

# Scope of Nursing and Midwifery Practice Framework



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board of Ireland

## **Nursing and Midwifery Board of Ireland (NMBI)**

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory body which regulates the nursing and midwifery professions in Ireland.

We protect the public by supporting nurses and midwives to maintain standards of professional practice. For more information about NMBI and its functions, visit our website [www.NMBI.ie](http://www.NMBI.ie)

## **Glossary**

A glossary of the terms used in this document, and others produced by NMBI, is published on our website, [www.NMBI.ie](http://www.NMBI.ie)

Scope of Nursing and Midwifery Practice Framework 2015 comes into effect 1 October 2015. This document replaces the Scope of Nursing and Midwifery Practice Framework 2000.

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# Introduction

The Nursing and Midwifery Board of Ireland (NMBI) is the statutory regulatory body for nurses and midwives in Ireland. Our role is to protect the health and safety of the public, by setting standards, ensuring that nurses and midwives are competent to practise. Our functions are defined in the Nurses and Midwives Act, 2011 (Government of Ireland 2011).

'Scope of practice' is a concept that several professions use in the context of professional regulation. The scope of practice sets out the procedures, actions and processes that the registered or licensed professional is allowed to perform. The individual practitioner's scope of practice is determined by a range of factors that gives them the authority to perform a particular role or task.

Scope of practice for nurses and midwives in Ireland is determined by legislation, European Union (EU) directives, international developments, social policy, national and local guidelines, education and the individual practitioner's levels of competence.

The purpose of the Scope of Nursing and Midwifery Practice Framework (the Framework) is to provide nurses and midwives with professional guidance and support on matters relating to the scope of their clinical practice. It incorporates a flowchart to help nurses and midwives to define and make decisions about their own scope of practice.

**Scope of Practice:** the range of roles, functions, responsibilities and activities which a registered nurse or registered midwife is educated, competent and has authority to perform.

Since the first Scope of Nursing and Midwifery Practice Framework was published in 2000 (An Bord Altranais), there have been many changes and developments in the Irish health service and in nursing and midwifery roles. These include changes in systems of care provision, reforms in professional education and expansion of the scope of nursing and midwifery practice roles. For example, patients can choose to have midwife-led care – where the midwife is the lead professional looking after the patient rather than playing a supporting role to a doctor. Nurse and midwife prescribing is another example of a relatively recent and significant change in the scope of practice.

Nursing and midwifery professions have a social mandate to provide distinctive services. So it is appropriate that nursing and midwifery practice should respond to the ever-changing needs of the population and the health service. Nurses and midwives are, therefore, required to be proactive in identifying areas where an expansion in their scope of practice would lead to improvements in patient outcomes and in the quality and range of available services (Health Service Executive 2012). Nurses and midwives

are generally willing to expand their scope of practice and see it as resulting in improved patient care, enhancement in overall quality of standards and increased job satisfaction (Fealy et al. 2014). To support role expansion, managers, employers and organisations have a responsibility to put appropriate policies, procedures, protocols and guidelines in place (PPPGs).

This Framework provides guidance to all nurses and midwives in determining their roles and responsibilities in relation to the provision of safe, quality patient care. It encourages nurses and midwives to critically examine their scope of practice and expand it, where appropriate.

The Framework fulfils several functions in that it:

- acts as a framework to underpin decision-making related to nurses' and midwives' everyday practice;
- helps nurses and midwives to identify professional development needs;
- provides a basis for the expansion of nursing and midwifery roles; and
- encourages reflective practice to improve learning and the provision of safe, quality patient care.

As an enabling framework, it also emphasises nurses' and midwives' individual accountability in making decisions about their roles and responsibilities and is, therefore, an empowering resource for practitioners.

Decisions about a nurse's and midwife's scope of practice are complex. A number of important determining factors need to be considered. These include:

- core definitions and values that underpin nursing and midwifery practice,
- levels of competence,
- channels of responsibility and accountability, and
- the supports and resources available.

