sexuality, disability, age, economic, social or health status, or any other ground.
- 2 Respect for an individual's needs includes recognition of the person's place in a family and community. Nurses should, therefore, facilitate the participation of significant others in the care of the individual if, and as, the person and the significant others wish.
- 3 Respect for individual needs, beliefs and values includes culturally informed and appropriate care, and the provision of as much comfort, dignity, privacy and alleviation of pain and anxiety as possible.
- 4 Respect includes the development of confidence and trust in the relationship between nurses and the people for whom they care.
- 5 Nurses acknowledge that there is a power imbalance in the relationship between a person or group receiving nursing care and a health care provider. To promote a trusting and professional relationship, and to prevent any exploitation of individuals, nurses have an ethical responsibility always to maintain appropriate professional boundaries between themselves and persons to whom they provide care.

VALUE STATEMENT 2

Nurses accept the rights of individuals to make informed choices in relation to their care.

Explanatory Statements

- 1 Individuals have the right to make decisions related to their own health care, based on accurate and complete information given by health care providers. Nurses must be satisfied that they have the person's consent for any care or treatment they are providing. If individuals are not able to provide consent for themselves, nurses have a role in ensuring that valid consent is obtained from the appropriate substitute decision-maker.
- 2 Nurses have a responsibility to inform people about the nursing care that is available to them, and people are entitled morally to accept or reject such care. Nurses have a responsibility to respect the decisions made by each individual.
- 3 Illness and/or other factors may compromise a person's capacity for self-determination. Where able, nurses should ensure such persons continue to have adequate and relevant information to enable them to make informed choices about their care and treatment and to maintain an optimum degree of self-direction and self-determination.

VALUE STATEMENT 3

Nurses promote and uphold the provision of quality nursing care for all people.

Explanatory Statements

- 1 Quality nursing care includes competent care provided by appropriately prepared nurses.
- 2 Promotion of quality nursing care includes valuing life long learning and engaging in continuing education as a means of maintaining and increasing knowledge and skills. Continuing education refers to all formal and informal opportunities for education.
- 3 Nurses research and evaluate nursing practice in order to raise standards of care, and to ensure that such standards are ethical.
- 4 Research should be conducted in a manner that is ethically responsible and justified. Nurses should not participate in any research or experimental treatment on human subjects, which has not been approved by an institutional ethics committee, and which is not conducted in a manner consistent with the requirements of the National Health and Medical Research Council's national statements relating to ethical conduct in research involving humans.
- 5 Nurses contribute to the development and implementation of policy to make the best use of available resources and to promote quality care for individuals.

VALUE STATEMENT 4

Nurses hold in confidence any information obtained in a professional capacity, use professional judgement where there is a need to share information for the therapeutic benefit and safety of a person and ensure that privacy is safeguarded.

Explanatory Statements

- 1 The nurse respects a person's rights to determine who will be provided with their personal information and in what detail. Exceptions may be necessary in circumstances where the life of the individual may be placed in danger or where disclosure is required by law.

- 2 When personal information is required for teaching, research or quality assurance purposes, care must be taken to protect the person's autonomy, anonymity and privacy. Consent must always be obtained from the person or their lawful advocate.
- 3 Nurses protect persons in their care against breaches of privacy by confining their verbal communications to appropriate personnel and settings, and for professional purposes.
- 4 Nurses have an obligation to adhere to legislative guidelines limiting access to personal records (whether paper or electronic).

VALUE STATEMENT 5

Nurses fulfil the accountability and responsibility inherent in their roles.

Explanatory Statements

- 1 As morally autonomous professionals, nurses are accountable for their clinical decision making and have moral and legal obligations for the provision of safe and competent nursing care.
- 2 Nurses contribute with other health care providers in the provision of comprehensive health care, recognising and respecting the perspective and expertise of each team member.
- 3 Nurses have a right to refuse to participate in procedures, which would violate their reasoned moral conscience (ie. conscientious objection). In doing so, they must take all reasonable steps to ensure that quality of care and patient safety is not compromised.
- 4 Nurses have an ethical responsibility to report instances of unsafe and unethical practice. Nurses should support colleagues who appropriately and professionally notify instances of unsafe and unethical practice.

VALUE STATEMENT 6

Nurses value environmental ethics and a social, economic and ecologically sustainable environment that promotes health and well being.

Explanatory Statements

- 1 Nursing includes involvement in the detection of the ill effects of the environment on the health of persons, the ill effects of human activities on the natural environment, and assisting communities in their actions on environmental health problems aimed at minimising these effects.
- 2 Nurses value participation in the development, implementation and monitoring of policies and procedures, which promote safe and efficient use of resources.
- 3 Nurses acknowledge that the social environment in which a person resides has an impact on their health, and in collaboration with other health professionals and consumers, initiate and support action to meet the health and social needs of the public.

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The Australian Nursing Council has officially changed its name to the Australian Nursing and Midwifery Council.

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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?

The 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

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

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

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.

ANMC NATIONAL COMPETENCY STANDARDS FOR THE ENROLLED NURSE

Introduction to the ANMC National Nursing Competency Standards

Purposes

National Competency Standards for the Registered Nurse

Domains

Introduction to the ANMC National Nursing Competency Standards

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practice. To assist in achieving this, the state and territory nursing and midwifery regulatory authorities set standards of competence that describe the behaviour of nurses.

The state and territory nursing and midwifery regulatory authorities establish and maintain standards and processes for regulation within Australia.

The ANMC develops national standards that provide a framework for professional nursing practice. These standards are:

- The ANMC National Competency Standards for Registered and Enrolled Nurses
- The Code of Ethics for Nurses in Australia
- The Code of Professional Conduct for Nurses in Australia

The competency standards take account of the various roles and functions nurses fulfil and identify a combination of the attributes a competent nurse must have.

Purposes of the ANMC National Nursing Competency Standards

The ANMC Competency Standards for Registered Nurses and Enrolled Nurses are core competency standards and have the following specific purposes:

- to provide a means of communicating to consumers the expected competency standards of nurses;
- to determine the eligibility for initial registration or enrolment of persons who have undertaken nursing courses in Australia;
- to determine the eligibility of nurses who have undertaken nursing courses outside Australia, and who wish to practice in this country;
- to provide the basis for assessing nurses who wish to re-enter the workforce after a period of absence defined by the registering authority; and
- to assess qualified nurses who are required to show that they can demonstrate the minimum level of competence for continuing practice.

