



N³ET Position Statement

A National Professional Practice Framework

An alternative to a National Decision Making Framework

July 2006

*The N³ET supports the development of a **national professional practice framework** that is principle based, draws together regulatory, sectoral and professional standards, and promotes a flexible workforce structure and work organisation. A national professional practice framework would support nurses and midwives in exercising professional judgement about their practice on a day-to-day basis as well as supporting the planning and implementation of practice change to meet the evolving needs of the Australian population into the future.*

Decision making frameworks(DMF) or tools may form one part of a professional practice framework. Where this is the case, they should be based on nationally agreed principles that situate nursing and midwifery practice in the broader health workforce context and are mindful of national directions in regulation, health workforce planning and health service delivery. The role of DMFs needs to be critically examined to determine their ongoing utility in the current and future context and to ensure they are not used to impose an additional layer of policy and regulation.

N³ET position on Decision Making Frameworks

The National Nursing and Nursing Education Taskforce (N³ET) mandate is to drive reform to position nursing and midwifery for the future. This involves challenging conventions and traditional ways of thinking about professional practice, regulation, and the role of nurses and midwives in the delivery of health services. At this juncture, the nursing and midwifery professions have a timely opportunity to take stock of what it means to provide professional health service in a dynamic and changing environment. Developing a comprehensive, integrated and rational approach to practice regulation that fits with the national objective of developing an flexible and responsive health workforce is critical. It is N³ET's position that decision-making frameworks in their current shape go only part way to serving this purpose. The N³ET concerns about current DMFs include that:

- DMFs focus on what a nurse or midwife can do within existing regulatory constraints. However, professional practice is continually evolving from the point of entry to the profession and it is the professional's obligation to always practice safely and competently. There is also a professional responsibility to review, improve and grow the practice domain as the needs of the health system and health consumers change.
- DMFs have in some cases, added an additional layer to what is already a confusing and complicated stratification of local and national regulation. This is despite high-level policy direction¹ that as a nation we need to develop a coordinated and integrated approach to workforce planning and practice for the whole of the health workforce, including moving towards a unified framework for regulating health practitioners.

In this context addressing professional regulation, does not infer decreasing or diminishing the protection afforded by professional regulation, but it does mean reviewing and rationalising regulation to ensure it is warranted and in the public interest. It also means developing uniform, fair and transparent standards and approaches to professional regulation. In this context DMFs need to clearly articulate the standing of and links between various regulatory and advisory instruments and articulate the role DMFs play in the regulatory framework.

- N³ET acknowledges that there is widespread confusion and misunderstanding about what nurses and midwives can or cannot, or might be able to do in their practice, and that DMFs provide one tool for working through the issues. However, DMFs to date have not provided for greater consistency in the regulation of nursing and midwifery practice across Australia.
- DMFs have become increasingly complex and complicated over time, despite a clear message what nurses and midwives are seeking is simple, principle-based guidance.

N³ET is aware that when the first DMF was introduced in Queensland (see key dates), it was widely hailed as a permissive approach to *determining* the scope of nursing practice and a progressive step away from restrictive approaches based on stating the boundaries or limits of practice. N³ET commends the elegant wording that articulates the scope of nursing and midwifery practice simply as:

¹ National directions for the health workforce are outlined in the Australian Health Ministers' National Health Workforce Strategic Framework (2002), which was endorsed by the [Council of Australian Governments](#) (COAG) in February 2006, The Productivity Commission report on the [Australia's Health Workforce](#) (2006) and the COAG response (2006) to this report.



...that which nurses and midwives are educated, competent and authorised to perform. The actual scope of an individual nurse's or midwife's practice is influenced by the context in which they practice, clients' health needs, level of competence, education and qualifications of the individual nurse or midwife, and service providers' policies "(QNC, 2005).

N³ET considers that where DMFs are in place, they need to be simple, clear and based on nationally accepted principles, such as those developed by N³ET and outlined in Appendix 1, so that the community and the professions have confidence that nurses and midwives are suitably qualified, authorised, competent and supported to safely provide nursing and midwifery services.