Every nurse and midwife is responsible and accountable for making decisions about their own scope of practice. Factors such as the practice setting and collaborative practice can influence a nurse's or midwife's scope of practice, and have been considered in this Framework. The Framework document provides a definition of the scope of nursing and midwifery practice and outlines values that should underpin practice.

The Framework also discusses key factors that nurses and midwives need to consider when making decisions about their own scope of practice. The document further outlines the principles that should guide nurses and midwives in reviewing and expanding their scope of practice. For guidance, we have included in this document a flowchart of the decision-making process together with relevant references and resources that may be used to direct and guide professional practice.

The Framework should be read in conjunction with the latest version of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014) and other guidance and standards documents published by the NMBI.

## Definition of the Scope of Nursing Practice

A registered nurse is a person who:

- has successfully completed a recognised and approved nursing education programme in the country where the qualification was achieved;
- has acquired the necessary requirements to be registered to practise nursing in this jurisdiction and use the title 'registered nurse'; and
- demonstrates and maintains competency in the practice of nursing.

This definition provides the basis for the following definition of the scope of nursing practice.

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

Nursing practice is underpinned by values that guide the way in which nursing care is provided. The Nursing and Midwifery Board of Ireland considers that the following values should underpin nursing practice and provide the basis for the formulation of a philosophy of nursing:

1. In making decisions about their individual scope of practice, nurses should keep to the fore the rights, needs and overall benefit to the patient and the importance of promoting and maintaining the highest standards of quality in the health services.

2. Nurses respect all people equally without discriminating on the grounds of age, gender, race, ethnicity, religion, civil status, family status, sexual orientation, disability (physical, mental or intellectual), or membership of the Traveller community.
3. Fundamental to nursing practice is the therapeutic relationship between the nurse and the patient that is based on open communication, trust, understanding, compassion and kindness, and serves to empower the patient to make life choices.
4. Nursing practice involves advocacy for the rights of the individual patient and for their family. It also involves advocacy on behalf of nursing practice in organisational and management structures within nursing.
5. Nurses recognise their role in delegating care appropriately and providing supervision to junior colleagues and other healthcare workers, where required.
6. Nursing care combines art and science. Nursing care is holistic in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of patients, and is based upon the best available research and experiential evidence.
7. Nursing practice must always be based on the principles of professional conduct stated in the latest edition of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014).

An individual nurse's scope of practice is dynamic – that is, it will change and grow as they progress in their career.

The scope of practice of the individual nurse is influenced by a number of factors including:

- the nurse's educational preparation, professional practice and competence;
- local, national and international guidelines, policies and evidence;
- the practice setting;
- collaborative practice;
- other factors, such as patient safety, patient needs and care outcomes.

# Definition of the Scope of Midwifery Practice

'Cnáimhseachas' refers to the modern Irish term for midwifery. Historically in Ireland, 'an Bhean Ghlúine' was the midwife. The many-layered meaning of the word 'glún' includes depicting the midwife with the woman, both on their knees, one birthing and one supporting. Glún means 'knee' in this sense. It also carries the meaning of 'generations' – hence 'ó ghlúin go glúin', 'from generation to generation'. The English word 'midwife' means 'with woman'.

A registered midwife is a person who:

- has successfully completed a recognised and approved midwifery education programme in the country where the qualification was achieved;
- has acquired the necessary requirements to be registered to practise midwifery in this jurisdiction and use the title 'registered midwife'; and
- demonstrates and maintains competency in the practice of midwifery.

(Adapted from the International Confederation of Midwives (ICM) 2011.)

The scope of midwifery practice is the expected range of roles, functions, responsibilities and activities that a midwife registered with the NMBI is educated for and is competent and authorised to perform. More specifically, the scope of midwifery practice is identified in the EC Directive of 2005 (2005/36/EC) as amended.