Description of the Enrolled Nurse on Entry to Practice

Introduction to the ANMC National Competency Standards for the Enrolled Nurse

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 nursing and midwifery 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.

The significance of the competency standards.

For the public, employers and others.

These core competency standards are designed to encourage understanding of their purpose in the community as well as by others involved in providing health and related services.

They contribute to positive health outcomes because enrolled nurses are equipped to provide safe and effective nursing care.

Nurses who are enrolled are required to demonstrate competence and have a professional responsibility to maintain the standards in order to renew their licence.

Education courses leading to registration are accredited by nurse regulatory authorities. These programs require graduates to demonstrate the competency standards. This assists in ensuring that enrolled nurses are fit to provide safe, competent care in a variety of settings.

For Nursing & Midwifery Regulatory Authorities

Nurse and midwifery regulatory authorities apply the competency standards in order to:

- communicate to consumers the competency standards that they can expect of nurses;
- determine the eligibility for registration of people who have undertaken nursing courses in Australia;
- determine the eligibility for registration of nurses who wish to practise in Australia but have undertaken courses elsewhere;
- assess nurses who wish to return to work after being out of the work force for a defined period; and,
- assess qualified nurses who are required to show they are fit to continue working.

For nurses

The standards take account of the contemporary role of the enrolled nurse which covers professional and ethical clinical practice, management of care, and communication. They provide a benchmark for nurses in daily practice.

Introduction to the ANMC National Competency Standards for the Enrolled Nurse (continued)

They may be used for academic assessment, workplace performance review and for measuring continuing fitness to practice.

The competency standards reflect the unique characteristics of nursing as well as broader attributes nurses have in common with other professions and occupations. In addition, they identify the knowledge, skills and attitudes required by nurses and reflect the complex nature of nursing activities.

Domains

The competencies which make up the ANMC National Competency Standards for the Enrolled Nurse are organised into domains.

Professional and Ethical Practice

This contains the competencies that relate to legal and ethical responsibilities, including being able to demonstrate a satisfactory knowledge base, being accountable for practice, functioning in accordance with legislation affecting nursing, and the protection of individuals and group rights.

Critical Thinking and Analysis

This contains those competencies relating to self-appraisal, and professional development.

Management of Care

This contains the competencies that relate to the assessment of patients/clients, planning, implementation and the evaluation of care.

Enabling

This contains those competencies essential for establishing and sustaining the nurse/patient relationship. It integrates interpersonal and communication skills to ensure the provision of care. It also includes the ability to interact with other members of the health care team.

Domain: Professional and Ethical Practice

Competency Unit 1

Functions in accordance with legislation, policies and procedures affecting nursing practice.

Element 1.1

Demonstrates knowledge of legislation and common law pertinent to enrolled nursing practice.

Element 1.2

Demonstrates knowledge of organisational policies and procedures pertinent to enrolled nursing practice.

Element 1.3

Fulfils the duty of care in the course of enrolled nursing practice.

Element 1.4

Acts to ensure safe outcomes for individuals and groups by recognising and reporting the potential for harm.

Element 1.5

Reports practices that may breach legislation, policies and procedures relating to nursing practice to the appropriate person.

Competency Unit 2

Conducts nursing practice in a way that can be ethically justified.

Element 2.1

Acts in accordance with the nursing profession's codes.

Element 2.2

Demonstrates an understanding of the implications of these codes for enrolled nursing practice.

Domain: Professional and Ethical Practice

Competency Unit 3

Conducts nursing practice in a way that respects the rights of individuals and groups.

Element 3.1

Practises in accordance with organisational policies relevant to individual/group rights in the health care context.

Element 3.2

Demonstrates an understanding of the rights of individuals/groups in the health care setting.

Element 3.3

Liaises with others to ensure that the rights of individuals/groups are maintained.

Element 3.4

Demonstrates respect for the values, customs, spiritual beliefs and practices of individuals and groups.

Element 3.5

Liaises with others to ensure that the spiritual, emotional and cultural needs of individuals/groups are met.

Element 3.6

Contributes to the provision of relevant health care information to individuals and groups.

Competency Unit 4

Accepts accountability and responsibility for own actions within enrolled nursing practice

Element 4.1

Recognises own level of competence.

Element 4.2

Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unregulated care workers.

Element 4.3

Differentiates the responsibility and accountability of the registered nurse and enrolled nurse in the delegation of nursing care.

Domain: Critical Thinking and Analysis

Competency Unit 5

Demonstrates critical thinking in the conduct of enrolled nursing practice.

Element 5.1

Uses nursing standards to assess own performance.

Element 5.2

Recognises the need for and participates in continuing self/professional development.

Element 5.3

Recognises the need for care of self.

Domain: Management of Care

Competency Unit 6

Contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups.

Element 6.1

Accurately collects and reports data regarding the health and functional status of individuals and groups.

Element 6.2

Participates with the registered nurse and individuals and groups in identifying expected health care outcomes.

Element 6.3

Participates with the registered nurse in evaluation of progress of individuals and groups toward expected outcomes and reformulation of care plans.

Competency Unit 7

Manages nursing care of individuals and groups within the scope of enrolled nursing practice.

Element 7.1

Implements planned nursing care to achieve identified outcomes.

Element 7.2

Recognises and reports changes in the health and functional status of individuals/groups to the registered nurse.

Element 7.3

Ensures communication, reporting and documentation are timely and accurate.

Element 7.4

Organises workload to facilitate planned nursing care for individuals and groups.

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.

Element 8.1

Acts appropriately to enhance the safety of individuals and groups at all times.

Element 8.2

Establishes, maintains and concludes effective interpersonal communication.

Element 8.3

Applies appropriate strategies to promote the self esteem of individuals and groups.

Element 8.4

Acts appropriately to maintain the dignity and integrity of individuals and groups.

Competency Unit 9

Provides support and care to individuals and groups within the scope of enrolled nursing practice.

Element 9.1

Provides for the comfort needs of individuals and groups experiencing illness or dependence.

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.

Element 9.3

Contributes to the health education of individuals or groups to maintain and promote health.

