Delegation and supervision for Victorian nurses and midwives

Frequently asked questions

This resource provides an overview of the Nursing and Midwifery Board of Australia’s A national framework for the development of decision-making tools for nursing and midwifery practice and the complementary Delegation and supervision guidelines for Victorian nurses and midwives. It is a quick reference guide to be used alongside the more detailed publications.

• How does the Delegation and supervision guidelines for Victorian nurses and midwives relate to Nursing and Midwifery Board of Australia publications?

The Nursing and Midwifery Board of Australia (NMBA) sets the registration standards and professional codes, standards and guidelines that underpin safe and competent practice.

The NMBA’s requirements for delegation and supervision are outlined in its publication A national framework for the development of decision-making tools for nursing and midwifery practice. Nurses and midwives must have a clear understanding of this framework.

The Delegation and supervision guidelines for Victorian nurses and midwives was released in 2014. It complements the NMBA publication by supporting decision making by providing practical recommendations and a framework.

• What is delegation?

Delegation is an exercise in professional judgment by the registered nurse or midwife. It involves the transfer of authority to a competent person to perform a specific activity in a specific context.

Key considerations when delegating a task or activity are:

• patient health status (stability and complexity)
• complexity of the delegated activity
• context of care, where the care is to be delivered and what support is available
• level of knowledge, skill and experience of the person to whom the task has been delegated
• the expected outcomes of the delegated task
• how outcomes will be monitored and communicated.

• What are the responsibilities of registered nurses and/or registered midwives in relation to delegation?

Delegation and supervision is, and always has been, a core responsibility of registered nurses and registered midwives. When a registered nurse or registered midwife delegates a task or activity to another person, that registered nurse or registered midwife remains accountable for monitoring and evaluating the effect of the care that has been delegated. The registered nurse or registered midwife also retains accountability for the initial decision to delegate in the first place and ultimately for the quality of care being delivered.

• What are the ‘five rights of delegation’?

The five rights of delegation are:

1. right activity
2. right circumstances
3. right person
4. right communication
5. right supervision and evaluation.
• What are the key things I need to consider when delegating a task or activity?

Right activity
- Has there been a registered nurse (RN)/registered midwife (RM) assessment of patient care need?
- Are there organisational guidelines that support the delegation?
- Can the task be routinely performed without complex observations, decision making or clinical judgement?

Right circumstances
- Does the RN/RM have the skills and knowledge to safely delegate?
- Does the skill-mix in your ward/unit/environment enable you to undertake appropriate supervision?

Right person
- Is the task within the scope of practice or role parameters of the person you are delegating to?
- Does the person you are delegating to have the appropriate knowledge, skills and competency to perform the delegated tasks?

Right communication
- Does the person accepting the delegation understand and accept the delegated task; know when and who to ask for assistance, and who to report to?

Right supervision and evaluation
- Is there ongoing monitoring and evaluation of the outcomes of care by the supervising RN/RM?

• What are the responsibilities of the person accepting delegation?
The person accepting a delegated task or activity is responsible for their own actions and decisions. They should never accept a delegation for anything that is beyond their training or competency level.

• What is supervision?
The NMBA identifies three types of supervision within nursing/midwifery practice: managerial supervision, professional supervision and clinically focused supervision. Clinically focused supervision relates to supervision of delegated nursing and/or midwifery tasks and activities, including:
  - providing education, guidance and support for individuals who are performing the delegated activity
  - directing the individual’s performance
  - monitoring and evaluating outcomes, especially the consumer’s response to the activity.

• What type of supervision should I undertake when delegating a task?
The level of supervision should be appropriate to the degree of risk of the activity. The level of risk is influenced by the complexity of the task, acuity of the patient, experience of the delegator and delegatee, availability of support and availability of additional resources.
  - Direct supervision is when the supervisor is present and personally observes, works with, guides and directs the person being supervised.
  - Indirect supervision is when the supervising registered nurse or midwife is on site and easily contactable and available for reasonable access but does not directly observe the activity.

• How can I get more information?
Nursing in Victoria: www.nursing.vic.gov.au
Nursing and Midwifery Board of Australia: www.nursingmidwiferyboard.gov.au