Article 42 of the Directive (2005) states that:

“The Member State shall ensure that midwives are able to gain access and pursue at least the following activities:

- (a) provide sound family planning information and advice;
- (b) diagnose and monitor normal pregnancies; carrying out the examinations necessary to do this;
- (c) prescribe or advise on necessary examinations for the earliest possible diagnosis of pregnancies at risk;
- (d) provide parenthood preparation programmes and provide preparation for childbirth advice including advice on hygiene and nutrition;
- (e) care for and help the mother during labour and monitor the condition of the baby in the womb using appropriate clinical and technical means;

- (f) conduct spontaneous deliveries, including, where required, episiotomies, and in urgent cases breech deliveries; recognise the warning signs of abnormality in the mother or baby's condition which need to be referred to a doctor, and assist the doctor if necessary. The midwife should also take the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the womb;
- (g) examine and care for the newborn infant and take all initiatives that are needed, including resuscitation, if necessary;
- (h) care for and monitor the progress of the mother in the postnatal period and advise her on infant care so that the baby makes the best possible progress;
- (i) carry out the treatment prescribed by doctors;
- (j) draw up the necessary written reports".

Fundamental to midwifery practice is the provision of safe competent, kind and compassionate care which is informed by the best available evidence, the midwife's own expertise, and the experiences, preferences and values of the woman (NMBI 2015a). Midwifery practice is underpinned by values that guide the way in which midwives provide care. The Nursing and Midwifery Board of Ireland considers that the following values should underpin midwifery practice and provide the basis for the formulation of a philosophy of midwifery:

These values are also shared with the International Confederation of Midwives.

1. Having a baby is a profound experience, which carries intense meaning to the woman, her baby, her family and the community.
2. The woman is the primary decision-maker in her care and she has the right to information that helps her to make decisions.
3. Birth is a normal physiological process.
4. Midwives are the most appropriate care providers to attend women during pregnancy, labour, birth and the post-natal period and in collaboration with other health care professionals when required.
5. Midwives respect all people equally without discriminating on the grounds of age, gender, race, ethnicity, religion, civil status, family status, sexual orientation, disability (physical, mental or intellectual), or membership of the Traveller community.

6. Midwives value empowerment of women to assume responsibility for their health and for the health of their families.
7. Midwifery care combines art and science. Midwifery care is holistic in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women, and is based upon the best available research and experiential evidence.
8. Midwives have confidence and trust in, and respect for women and their capabilities in childbirth.
9. Midwifery practice must always be based on the principles of professional conduct as stated in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014).

An individual midwife's scope of practice is dynamic – that is, it will change and grow as they progress in their career.

The scope of practice of the individual midwife is influenced by a number of factors including:

- the midwife's educational preparation, experience and competence;
- local, national and international guidelines, policies and evidence base;
- the practice setting;
- collaborative practice; and
- other factors, such as the woman and baby's safety, their needs and care outcomes.

# Considerations in Determining the Scope of Nursing and Midwifery Practice

## 4.1 Competence

In determining their scope of practice, nurses and midwives must make judgements about their competency to carry out a role or activity.

Competent nurses and midwives not only fulfil certain roles or complete specific activities, but they possess many additional attributes, including knowledge, technical and practical skills, interpersonal skills, the ability to think critically and to practise safely and effectively based on evidence (Cowan et al. 2007, Butler et al. 2011). Competence also involves being able to work collaboratively with other health care professionals, demonstrating a professional attitude and accepting responsibility for their practice (Williams O'Rourke 2006).

Competence is understood as:

the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife.

Competence relates to the nurse's or midwife's role or practice within the relevant division of the Register, and competence is maintained through continuing professional development and is adaptive to the needs of a changing population profile (NMBI 2015b).

Competence changes and develops over time. A nurse's or midwife's level of competence is influenced by their educational preparation, frequency of clinical exposure and the duration of their experience in particular clinical settings.

Since competence is not constant, the individual practitioner is expected to continually re-evaluate their competence when faced with new practice situations. Each nurse and midwife is accountable for their professional actions and, as such, they should refuse delegated or assigned roles or activities if they judge their competence to be limited. If they identify a competence deficit, they should take appropriate measures to gain competence.