Element 9.4

Communicates with individuals and groups to enable therapeutic outcomes.

Domain: Enabling

Competency Unit 10

Collaborates with members of the health care team to achieve effective health care outcomes.

Element 10.1

Demonstrates an understanding of the role of the enrolled nurse as a member of the health care team.

Element 10.2

Demonstrates an understanding of the role of members of the health care team in achieving health care outcomes.

Element 10.3

Establishes and maintains collaborative relationships with members of the health care team.

Element 10.4

Contributes to decision-making by members of the health care team.

Additional Information

Additional information in relation to the ANMC competency standards and registration and enrolment, can be obtained from the nurses' board or council in your state or territory.

A complete copy of the competency standards with domains, cues and glossary can be purchased from the Australian Nursing and Midwifery Council.



The logo for the Australian Nursing and Midwifery Council (ANMC) features the acronym 'ANMC' in large, light-colored letters. Below the acronym is a stylized, curved line representing a horizon or a smile. Underneath the curve, the full name 'AUSTRALIAN NURSING & MIDWIFERY COUNCIL' is written in a smaller, light-colored font.

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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.

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 through 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

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.



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)

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 midwife 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 health 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 practise. 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.

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.

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 and 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.

Glossary of Terms

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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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).

Australian College of Midwives Incorporated



CODE OF ETHICS

September 2001

**This Australian Code of Ethics
has been adapted from the
International Confederation of Midwives (ICM)
Code of Ethics, September 1995**

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Revised 2001 - to be Revised 2004

- 1 -

CODE OF ETHICS

INTRODUCTION

The aim of the Australian College of Midwives Incorporated (ACMI) is to maintain and improve the standard of care provided to women, babies and families throughout Australia through development, education and utilisation of appropriate knowledge and skills of the professional midwife. In keeping with its aims of women's health and focus on the midwife, this code acknowledges women as persons, seeks justice for all people, equity in access to health care, and is based on mutual relationships of respect, trust, and the dignity of all members of society.

THE CODE

I. THE PROFESSIONAL RESPONSIBILITIES OF MIDWIVES

- A. Midwives in their professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.
- B. Midwives respect and maintain confidentiality of client information in order to protect the client's right to privacy, and use professional judgement when sharing information necessary to achieve health care goals.
- C. Midwives are accountable for their decisions and actions related to outcomes of their care of women.
- D. Midwives may refuse to participate in activities for which they hold deep moral opposition: however the emphasis on individual conscience should not deprive women of essential health services or respect for her culture.
- E. Midwives participate in the development and implementation of health policies that promote the health of women and childbearing families.
- F. Midwives are accountable for the dissemination of unbiased, current information to promote informed choice by women.

II. PRACTICE OF MIDWIFERY

- A. Midwives provide care in partnership for women and childbearing families with respect for cultural diversity.
- B. Midwives encourage realistic expectations of childbirth by women within their own society.

- C. Midwives use their professional knowledge in collaboration with women ensuring that women are not harmed by conception, childbearing or birthing practises in all environments and cultures.
- D. Midwives respond to the psychological, physical, emotional and spiritual needs of women seeking health care, whatever their circumstances.
- E. Midwives actively seek spiritual, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice.

III. MIDWIFERY RELATIONSHIPS

- A. Midwives respect a woman's right to make an informed choice and acknowledge her choice and support her in that choice.
- B. Midwives encourage and support women in their right to participate actively in decisions about their care. Midwives empower women to speak for themselves on issues affecting the health and welfare of women and their families in their culture/society.
- C. Midwives, in partnership with women, work with policy and funding agencies to define women's needs for health services and to ensure that resources are allocated equitably considering priorities and availability.
- D. Midwives support and sustain each other in their professional roles, and actively nurture their own and others' sense of self worth.
- E. Midwives liaise with other health professionals as necessary to ensure that women's needs for care are met.
- F. Midwives recognise the human interdependence within their field of practice and actively promote co-operation and mutual understanding.

IV. ADVANCEMENT OF MIDWIFERY KNOWLEDGE AND PRACTICE

- A. Professional development encompasses a range of activities related to advancement of midwifery knowledge, is based on skills, evidence based practice and inquiry that protects the rights of women.
- B. Midwives are responsible for maintaining a core of professional knowledge, through reflection on current practices and the initiation of new research.
- C. Midwives implement quality standards of practice through processes such as peer review, continuous quality improvement and research.
- D. Midwives support and actively participate in the education of midwifery students and each other.

ETHICAL ANALYSIS OF THE CODE OF ETHICS FOR MIDWIVES

Introduction: Ethics codes are often a mix of universal principles and strongly held values specific to the “professional” group and its culture. The following is a brief analysis of the principles and concepts that form the basis for each of the statements of the ACMI Code of Ethics for Midwives:

I The Professional Responsibilities of Midwives

- A. Professional responsibility and accountability
- B. Confidentiality
- C. Midwife accountability
- D. Midwife conscience clause, autonomy of midwife, compassion for women
- E. Health policy development; to ensure justice and equity
- F. Promotes informed choice

II Practice of Midwifery

- A. Respect for others; promote best practice and equity
- B. Truth-telling, autonomy
- C. Safety, not harming, doing good
- D. Respect for human dignity, working in partnership with women, respecting cultural activities
- E. Health promotion; attain/maintain autonomy, doing good not harming, allocation of resources, professional development

III Midwifery Relationships

- A. Autonomy, acceptance and compassion for women
- B. Accountability, advocacy, autonomy
- C. Justice, equity
- D. Respect for human dignity and culture
- E. Competence, interdependence, safety not harming
- F. Respect for one another

IV Advancement of Midwifery Knowledge and Practice

- A. Protecting rights of women
- B. Accountability, safety, competence
- C. Accountability, competence
- D. Professional responsibility; enhancing competence of all professionals, doing good not harming

GLOSSARY OF TERMS FOR CODE OF ETHICS

Equity in access to Health Care (Introduction):

This implies fairness in the allocation of limited resources according to need. For example, vulnerable populations/groups could receive more attention to their health needs and availability of services than those who can access such services elsewhere.

Human interdependence (III.F.):

Since midwives work in relationships with women and others, and may not always agree, it is imperative that midwives seek to understand the reasons for the disagreements with clients or colleagues and work to resolve those conflicts that need to be resolved with mutual respect in order for ethical care to continue.