- N³ET supports the ongoing preparation of nurses and midwives in higher education sector with the expectation that educational programs prepare nurses and midwives with the knowledge, skills and cognitive ability to exercise professional judgement in practice and in decisions about professional development. However, N³ET is concerned that current DMFs may send a message that undermines the portrayal of nurses and midwives in the public arena as knowledgeable, skilled and highly educated health professionals. The concern is that DMFs imply that detailed guidance and algorithms are needed to assist nurses and midwives to make even simple decisions about their practice. No other health profession in Australia has identified the need to provide such explicit (but complicated) guidance about what is essentially viewed as the exercise of professional judgement.
- N³ET recognizes that DMFs serve particular purposes in certain jurisdictions; for example, in Queensland (QLD) and South Australia (SA) where the legislation requires the regulatory authority to determine, describe or define the scope of nursing practice. In Western Australia, the legislation specifies that nursing care cannot be delegated to a person who is not a nurse, making it imperative to have a mechanism to determine what is uniquely nursing, as apposed to what might be considered shared skills sets, roles or practice capability. The NBWA DMF, which incorporates policy and guidance about delegation, has been used to assist nurses to make these decisions. A national or unified approach to DMFs, as proposed in the Australian Nursing and Midwifery Council (ANMC) project to develop a *National Framework for Decision Making by Nurses and Midwives about Scopes of Practice*², needs to accommodate varying jurisdictional legislative requirements and provide for customisation.
- As with many issues in nursing and midwifery, a lack of a national direction has resulted in different approaches to DMFs. N³ET's view is that national consistency in this matter is important. With respect to the work being progressed by the ANMC, however, N³ET's concern is that, in its current form, a single National Decision Making Framework (or tool) for adoption by the jurisdictions is problematic. N³ET has participated on the Project Management Committee (PMC) for the ANMC DMF project from July 2005 to June 2006 and has consistently maintained that the scope and purpose of the ANMC project are not clear, and there is a risk that the project outcomes (stated in the original project brief) will not be acceptable to the broader stakeholder base.
- N³ET considers that achieving agreement on **national principles** for DMF, rather than trying to agree on a single DMF, is most likely to bring success and acceptance by all stakeholders. The N³ET has identified **10 principles** (attachment 1) it believes are central to all DMF for nurses and midwives, irrespective of where they are developed. These national principles have been provided to the ANMC for consideration in the DMF project.
- N³ET is also concerned that the project has not adequately considered current national workforce and regulation directions and how other professions including health professions, manage regulation of professional practice. Further, the N³ET's view is that the project is at risk of being used to state, conflate or enforce regulatory policies on other matters such as delegation, to advance the professional interests of particular groups or to unnecessarily restrict the practice of other health workers/professionals. For example, the draft documents reveal a persistent focus on delegation, as a **core** construct for making decisions about scopes of practice that is not considered appropriate. Furthermore, the draft documents are too complex, lengthy, ambiguous or confusing.
- Based on all these concerns (above), the N³ET is not sufficiently confident that the ANMC DMF project outcomes will find a high level of broad stakeholder acceptance, or be consistent with the N³ET endeavor to position nurses and midwives for the future, to reform regulation, and to build a flexible and responsive workforce. The N³ET has as a consequence withdrawn from the ANMC-led process for this project at the June 30, 2006 PMC meeting.

² More information about the ANMC project is available from <http://www.anmc.org.au/?event=-1&query=website/Research%20and%20Policy/National%20Projects/Decision%20Making%20Framework>



- At a more fundamental level, the N³ET has concerns that in the current context there is considerable tension around whether a national DMF is still needed, or how indeed DMFs (per se) contribute to the regulation of professional practice. Given the current national context and policy directions, the N³ET position is that it would be timely for the ANMC to hold the DMF project in abeyance, to enable considered review of the project methodology, objectives, deliverables and directions in the current context. N³ET considers that this would create a space for nursing and midwifery leaders and other stakeholders to debate the utility of DMFs for making decisions about practice in the future; to look beyond nursing and midwifery to understand how other professions manage the issues around changing practice capability and to determine whether there are indeed other devices or constructs, such as a professional practice framework, that might meet the regulators' requirements with respect to scope of practice, while also providing for workforce planning and capability development in a way that promotes the integrity of the nursing and midwifery professions.