Each nurse or midwife is responsible for identifying concerns about their competence and, under the Nurses and Midwives Act, 2011, they must maintain their "professional competence on an ongoing basis" (Government of Ireland 2011, Part II 87(1) yet to be enacted as at date of publication September 2015). Competence can be achieved by engaging in continuing professional development.

## 4.2 Responsibility, Accountability and Autonomy

The concepts of responsibility, accountability and autonomy are intrinsically linked in determining the scope of nursing and midwifery practice. Nurses and midwives hold positions of responsibility and are, therefore, expected to be accountable for their practice. Responsibility and accountability are the cornerstones of professional nursing and midwifery practice and are represented as a key principle in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014).

**Responsibility** is explained as the obligation to perform duties, tasks or roles using sound professional judgement and being answerable for the decisions made in doing this. A nurse or midwife who is considering expanding their scope of practice should realise that this will involve greater responsibility.

**Accountability** is understood as being able to give an account of one's nursing and midwifery judgements, actions and omissions. Accountability is about maintaining competency and safeguarding quality patient care outcomes and standards of the profession, while being answerable to those who are affected by one's nursing or midwifery practice (adapted from Krautscheid 2014). Accountability means being answerable for the decisions made in the course of one's professional practice. A nurse or a midwife should be able to give reasons for the decisions they make in their professional practice and should justify their decisions in the context of legislation, professional standards and guidelines, evidence-based practice and professional and ethical conduct.

Nurses and midwives are accountable both legally and professionally for their practice, that is, for the decisions they make and the consequences of those decisions. Nurses and midwives are accountable to the patient, the public, their regulatory body, their employer and any relevant supervisory authority. Legal accountability involves nurses and midwives being responsible for ensuring they have appropriate professional indemnity insurance, as patients have a right to expect them to hold this insurance in case there is a substantiated claim of professional negligence.

Accountability cannot be achieved unless the nurse or midwife has autonomy to practise. **Autonomy** refers to a nurse or midwife's ability to "make some decisions within their own profession and their right and responsibility to act according to the shared standards of that profession" (Varjus et al. 2010: 2012). Professional autonomy stems from the ability to use various kinds of knowledge in a critical manner, which offers safe, quality health care to patients. Individual levels of autonomy can vary depending on legislative, organisational and individual factors (Skar 2009, Varjus et al. 2010).

## 4.3 Continuing Professional Development

Continuing professional development (CPD) encompasses experiences, activities and processes that contribute towards the development of a nurse or midwife as a health care professional. CPD is, therefore, a lifelong process of both structured and informal learning.

Continuing education is a lifelong learning process which takes place after the completion of the pre-registration education and training, and is a vital component of CPD. It consists of planned learning experiences which are designed to augment the knowledge, skills and attitudes of registered nurses and registered midwives for the enhancement of nursing and midwifery practice, education, leadership and research.

It is essential for each nurse and midwife to engage in CPD, following registration, in order to acquire new knowledge and competence to practise effectively in an ever-changing healthcare environment. Continuing professional and personal developments are required in order to maintain and enhance professional standards and to provide quality, competent and safe patient care.

The individual nurse or midwife is responsible for undertaking relevant CPD activities in order to develop their professional practice. Under the Nurses and Midwives Act 2011, Part 11 (yet to be enacted as at date of publication September 2015), registrants, employers and the NMBI have a responsibility in relation to the maintenance of professional competency. Continuing professional development is one element of professional competency.

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

## **4.4 Support for Professional Nursing and Midwifery Practice**

In order for nurses and midwives to practise competently and to realise their potential in the interests of safe, quality patient care, certain supports need to be in place. These include local and national PPPGs that have been developed collaboratively with practising nurses and midwives and with reference to legislation and research-based literature, where this is available. Healthcare that is supported by best available evidence assures nurses and midwives that they are delivering safe, quality care. Nursing and midwifery managers and administrators play an essential role in ensuring that "the complex process of guideline development is adequately supported and resourced" (National Clinical Effectiveness Committee 2013:19).