Individual conscience (I.D):

Thoughtful reflection and analysis of deeply held moral positions; in this context, the midwife can refuse to provide care only if someone else appropriate is available to provide the needed care.

Informed right of choice (III.A.):

“Informed” implies that complete information is given and understood by the woman, regarding the risks, benefits and probable outcomes of each choice available to her. “Partnership”: The relationship between the woman and midwife in which there is mutual recognition of the individual and shared responsibilities, open interactive communication, and sharing of all relevant information.

Professional (Introduction):

This term is used to recognise the concept that to be ethical is to be professional, to be unethical is to be unprofessional.

Professional knowledge (II.C):

This implies midwifery knowledge gained from research and formal and informal educational opportunities for competence of practice.

Professional responsibilities (I):

This refers to the broad ethical duties/obligations of the midwife that are not practice, education or research specific.

Related outcomes (I.C):

Midwives are responsible for the results of their own decisions and actions; they cannot be held responsible for outcomes over which they have no control (e.g. genetics). There may be situations in which the midwife is ordered by someone in power to practice in an unethical manner. The difficulty of this is appreciated, but the action remains unethical if the midwife chooses to follow such an order. The midwife must be aware of the risks in choosing not to follow such an order.

Rights of women (IV.A):

Human rights related to any research involvement includes privacy, respect, truth-telling, doing good and not harming, autonomy and informed consent.

Women as persons (Introduction):

This concept implies that women will be treated with respect for human dignity (not as objects), and that the ethical principles of truth-telling, privacy, autonomy and informed consent, doing good and not harming will direct any interaction between women and midwives.

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CODE OF PRACTICE FOR MIDWIVES



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CODE OF PRACTICE FOR MIDWIVES

1. INTRODUCTION

This Code has been developed by the Queensland Nursing Council in collaboration with consumers and the Australian College of Midwives Incorporated (ACMI) after extensive consultation with stakeholders. The *Code of Practice for Midwives*¹ provides guidance to midwives in any setting for their professional practice and informs consumers of expected standards for that practice.

Each midwives as a professional practitioner is accountable for their practice, and works within relevant legislation (see Appendix). The midwife's practice is also guided by the ACMI *Code of Ethics and Competency Standards for Midwives*.

2. DEFINITION OF A MIDWIFE

The formal definition of a midwife accepted internationally is as follows:

‘A midwife is a person who, having been regularly admitted to a midwifery education 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’²

The second part of the formal definition relating to care for which the midwife is educated and competent to provide is expanded in the section on Midwifery Practice.

To practise in Australia, a midwife must have a current licence/certificate.

3. MIDWIFERY PRACTICE

Midwifery care is woman centred, and occurs in an open and interactive environment in which the woman and the midwife negotiate a partnership to achieve the best possible health outcomes.

Midwifery practice enhances and promotes the normal process of childbirth while being flexible and responsive to change.

The midwife must recognise and respect the uniqueness and dignity of each woman, and respond to her need for care, irrespective of the woman's childbearing beliefs, values and expectations, life experiences, ethnic origin, religious beliefs, the nature of her health problem or any other factor.

¹ A copy of the *Code of Practice for Midwives* is available on the Internet: www.acmi.org.au

² As adopted by the International Confederation of Midwives, the International Federation of Gynaecologists and Obstetricians, in 1972 & 1973 respectively, and the World Health Organisation, in 1992

The scope of midwifery practice is that which a midwife is educated, authorised and competent to perform. The actual scope of practice of individual midwives is influenced by the settings in which they practise, the care needs of the woman and infant, the level of competence of the midwife and the policy requirements of the service provider. The midwife may practise in the home, hospital, birth centre, community or other care settings.

The midwife has the educational preparation and competence to:

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

All these activities are of equal importance in midwifery practice.

4. A MIDWIFE'S ACCOUNTABILITIES

As a midwife, you are professionally accountable to the Regulatory Board in the State/Territory in which you are registered, as well as having accountability at law to the birthing woman and your employer in the areas of negligence, contract and the law of defamation.

You must always act to promote and safeguard the interest and wellbeing of the woman and her infant and their needs must be the primary focus of your practice.

In practising as a midwife and to meet your duty of care you must:

- 4.1 inform the woman of her rights and responsibilities in the planning, provision, and evaluation of care and document these decisions;
- 4.2 obtain informed consent from the woman by providing her with all necessary information, and by discussing this with her in a way that enables her to make informed decisions about her care;
- 4.3 acknowledge spiritual and cultural diversity, and respect those of the woman with whom you have a professional relationship; also facilitate opportunities for discussion of her spiritual and cultural needs;

- 4.4 clearly state when your professional judgement is in conflict with the decisions or plans of the woman and discuss appropriate options; consult with colleagues in an effort to find mutually satisfying solutions, negotiate a referral strategy with the woman and health professional or agency, and document decisions and actions;
- 4.5 ensure that no action or omission on your part, or within your sphere of responsibility, is detrimental to the interests of the woman or her infant;
- 4.6 act within the scope of midwifery practice and ensure your level of competence meets the professional standard; this will be achieved by ongoing education, critical evaluation of your practice, and incorporation of current research evidence into your practice;
- 4.7 work in a collaborative and cooperative way with colleagues, health care professionals and those involved in providing care, and recognise and respect their particular contributions within the care team;
- 4.8 respect the privileged relationship with the woman including access allowed to her person, property, residence or workplace;
- 4.9 protect all confidential information concerning the woman obtained in the course of professional practice and make disclosures only with consent of the woman, or only when legally required to;
- 4.10 report to a relevant person or authority any circumstances in the environment of care which could jeopardise standards of practice or where appropriate care cannot be provided;
- 4.11 assist midwifery students and colleagues in the care team to develop their professional competence, and to practise to a standard appropriate to their roles;
- 4.12 maintain adequate, accurate, and contemporary records of practice, to include that documentation required under legislation, documentation of care given, response to care and evaluation of care;
- 4.13 ensure that adequate strategies are in the place for referral to a relevant health professional or agency as part of providing midwifery care, and in the event of potential or actual problems for the woman and her infant;
- 4.14 ensure that you have adequate professional indemnity insurance; and
- 4.15 be familiar with, understand, and adhere to current legislation and common law duties relevant to your practice.