N³ET position on a professional practice framework

- In a changing context, it is counterproductive to describe the limits of nursing and midwifery practice, as they exist today. The question to ponder should not be "what can nurses or midwives do (or not do)?" Instead it should be "how can we utilise the potential of nurses and midwives within the health system?" - "What needs to be in place to enable and sustain safe and competent practice by nurses and midwives, whatever that practice may be?" A professional practice framework will promote this consideration.
- There are many professional, sectoral and regulatory factors that need to be considered when professionals develop new roles or change practice capability. There would be benefit in exploring the construct of **a "framework for professional practice"** as an alternative to a national DMF. A professional practice framework would provide a comprehensive map of the determinants of professional practice, and include such elements as:
 - Legislation and statutory regulation
 - Professional standards (international and national, including codes and guidelines, competency standards, *decision-making tools*, professional practice audits and educational or qualifications)
 - Industry standards that might apply to all health professionals (eg. ASA standards)
 - Risks management frameworks (local, state or national)
 - Capacity of the environment to support safer practice, (eg. organizational infrastructure and resources, policies and procedures, credentialing, performance management, quality and safety frameworks and risk management)
 - Industrial agreements, workplace and interprofessional relations
 - Indemnification
 - Government policy and workforce directions (eg. Funding policy)
 - Client and industry need
 - Professional development aspirations.
- This type of framework would make explicit the standing of these elements as either mandatory or as advisory guidance and the linkages between them. For the nursing and midwifery disciplines, a professional practice framework incorporating these elements might also provide a mechanism for integrating and rationalizing the layers of regulation of professional practice that proliferate and are duplicated at both state and national levels. Such a framework might also enable alignment and rationalization of the standards and regulations applied to all regulated health professions and might promote interprofessional collaboration in development of standards that balance the reasonable expectation of the community and the aspirations of the profession. Importantly, a professional practice framework would provide for structured consideration, planning and implementation of new practice roles and capability so that practice is enabled and sustained over time.
- N³ET believes that resolving the DMF dilemma and developing a more rational approach to the regulation of nursing and midwifery practice is a critical issue and one that requires broad national debate. This debate should be led by leaders in nursing and midwifery, and involve the state and territory Chief Nurses, the regulatory authorities, higher education and vocational education and training sectors, along with health service providers, professional and industrial organisations governments, AHMAC's Health Workforce Principal Committee (and other relevant workgroups) and health consumer groups. A national dialogue will promote thorough examination of the issues and implications DMFs and exploration of the possibilities posed by a professional practice framework.



Key Dates in history of decision making frameworks in Australia.

1998	Queensland Nursing Council (QNC) Scope of Nursing Practice Decision Making Framework policy released.
2001	Queensland Nursing Council (QNC) Scope of Practice Decision Making Framework (DMF) introduced.
2002	National Review of Nursing Education (2002) Our Duty of Care Report recommends "... a nationally consistent framework should be developed that allows all nurses (and midwives) to work with a professional scope of practice..."(p. 118). Meeting of State and Territory Chief Nurses, nursing and midwifery regulatory authorities (RAs), and Commonwealth Minister for Ageing supports implementation DMFs. Nurse Board Western Australia resolves to implement the Scope of Nursing Practice Decision-Making Framework (DMF) within Western Australia and begins pilots.
2003	Health Ministers refer Recommendation 4, The National Review of Nursing Education to the National Nursing and Nursing Education Taskforce (N ³ ET).
2005	Nursing and Nursing Education Taskforce Scopes of Practice Commentary Paper released. N ³ ET Scope of Practice Symposium – participants support nationally consistent approach to decision making as priority action area. (N ³ ET Blueprint for National Action ³) Revised QNC DMF released. Report Of The Scope Of Nursing Practice Project Implementation (Phase 2) May 2005, Western Australia. Australian Nursing and Midwifery Council (ANMC) commence project to develop a National Decision Making Framework. Guidelines: Determining Scope of Nursing and Midwifery Practice Discussion paper released by Nurses Board of Victoria.
2006	Nurse Board Tasmania Scope of Practice Decision Making Framework by-law enacted. Nurse Board South Australia launches Scope of Practice Decision Making Tool. Nurse Board South Australia commences project to develop "Enrolled Nurse Scope of Practice Framework" N ³ ET Position Statement <i>A National Professional Practice Framework: An alternative to a National Decision Making Framework</i> July