## 4.5 Delegation and Supervision

Nurses and midwives working as members of a multidisciplinary health care team may be required to delegate, supervise and educate students and regulated and unregulated health care workers (HCW) in providing safe patient care.

Delegation takes place where the nurse or midwife (the delegator) who has the authority for the delivery of healthcare, transfers to another person the responsibility of a particular role or activity that is normally within the scope of practice of the delegator (adapted from Mueller and Vogelsmeier 2013). Effective delegation is a skill that “improves with education and practice” (Mueller and Vogelsmeier 2013: 24). The delegator must be available to provide the necessary and appropriate level of supervision required by the delegate.

Supervision may be ‘direct’ or ‘indirect’:

Direct supervision means that the supervising nurse or midwife is actually present and works alongside the student or the regulated or unregulated HCW when they are undertaking a delegated role or activity.

Indirect supervision occurs when the nurse or midwife does not directly observe the student or the regulated or unregulated HCW undertaking a delegated role or activity.

Both direct and indirect supervision can include overseeing, direction, guidance, support and evaluation.

Nurses and midwives are professionally responsible and accountable for their practice, attitudes and actions, including inactions and omissions (NMBI 2014). The nurse or midwife who is delegating (the delegator) is accountable for the decision to delegate. This means that the delegator is accountable for ensuring that the delegated role or activity is appropriate to the level of competence of the student or the regulated or unregulated HCW to perform. The delegator must also ensure that support and resources are available to the person to whom the role or activity has been delegated. The nurse, midwife, student or other HCW to whom the particular role or activity has been delegated is responsible for carrying out the delegated role or activity in an appropriate manner and is accountable for the appropriate performance of that role or activity.

Employers should support nurses and midwives in delegation and supervision of a student or a regulated or unregulated HCW by providing appropriate organisational policy and resources. The policy should establish:

- the education and training and ongoing competency assessment required for a student or a regulated or unregulated HCW regarding the scope and limitations of their responsibilities to safely perform the role or activity;
- the documentation and recording requirements for delegated activities; and
- the mechanisms for monitoring, supervising and evaluating students or regulated or unregulated HCWs.

When delegating a particular role or activity, the nurse or midwife must take account of several principles. The individual nurse and midwife must:

1. ensure that the primary motivation for delegation is to serve the interests and needs of the patient;
2. assess the degree of risk involved in the delegation;
3. ensure that the delegation is appropriate with reference to the definitions and philosophies of nursing or midwifery;
4. take into account the level of experience, competence, role and scope of practice of the person taking on the delegated task;
5. **not** delegate to junior colleagues or other HCW tasks and responsibilities that are beyond their colleagues' competence to perform.
6. ensure appropriate assessment, planning, implementation, monitoring and evaluation of the delegated role or activity;
7. communicate the details of the role or activity in a clear, understandable way;
8. decide on the level of supervision and feedback required;
9. ensure that the practice setting supports the delegation of the role or activity.

Delegation of the task should be consistent with organisational PPPGs.

A nurse or midwife who has a particular role or activity delegated to them should take account of the following principles. They should:

1. consider if the role or activity is within their current scope of practice. If the delegated role or activity is beyond their current scope of practice, the nurse or midwife should question the appropriateness of this delegation. In this circumstance, the nurse or midwife should refer to the Nursing and Midwifery Scope of Practice Decision-Making Framework.
2. make the decision whether or not to accept a delegated role or activity;
3. acknowledge any limitations of competence with reference to the role or activity to be performed;
4. provide appropriate feedback to the delegator.

In addition, following the delegation request, the nurse or midwife should examine their own professional development needs in the context of the delegated role or activity.