5. GLOSSARY OF TERMS

Accountability

Midwives must be prepared to answer to others for decisions about their practice, including delegation decisions.

Common Law Duties

These are duties imposed upon a midwife by the Court system and include:

- a duty to use reasonable care and skill in your professional practice;

- a duty of confidentiality;
- a duty to act with good faith in dealing with your employer; and
- a duty to act in the best interest of your employer.

Duty of Care

Generally, members of society have a duty to take reasonable care not to injure fellow members of society. To fulfil this duty of care, a midwife must consistently demonstrate competent practice consistent with the standards acceptable to the whole profession. The midwife also has a professional duty of care to apply the knowledge and skills acquired through education and experience to provide safe and competent midwifery care.

Informed Consent

Decisions in health care ultimately rest with capable informed individuals in a context of shared decision-making with clinicians and family members. In the midwifery context, ‘informed consent’ should be understood as a process involving an ongoing exchange of information in which knowledge and clinical reasoning are shared between the midwife and the woman. An ethically valid consent process has four necessary conditions: a woman who is capable of giving consent; disclosure of information by the midwife in easily understood language; comprehension of the information by the woman; and voluntary consent freely given by the woman.

Partnership

Refers to a relationship between the woman and the midwife in which there is mutual recognition of individual and shared responsibilities, open interactive communication, and sharing of all relevant information.

Woman

Refers to the primary recipient of care and includes, where appropriate, the woman’s infant (born or unborn), and those she considers family.

Woman Centred

The woman is the focus of midwifery care, and with the midwife, it is she who identifies the priorities for care.

6. CONSUMER RESOURCES

Consumers' Health Forum of Australia

PO Box 170, Curtin, ACT, 2605

Tel..... 02 6281 0811

Fax..... 02 6281 0959

www.chf.org.au

Publications include: *Australian Health Consumer*

Australian Breastfeeding Association

National Office 07 3839 0088

State Breastfeeding Help Lines

ACT/Southern NSW 02 6258 8928

NSW 02 9639 8686

QLD 07 3844 8977

SA & NT 08 8411 0050

TAS 03 6223 2609

VIC 03 9885 0653

WA 08 9340 1200

www.breastfeeding.asn.au

Publications include: *Breastfeeding Review Journal*

SANDS (Stillbirth and Neonatal Death Support) Australia National Council Inc – (including miscarriage)

ACT Office 02 6287 4255

NSW Office 02 9721 0124

QLD Office 07 3254 3422

SA Office 08 8277 0304

TAS Office 03 9517 4470

VIC Office 03 9899 0217

WA Office 08 9474 3544

<http://www.sands.org.au/>

Publications include: *Saying goodbye before you've said hello*

Association for Improvement in the Maternity Services (AIMS)

www.aims.org.uk

Publications include: *AIMS Journal*

National Health and Medical Research Council (NHMRC)

GPO Box 9484, Canberra ACT 2601

Tel..... 02 6289 9184

Fax..... 02 6289 9197

www.health.gov.au/nhmrc

Publications include: *Homebirth guidelines for parents*

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

College House, 254-260 Albert St, East Melbourne Victoria 3002

Tel..... 03 9417 1699

Fax..... 03 9419 0672

www.ranzcog.edu.au/

Publications include: *ANZJOG (Australia and New Zealand Journal of Obstetrics and Gynaecology)*

Maternity Coalition

The Maternity Coalition, PO Box 1190, Blackburn North Vic 3130

Tel & Fax..... 03 8802 4491

www.maternitycoalition.org.au/

Publications include: *Birth Matters Journal*

7. APPENDIX

The Acts listed below are available on the Internet: www.legislation.qld.au

Adoption of Children Act 1964

Adoption of Children Regulation 1999

Anti Discrimination Act 1991

Child Protection Act 1999

Coroners Act 1958

Coroners Regulations 1998

Domestic Violence (Family Protection) Act 1989

Domestic Violence (Family Protection) Regulation 1993

Drugs Misuse Act 1986

Drugs Misuse Regulation 1987

Freedom of Information Act 1992

Health Act 1937

Health Regulation 1996

Health (Drugs and Poisons) Regulation 1996

Health Rights Commission Act 1991

Health Services Act 1991

Mental Health Act 1974

Mental Health Regulation 1985

Nursing Act 1992

Nursing By-law 1993

Registration of Births, Deaths and Marriages Act 1962

Registration of Births, Deaths and Marriages Regulation 1995

Workplace Health and Safety Act 1995

Workplace Health and Safety Regulation 1997

ACKNOWLEDGEMENT

Australian College of Midwives Incorporated (1998)
Competency Standards for Midwives. Melbourne: ACMI

Nurses' Board of Victoria (1998)
Code of Practice for Midwives in Victoria. Melbourne: NBV

Nursing Council of New Zealand (1998)
Code of Practice for Nurses and Midwives. Reprint February. Wellington: NCNZ

New Zealand College of Midwives (1993)
Midwives Handbook for Practice. Christchurch: NZCM

Queensland Nursing Council (1998)
Scope of Nursing Practice Decision Making Framework. Brisbane: QNC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1992)
Code of Professional Conduct. London: UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1998)
Midwives rules and code of practice. London: UKCC

GUIDELINES FOR MIDWIFERY PRACTICE

INTRODUCTION

The *Code of Practice for Midwives*, and the *Guidelines for Midwifery Practice* have been developed by the Queensland Nursing Council in collaboration with consumers and the Australian College Midwives Incorporated (ACMI), after extensive consultation with stakeholders.

The *Code of Practice for Midwives* sets out the minimum expected level of performance for midwifery practice and a midwife's accountabilities. The *Guidelines for Midwifery Practice*, to be read in conjunction with the *Code*, provides the additional information and practical scenarios.

The *Guidelines* document expands on the areas of: developing the care relationship, consent, confidentiality, referral and professional development. Included in the *Guidelines* are fictional case scenarios that could occur in practice. Midwifery strategies are outlined in the case scenarios. They are not intended to be all-inclusive, as the environment will influence individual decision-making. The case scenarios are designed to be educational, to assist professional judgement and to encourage reflection on practice.