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³ Blueprint for National Action www.nnnet.gov.au



N³ET
National Decision
Making Framework
Principles
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The purpose of the **National DMF Principles** is to bring consistency across the jurisdictions where DMF are used by regulators and identify the common principles that are agreed as the foundation of State/Territory DMF. It recognises that local DMF frameworks may be developed and/or customised by regulators in accordance with State/Territory statutes or other local need. Through **National DMF Principles**, health consumers, regulators, governments, employers, professional groups, and workforce planners can be confident that nurse and midwives, irrespective of their category of registration or where they practice, are legally authorised and have the knowledge and skills to safely and competently provide care and services within their remit.

National Principles for Decision Making Frameworks (DMF)

- Principle 1** DMF have as their principal function to guide individual nurses and midwives making decisions about **their own** practice on a daily basis, and to change their practice over time.
- DMF operate at a second level to facilitate structured and considered planning, negotiation and implementation of practice change for individuals or groups of nurses and midwives to meet the needs of health consumers and the health industry.
- Principle 2** DMF acknowledge that the primary motivation for practice change must be the best interests of the patient/client and the promotion/maintenance of the best quality health service for the population. DMF therefore, are consistent with National Competition Policy in that regulation is for the protection of the public and not the protection of the professions.
- Principle 3** DMF recognise all the domains of nursing and midwifery practice, including clinical and non-clinical practice and the range of settings in which nurses and midwives operate and reflect these in an inclusive manner.
- Principle 4** DMF recognise that practice for all health workers is continually evolving from the point of entry to practice. DMF acknowledge that practice may change through negotiation of professional boundaries with other professional groups or employers, through delegation or through evolution ie. the emergence of new practice areas or the need to develop new practice capability.
- Principle 5** DMF use a principle based, rather than prescriptive approach, with a clear focus on enabling changes to nursing and midwifery practice rather than unduly restricting or prescribing limitations. In this way, DMF promote diversity, flexibility and responsiveness in the nursing and midwifery workforce.
- Principle 6** DMF recognise and reflect a national whole-of-health workforce perspective and as such they both align with **National Health Workforce Strategic Framework** and continually draw on current national workforce developments, data and methodology.⁴
- Principle 7** DMF contribute to safety and quality in practice optimally when they are considered as part of a comprehensive approach to managing the risks associated with professional practice at the organisational level that includes risk management, quality management and performance management.
- Principle 8** DMF prompt structured consideration of the agreed determinates of practice, namely:
- Legislated authority or restrictions to practice; Knowledge skills and competence to practice and Contextual/organisation support for practice**
- Customisation at the local level can include incorporating questions or algorithms to assist the user to make decisions⁵ in these areas.
- Principle 9** DMF effectively support decisions about practice when they are concise, clear and easy to understand, reflecting the realities of contemporary practice settings where nurses and midwives require accessible decision support tools.
- Principle 10** DMF that are part of a regulatory framework are subject to periodic review and re-validation to ensure they meet the demands of changing regulatory and healthcare context. When part of a regulatory framework explicit and transparent advice regarding the role of the DMF in circumstances where the nurse or midwife is called to account for their practice is available.

These DMF Principles may also have application to other frameworks or tools to assist nurses and midwives in making decision on other professional practice matters. This document is not a decision-making framework and does not provide a process or rules for making decisions about practice, nor does it articulate what is and is not part of a nurse or midwife's practice. Instead this document provides principles to guide the development of DMF by all States and Territories.

⁴ Including the AHWOC Health Workforce Impact Checklist and Guidelines.

⁵ . For example the questions on p.17 of the nbsa A scope of practice decision making tool (2006) are simple and clear.