## 4.6 Practice Setting

The practice setting refers to both the place in which nurses and midwives work and the nature of the working environment. It includes the kind of service being offered and the complexity of care required by the patient (Nurses Board South Australia 2006). Practice settings can include private and public healthcare organisations, primary care settings, as well as the community and places like factories, schools, higher educational institutions, prisons, an individual's home and other settings.

Nursing and midwifery PPPGs can vary from setting to setting and can impact on the individual practitioner's capacity to practice effectively and to determine their scope of practice (Fealy et al. 2014). Relevant practice guidance, legislation, regulation and PPPGs need to be in place to support nurses and midwives in whatever practice setting they operate.

## 4.7 Collaborative Practice

Collaborative practice occurs when “multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care.” (World Health Organization 2010:7).

A key aspect of collaborative practice is the professional relationship between nurses and midwives and other healthcare professionals. Collaborative practice requires respectful, effective communication and appropriate documentation – these are essential elements in providing safe, quality health care to patients and in identifying and managing risks. Knowledge and understanding of the scope of practice for all healthcare professionals should underpin collaborative practice relationships. Each nurse and midwife is responsible for informing other healthcare professionals about their own individual scope of practice. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014) sets out the values, standards of conduct and supports for collaboration with others.

## **4.8 Expanded Practice**

'Expanded practice' is understood as a change in the role of an individual nurse or midwife to include areas of practice that have not previously been within their scope of practice, but are within the overall scope of practice of the nursing and midwifery professions (DoHC 2011, Fealy et al. 2014). This can involve taking on new roles or delegating roles and responsibilities (Canadian Academy of Health Sciences 2014). Expanded practice can occur within any nursing or midwifery role. Research indicates that expanded nursing and midwifery practice results in better patient outcomes, enhanced outcomes for healthcare staff and improved service quality and development (Begley et al. 2010, Canadian Academy of Health Sciences 2014, Carney 2014, Fealy et al. 2014).

Expanded practice should occur in the context of quality person-centred safe care, service needs and national policy. There is no specific stage in the nurse's or midwife's clinical career at which expansion of practice occurs. The individual nurse or midwife's educational preparation and professional competence, and not the nature or degree of difficulty of the task, should determine role expansion (DoHC 2011). Nurses and midwives have demonstrated their willingness to expand their practice through continuing professional development, and through specialist and advanced roles.

Examples of expanded practice in Ireland have included but are not limited to intravenous cannulation, nurse and midwife prescribing of medicines and ionising radiation, behaviour management, nurse and midwifery-led clinics in acute and community settings. There are also the defined expanded roles of: clinical nurse specialist; clinical midwife specialist; advanced nurse practitioner; and advanced midwife practitioner.

The expanded scope of practice associated with advanced practitioner roles incorporates the interpretation and application of advanced nursing or midwifery theory and research, higher-level decision-making and autonomy in practice, which are congruent with their education level and clinical experience.

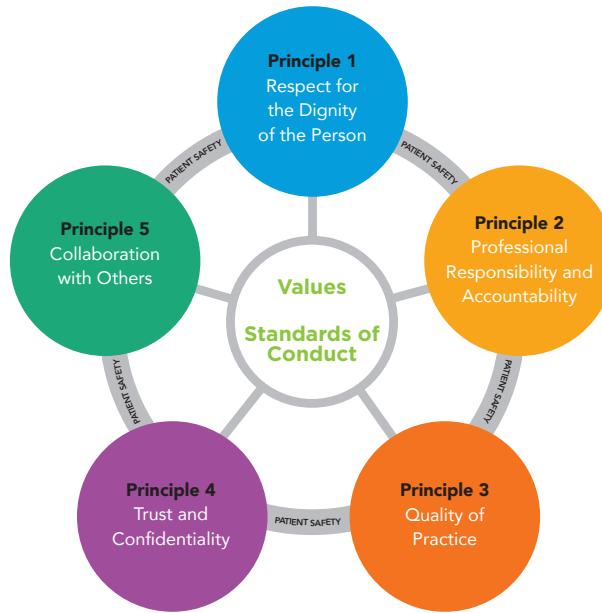
Nurses and midwives who expand their roles must assume the associated responsibility (Furlong and Smith 2005). In addition, managers and employers share the responsibility to facilitate role expansion, including access to further education, allocation of necessary resources, policy development and assessment of competence (Fealy et al. 2014).