Where appropriate, the relevant 'accountability' (A) from the *Code of Practice for Midwives* is identified (A) for cross-reference purposes with the *Code*.

MIDWIFERY CARE

Midwifery care is woman centred, and occurs in an open and interactive environment in which the woman and the midwife negotiate a partnership to achieve the best possible outcomes. It includes awareness of, and sensitivity to, the cultural needs of the woman. (A: 4.2; 4.3.)

Woman centred care involves:

- building a relationship of trust;
- ensuring the woman is a partner in the planning and provision of care; and
- creating an environment that is respectful of the woman's needs.

DEVELOPING THE MIDWIFERY CARE RELATIONSHIP/PARTNERSHIP

The first step in developing the care relationship is to facilitate open, interactive communication.

Good communication has three parts:

- (1) *the ability to listen*. When you actively listen to another person you are providing the opportunity for them to openly communicate;

- (2) *how you respond to the person.* Responding in easily understood language with information that is timely and useful, and presented clearly and honestly, enables informed decisions. Ensuring that the person has time to consider the information is important; and
- (3) *create an environment with privacy.* Interruption-free discussion and the appropriate physical surroundings enhance open communication.

The next step in the midwifery care relationship is to recognise the woman as a partner in the care experience. A partnership can be initiated at any time, but it will take time to develop and will need to respond to changing circumstances. A partnership implies an informed woman and an informed midwife.

(A 4.1; 4.2; 4.3; 4.4; 4.5; 4.6; 4.8; 4.14.)

In a partnership there are individual and shared responsibilities. The focus is informed, shared decision-making in which the woman and midwife work together for the best possible health outcomes.

Shared decision-making involves:

- identifying the ideas and information that the woman has in relation to her individual care needs;
 - responding to the woman's ideas, concerns, and expectations with the appropriate level of information, advice and support; and
 - developing and agreeing on a plan of care and involving others (partner, family, and other health care professionals) as appropriate.
- (A: 4.1; 4.2; 4.3; 4.5; 4.6; 4.7.)

CONSENT

Throughout the care relationship consent should be considered as an ongoing exchange of information in which clinical reasoning is shared with the woman. This continual exchange of information not only enhances trust and confidence but also upholds the legal principles underpinning health care interventions. (A: 4.1; 4.2; 4.4; 4.6.)

It is a legal requirement and the right of each woman to give consent prior to any midwifery procedure/intervention.³ Therefore, you must:

- obtain consent of the woman before you perform any procedure/intervention; and
- provide sufficient information for the woman to make an informed decision.

The midwife should confirm and take the necessary action so that the woman has the knowledge to make informed decisions.

In order for consent to be valid, four conditions must be met. These are:

1. Informed disclosure that includes:

³ Procedures/intervention encompasses a range of midwifery care actions including body touch, assessment technique, test, treatment and therapy for the woman and her infant

- the nature and purpose of the intervention in the context of the plan of care;
- intended effects and side effects, risks, harms and anticipated benefits of the intervention;
- reasonable alternative to the intervention including risks, harms and benefits; and
- likely outcomes if the intervention is not given.

2. Comprehension of the information requiring:

- information in language that is understood by the woman: this may involve the services of interpreters and/or leaflets; and
- adequate time for the woman to consider the information.

3. Consent needs to be voluntary, made without coercion, threat, fraud, bribe or misrepresentation of the nature or necessity of the intervention.

4. The woman has the capacity to give consent if she can:

- communicate her decisions;
- understand relevant information; and
- appreciate the situation and its consequences. (A 4.2; 4.15.)

If the woman has been given a drug that may affect her judgement, valid consent for a procedure/intervention may not be possible. In this situation, if possible:

- wait until the woman is able to make the competent judgement; and
- where possible, discuss the likelihood of a procedure/intervention at a relevant time (eg. end of antenatal period or early labour).

At anytime in the relationship the woman has the right to refuse or withdraw consent, and/or change her mind. Midwives need to respect such decisions.

In a situation where the woman's decision is in conflict with your professional judgement, as a midwife you should:

- clarify the situation with the woman;
- ensure the woman is fully informed;
- negotiate referral if appropriate;
- with the consent of the woman, consult with colleagues and/or other members of the health team; and
- document the discussion and decisions, and ask the woman to sign and date the entry and include your signature.
(A: 4.1; 4.2; 4.4; 4.5; 4.8; 4.13; 4.15.)

In emergency situations, where a procedure/intervention is necessary to preserve life and the woman cannot make a decision (eg. she is unconscious), the law allows you to provide treatment without the woman's consent, if you are acting in her best interests. Consult with colleagues and document all decisions.

SCENARIO

A woman attends a midwives' clinic for a regular antenatal visit at 36 weeks gestation. The midwife's clinical assessment confirms that the woman is hypertensive. In discussion, the midwife advises a visit to the consultant, and test. The woman insists she feels well and refuses all treatment. She believes this is an over-reaction and decides to make other arrangements.

How could the midwife respond?

Strategies:

- listen to the woman's 'story', draw her out on her feelings concerning care;
 - discuss the care guidelines for women in the midwives' clinic;
 - provide specific information on risks, harms and benefits of the procedure/intervention and negotiate options;
 - discuss the woman's support system and together, identify appropriate options;
 - inform other members of the team of the discussions;
 - provide appropriate information leaflets or other resources and ensure there is time for the woman to consider the information;
 - document all discussion and outcomes; and
 - if the woman still chooses to leave the midwives' clinic and make alternative arrangements, provide information on how she may contact the clinic or facility should she reconsider her decision or want to discuss the issues later: keep communication lines open for her.
- (A: 4.1; 4.2; 4.4; 4.5; 4.6; 4.7; 4.8; 4.12; 4.13)

CONFIDENTIALITY

To trust another person with private and personal information is significant. A woman has the right to believe that information given to a midwife will only be used for the purposes for which it was given, and that it will not be released to others without her permission. The obligation to maintain this confidentiality does not cease when the professional relationship ends, nor with the death of the woman or infant. (A: 4.8; 4.9.)

It is impractical to obtain consent from the woman every time information is needed to be shared with staff involved in the woman's care. What is important is that the woman understands the information may be made available to others involved in the provision of her care. However, the woman must know with whom the information will be shared, and should the woman request that certain information not be shared with others, she must know that her rights will be respected.

Maintaining confidentiality of information received as part of midwifery care extends to all written and oral communication. The principles of confidentiality applies to resources for education and training, research, audit and the handling and storing of records.

Educators are responsible for ensuring that students understand the importance of confidentiality and the need to follow local protocols for handling and storing records. Debriefing and case discussion should occur in a way that does not identify personal information.

As a midwife, if you breach your duty of confidentiality you may be liable for:

- a civil legal action for breach of contract, by the woman or your employer;
- charges of professional misconduct will be referred to the appropriate State Professional Conduct Committee;
- a civil legal action in negligence brought by the woman if harm is caused;
- a civil legal action in defamation brought by the woman or others, if the disclosure is defamatory; and
- disciplinary action by your employer

Your obligation to keep information confidential can be set aside in certain exceptional circumstances. These circumstances could include:

- with the consent of the woman;
- disclosure to other health professionals in the interest of the woman or infant;
- when disclosure is required by the court or legal proceedings without the consent of the woman; and
- disclosure with statutory justification such as:
 - notification of registration of birth or stillbirth;
 - infectious disease regulations; and
 - requirements under the Child Protection Act 1999 (A: 4.2; 4.7; 4.8; 4.9; 4.14; 4.15)

SCENARIO

A woman attends an antenatal clinic at a rural hospital. This is her third pregnancy. She has two girls aged 5 and 7 years. The midwife suspects that the partner is abusing the woman.

What could the midwife do?

Strategies:

- in a conversational manner ask the woman about her home situation/environment;
- if appropriate, offer general information about a range of resources and include the availability of a referral to appropriate person/agencies;
- respect the woman's right to decline assistance;
- maintain confidentiality of discussions and disclose information only with consent or when legally necessary; and
- discuss with colleagues the need for specific skills or other learning strategies to enhance knowledge and expertise of team members. (A: 4.1; 4.2; 4.6; 4.7; 4.8; 4.9; 4.11; 4.13; 4.15.)

WORKING TOGETHER – COLLABORATIVE AND PROFESSIONAL RESPONSIBILITIES

Health care is complex and occurs within an interdisciplinary team framework in which team members are valued for their knowledge and contribution. To be effective, care must be based on mutual understanding, trust, respect and cooperation.

Good teamwork is where members:

- question and challenge;
- nurture self confidence;
- engender confidence in others, enhancing their contribution;
- promote respect for, and trust in, other team members;
- promote effective communication; and
- operate in a positive and blame-free way. (A: 4.6; 4.7; 4.10; 4.11)

Good teamwork is hindered by:

- individual members of the team having their own specific and separate objectives;
- one member attempting to dominate without considering the opinions, knowledge and skills of other members; and
- inappropriate use of, or response to, hierarchical power.

In the collaborative care model there is no place for discrimination or harassment based on gender, age, race, disability, sexuality, culture or religious beliefs. Such conduct is unlawful. (A: 4.6; 4.7; 4.10; 4.11; 4.14)

SCENARIO

A midwife is caring for a woman in a busy birthing unit. In conversation the woman shares her feeling about childbirth, and how keen she is to have a normal vaginal birth. The woman has been in second stage labour for just over 2 hours. The midwife's assessment is that maternal and fetal parameters are within normal limits but progress is slow. The midwife requests a review by the midwife leading the team. The team leader then advises the woman that a doctor's assessment is required, a caesarean section is highly likely and they should not wait any longer.

What care strategies are important in this situation?

Strategies:

- maintain accurate and detailed clinical documentation throughout labour;
- give continuous support to the woman;
- undertake regular maternal and fetal monitoring and assessment of progress;
- share information with the woman and the health care team at regular intervals;
- consult with the team leader midwife and the doctor as required by local protocols;
- in collaboration with the woman, initiate clinical measures to encourage progress;
- discuss other clinical options with the woman to enable informed decision-making;
- support the woman's right to disagree with advice and attempt to negotiate a compromise;
- if the woman is to be transferred, remain with her for as long as possible;
- ensure adequate and appropriate referral documentation is completed and available; and
- review care protocols and collaborative strategies at an appropriate time. (A: 4.1; 4.2; 4.4; 4.5; 4.6; 4.7; 4.11; 4.12; 4.13.)

REFERRAL

In midwifery practice, referral for an opinion and/or action may be required. Irrespective of the choice of health service, midwife or birth place, each midwife has the responsibility to set in place and utilise strategies for consultation and collaboration. On initial contact with the woman, the midwife should provide details of collaborative network and referral strategies and discuss the woman's views and expectations. (A: 4.1; 4.2; 4.3; 4.4; 4.5; 4.6; 4.7; 4.12; 4.13; 4.14.)

Referral may be made:

- at the woman's request;
- in the midwife's professional judgement; and/or
- by mutual agreement.

Referral may be made to:

- other midwives;
- medical practitioners;
- allied health professionals;
- hospitals and health services;
- consumer and voluntary groups; and
- social services.

If the need for a referral arises:

- discuss with the woman options for her care;
- facilitate opportunities for the woman to make an informed decision;
- document outcomes or negotiations;
- collaborate with the appropriate health professional or agency;
- ensure adequate and appropriate referral documentation is completed and available; and
- facilitate access to the chosen option.

For the woman, referral from the primary health carer to another health professional or facility may be a time of considerable anxiety. Consequently, every effort must be made to facilitate this transfer and settling-in process. Open discussion by all involved and provision of proper documentation will ensure continuing optimum care. (A: 4.1; 4.2; 4.3; 4.4; 4.5; 4.6; 4.7; 4.12; 4.13.)

Midwives with admitting and/or clinical privileges at the referral facility should follow the contractual arrangement in place.

The appropriate staff member at the referral facility should advise the referring midwife about the outcome or ongoing care of the woman.

If the woman does not accept your advice, continue to give the best care you can. With the consent of the woman, communicate with and, as necessary, seek support from other health professionals and maintain accurate contemporaneous documentation of events and actions. (A: 4.5; 4.7; 4.12; 4.14; 4.15.)