## 4.9 Emergency Situations

The guidance presented in this document supports a nurse or midwife taking appropriate action in emergency and/or life-threatening situations. At all times, the overall benefit to the patient must be served in these situations.

# Principles for Determining Scope of Practice

Professional decision-making is guided by the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014). The Five Principles of the Code are represented below.

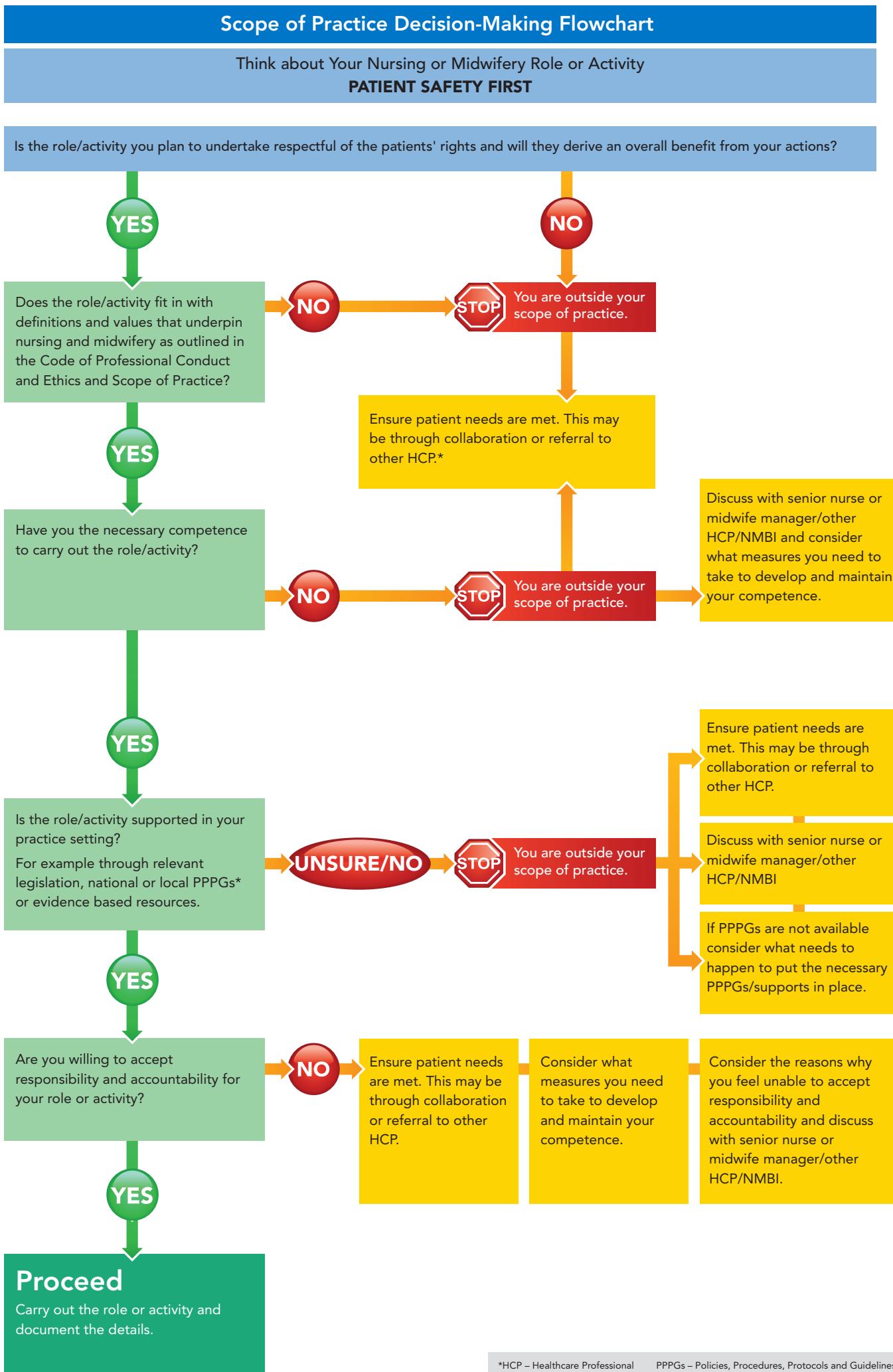


The following principles are the basis for making decisions with regard to the scope of practice for an individual nurse or midwife:

- It is recognised that the authority for nursing and midwifery practice is mandated by society. Thus, the primary motivation for practice must be for the overall benefit and needs of patients by respecting their dignity and rights, and by promoting and maintaining patient safety and providing quality healthcare.

- Fundamental to nursing and midwifery practice is the relationship with the patient, which facilitates patient autonomy, informed choice and evidence-based decision-making.
- In determining their scope of practice, the nurse and midwife must make a judgement as to whether or not they are competent to carry out the role or activity.
- Each nurse and midwife is responsible for their level of competency, and must take measures to develop and maintain the competence necessary for professional practice. The nurse or midwife must acknowledge any shortfall of competence.
- Expansion of practice must be made in the context of the definitions of nursing and midwifery and the values that underpin nursing and midwifery practice as outlined in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.
- Expansion of practice must only be made with due consideration to legislation, international, national or local evidence-based clinical practice guidelines and available resources.
- The individual nurse or midwife is responsible and accountable for their practice. Expansion of practice, therefore, involves greater accountability and added responsibility and should ensure that the patient is provided with respectful, safe, quality care with minimum risk of harm.