SCENARIO

A woman arranges for a midwife-attended home birth for her second child and elects not to book into a hospital. The labour progresses well and the woman calls the midwife in first stage. The midwife and the woman's partner and support person are then present. Following the birth, the infant requires resuscitation (suction and oxygen), responds, and the mother cuddles her newborn baby. The midwife then notices heavy maternal blood loss and has difficulty removing the placenta. The blood loss continues and there are signs of maternal shock. The midwife asks the support person to telephone an ambulance and it takes longer than expected to arrive. On transfer to the hospital, the admitting team seems abrupt and abrasive towards the midwife and the woman.

What care strategies are important in this situation?

Strategies:

- discuss early in the antenatal relationship, the benefits of having another person to assist at the birth in the event of an emergency for the woman and/or infant;
- negotiate a care plan that includes a booking at an appropriate health facility and discuss the benefits of this arrangement;
- establish and maintain competence for practice in this care setting (eg. resuscitation);
- ensure equipment, including suction and oxygen, is maintained and ready for use;
- ensure the woman had oxytocic prescribed, dispensed and available at the birth;
- establish, in the antenatal period, an Ambulance Service relationship;
- negotiate and arrange in advance a transfer strategy/protocol;
- work cooperatively with other professionals to ensure continuing care in a climate of mutual respect. (A:4.1; 4.2; 4.4; 4.5; 4.6; 4.7; 4.12; 4.13; 4.14; 4.15)

REPORTING AND DOCUMENTATION

Clear and accurate oral and written reports and maintenance of records are part of a professional practice. In addition, all reports and documentation relating to midwifery care are subject to the principles of confidentiality (p.4-5) and may also be used in court to support a legal action. In midwifery practice, well-written reports and contemporary detailed records are mandatory. (A: 4.12)

Principles of Report Writing

- update reports as close to the 'event' as practical;
- be accurate and complete with notations;
- record data objectively;
- write legibly, minimise abbreviations, and date and sign each entry;
- rule neatly through a mistake (so it is still visible), write the correction at the time of the mistake, and initial and date both records;
- do not re-write a report at a later date;

- do not transcribe information from one document to another, as this increases the risk of documentation error; and
- do not record for another person, unless you are in an emergency situation where you are the designated recorder.

Midwives' Record keeping

- review and update records at each professional contact with the woman;
- file reports appropriately;
- with the consent of the woman, make records accessible and available to relevant and appropriate persons;
- ensure confidentiality;
- comply with legal obligations for birth and death notification; and
- record accurate perinatal data (A: 4.9; A.12; 4.15)

It is recommended that records made in professional midwifery relationships be stored safely, where others cannot access them, for a minimum period of 25 years. Where entries are made electronically, it is important that you do not reveal your identification access code to anyone.

Organisations employing midwives are the legal owners of case records and they have a responsibility to maintain confidentiality. The woman's access to records will depend on the organisation's protocols. Midwives in private practice must ensure confidentiality of case records. (A: 4.5; 4.12; 4.15.)

PROFESSIONAL DEVELOPMENT

Women place their trust in midwives. They need to know that appropriately educated and skilled midwives are providing their care and treatment. This requires midwives to be responsible for their ongoing professional learning needs and development.

Professional development encompasses a range of activities including the sharing of knowledge, and skills of inquiry and analysis. It depends on an effective learning environment in which individuals and teams are able to develop professional knowledge and practice for better health outcomes.

Professional development involves:

- identifying learning supports – mentors, preceptors, peer support groups;
- critically reviewing your practice, identifying your strengths and learning needs, and undertaking relevant education activities for the necessary contemporary knowledge and skills;
- initiating and/or being involved in individual and team review of clinical practice;
- reading critically and evaluating practice in relation to research evidence;
- receiving feedback from women utilising your midwifery care;
- active involvement in clinical teaching of midwifery students and other team members;
- attending relevant study days, workshops, seminars and conferences;
- supporting and/or participating in midwifery research; and

- developing and maintaining a professional portfolio of evidence of competence and achievement, ongoing education, and related skills. (A: 4.5; 4.6; 4.7; 4.11.)

SCENARIO

Beth (an experienced midwife) and Nicole (a new graduate) are on night duty in the postnatal ward. The ward has a breastfeeding policy based on the Ten Steps to Successful Breastfeeding. Several times through the night breastfeeding assistance is given to one of the mothers but her baby remains unsettled. The woman, upset and tearful, says she is very tired and wants to have a sleep. Beth offers to take the baby to the nursery. There, she ask Nicole to give the baby a small artificial milk feed.

What options are available to Nicole?

Strategies:

- review the baby's feeding history and physiological status, and see if the mother had given previous permission for artificial milk feeds;
- discuss with Beth her reasons for wanting the baby to have an artificial milk feed;
- identify and discuss other options for settling the baby that are supportive of the *Ten Steps to Successful Breastfeeding*;
- offer to initiate clinical strategies to soothe the baby;
- discuss with Beth her support for ward policy, and the stipulation to obtain valid consent for artificial milk feeds;
- share her concern about giving the baby artificial milk, make it clear that she is unable to comply and negotiate an appropriate alternative option.
- at the next breastfeed, observe the interaction between the mother and her baby and utilise strategies that promote the mother's confidence in caring for her baby;
- discuss with her mentor or the ward Clinical Nurse Consultant (or other appropriate person), her understanding of the ward policy and ask that Beth be involved in collaborative discussion on the issue; and
- at an appropriate time, suggest or initiate a ward discussion, seminar, or study day on current research on breastfeeding. (A: 4.5; 4.6; 4.7; 4.11)

As a midwife, you are encourage to report any concerns or incidents that jeopardise care standards in your work environment. Make your report in accordance with your work environment protocols. It is reasonable to expect feedback relating to any concern or incident. (A: 4.5; 4.7; 4.10)

CONCLUSION

In the *Guidelines for Midwifery practice* we have offered some information and ideas to assist your practice. While it is not possible to discuss all practice issues, we have focused on some important areas identified in the *Code of Practice for Midwives*. We anticipate that you will reflect on the information and scenario strategies and use them as a springboard for discussion in your practice area. Health care occurs in a dynamic environment and new information is always becoming available. The *Guidelines for Midwifery Practice* will be subject to formal review in the future and you will be invited to make suggestions.

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In developing this booklet many resources were accessed. A list of those resources is available on request.

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