- The nurse and midwife should collaborate, consult and communicate with other health and social care professionals, health providers and other individuals and agencies regarding the appropriate nursing and midwifery assessment, diagnosis, planning, intervention, and evaluation of patient care.
- The nurse or midwife who is delegating a particular role or activity (the delegator) is accountable for the decision to delegate. This means that the delegator is accountable for ensuring that the delegated role or activity is appropriate and that resources and supervision, where required, are available. They are also accountable for appropriate assessment, planning, implementation, monitoring and evaluation of the delegated role or activity.
- The nurse or midwife (or other person) receiving a delegated role or activity must acknowledge any limitation in competence or other issue that may impact on their ability to carry out the delegated role or activity. When accepting a delegated role or activity, they are responsible for carrying out the delegated role or activity and are accountable for the appropriate performance of that role or activity.



# Resources

The Nursing and Midwifery Board of Ireland produces resources providing guidance and support to nurses and midwives in their clinical practice. These include:

- guidelines to nurses and midwives in relation to professional practice and standards;
- standards and requirements for nurse and midwife registration education programmes;
- annual reports, e-zine, e-learning programmes and conference proceedings.

Nurses and midwives should refer to these resources, as necessary, when determining their individual scope of practice.

## Useful Websites

<a href="http://www.nmbi.ie">www.nmbi.ie</a>	(Nursing and Midwifery Board of Ireland)
<a href="http://www.health.gov.ie">www.health.gov.ie</a>	(Department of Health)
<a href="http://www.hiqa.ie">www.hiqa.ie</a>	(Health Information and Quality Authority)
<a href="http://www.hse.ie">www.hse.ie</a>	(Health Service Executive)
<a href="http://www.hseland.ie">www.hseland.ie</a>	(HSE's online resource for Learning and Development)
<a href="http://www.irishstatutebook.ie">www.irishstatutebook.ie</a>	(The Irish Statute Book database)
<a href="http://www.mhcirl.ie">www.mhcirl.ie</a>	(Mental Health Commission)
<a href="http://www.patientsafetyfirst.ie">www.patientsafetyfirst.ie</a>	(Website of the Patient Safety Initiative in Ireland)

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