

## STANDARD 1: SCOPE OF PRACTICE

**Wound prevention and management are delivered in a way that respects and complies with legislation, regulations, scope of practice, local policies, current evidence and ethical decision making.**

### Rationale

Wound prevention and management should be delivered within the legal boundaries of scope of practice and must comply with legislation, regulations, and local policies of professional and ethical practice. Implementing wound prevention and management that reflects current best practice is associated with maximised wound healing potential, positive clinical outcomes, and safety.

### Criteria for wound care practitioners

To meet the criteria for the *Scope of Practice Standard*, the wound care practitioner:

#### 1.1. Performs in accordance with relevant legislation, regulations, scope of practice and policies of the wound service provider.

##### Evidence Criteria

- 1.1.1. Functions in accordance with the relevant scope of practice as determined by regulatory authorities and within the scope of employment as defined by the wound service provider.<sup>1-10</sup>
- 1.1.2. Meets regulatory requirements of relevant registering authorities.<sup>1-13</sup>
- 1.1.3. Has appropriate qualifications, clinical skills and level of practice to perform professional and/or practice role related to wound care, including any additional responsibilities (e.g., has qualifications and skills necessary to supervise staff/students when this responsibility is included in role).<sup>1, 3-5, 9, 13-17</sup>
- 1.1.4. Is accountable for practice.<sup>1-5, 10, 11, 15, 17, 18</sup>
- 1.1.5. Recognises limitations of scope of practice for regulated and non-regulated practice.<sup>1-3, 5, 9, 11, 17, 19</sup>
- 1.1.6. Has knowledge of, and compliance with, policies and procedures of the wound service provider.

#### 1.2. Delivers evidence-based wound care.

##### Evidence Criteria

- 1.2.1. Accesses current evidence from reputable sources in order to maintain a knowledge base appropriate to professional and/or practice role.<sup>1, 9, 10, 15, 19-21</sup>
- 1.2.2. Makes care decisions that reflect evidence-based practice.<sup>1, 2, 5, 9, 10, 15, 17</sup>

- 1.2.3. Evaluates the benefits and risks of using wound-related products, pharmaceuticals, therapies and devices.<sup>1, 2, 16, 22, 23</sup>

### **1.3. Provides care within an ethical practice framework.**

#### Evidence Criteria

- 1.3.1. Recognises the responsibility to prevent harm to the individual and their family carers.<sup>1-5, 7, 8</sup>
- 1.3.2. Recognises the rights and responsibilities of the individual, family carers and the multidisciplinary team.<sup>1-5, 17, 19, 24</sup>
- 1.3.3. Delivers evidence-based wound prevention and management that is sensitive to beliefs, values, ethnicity, culture and dignity.<sup>1-5, 10, 11, 17, 18, 24, 25</sup>
- 1.3.4. Considers moral and ethical dilemmas in delivery of wound care.<sup>1, 3-5, 10, 11, 26</sup>
- 1.3.5. Maintains trust, privacy and confidentiality of the individual and family carers.<sup>3-5, 15, 17, 18</sup>
- 1.3.6. Considers equitability and sustainability in the delivery of wound care.<sup>5, 21</sup>

### **Criteria for wound service providers**

To meet the criteria for the *Scope of Practice Standard*, the wound service provider:

### **1.4. Defines and monitors the scope of practice associated with professional and/or practice roles within the wound service.**

#### Evidence Criteria

- 1.4.1. Develops and regularly reviews roles and responsibilities that reflect scope of practice determined by regulatory authorities.<sup>14, 18, 27, 28</sup>
- 1.4.2. Ensures an appropriate skills-mix within the work force to enable delivery of optimal wound prevention and treatment.<sup>12, 15, 16, 24</sup>
- 1.4.3. Ensures staff receive education and training when professional and/or clinical role changes (e.g., when new technology or procedures are introduced).<sup>5, 14, 16, 18, 19</sup>

### **1.5. Endorses evidence-based wound care.**

#### Evidence Criteria

- 1.5.1. Provides access to contemporary, evidence-based, documented protocols to guide delivery of wound prevention and management within the wound service.<sup>13, 14</sup>
- 1.5.2. Facilitates and supports access to evidence-based learning for the multidisciplinary team.<sup>14</sup>
- 1.5.3. Provides or facilitates access to the necessary resources for the implementation of cost effective, evidence-based practice in the care of individuals with or at risk of wounds.<sup>13, 14, 16, 29</sup>

**1.6. Endorses ethical wound care.**Evidence Criteria

- 1.6.1. Recognises the rights and responsibilities of the individual, family carers and the multidisciplinary team.<sup>30</sup>
- 1.6.2. Promotes sensitivity to beliefs, values, ethnicity, culture and dignity throughout the wound service.<sup>31</sup>
- 1.6.3. Considers equitability and sustainability in local positions, policies and procedures.<sup>31</sup>

**Related resources**

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## Background and Context

### Scope of practice

Scope of practice refers to the area of practice in which a wound care practitioner is educated and trained, competent and legally permitted to perform services. Scope of practice is determined by educational background, status with an Australian health care registration body and the law and regulations pertaining to the clinical field. Scope of practice may be influenced by the level of competency and confidence of a wound care practitioner in performing specific duties,<sup>3-5, 17, 32</sup> and may also be influenced by the workplace, with limitations defined by job description, roles and responsibilities provided by the wound care service provider.<sup>2, 14</sup>

Standards for practice outline the minimum expected quality of wound care delivered. Standards of practice primarily relate to regulated health professionals, and include professional attributes that underpin competent performance in a health discipline.<sup>2</sup> The values, knowledge and skills expected of a regulated health professional are outlined in relevant national core competency standards. The concepts reflected within professional standards of practice are ubiquitous, with professional regulatory bodies across health disciplines and countries adopting very similar professional expectations.<sup>1, 2, 9, 10, 12, 21</sup>

Beyond outlining the education, legal and competency requirements and standards, scope and standards of practice promote the respect, dignity, safety and wellbeing of the individual, their family carers and the multidisciplinary team.<sup>4, 5, 19, 25</sup> It is recognised that the scope of practice varies according to the individual's role. For example, regulated health professionals work within a professional framework that requires ongoing development, self-reflection, professional judgement and decision making.<sup>1, 2, 9, 10, 12, 21</sup> While accountable for their practice, unregulated health care workers are not expected to have the same knowledge level, experience or decision making responsibilities as regulated health professionals.<sup>33</sup> It is expected that all wound care practitioners have a strong understanding of the scope and standards defining their own practice and that of their colleagues, and are able to identify and negotiate breaches of practice scope in order to promote safe and quality wound care. Being aware of the limitations to the practice of others is particularly important for those who have delegation roles.<sup>1, 2, 10</sup>

### Evidence-based practice

Regulated health professionals have a responsibility to engage in evidence-based practice through implementing care strategies that have been shown to be efficacious. An important component of clinical practice is engagement in evidence-based practice. Evidence based wound

practice involves conscientious and judicious evaluation of the best available evidence to inform the way in which wound prevention and management is delivered.<sup>20, 22, 34</sup> Evidence-based practice requires continuous professional development through the ongoing questioning of one's clinical practice, seeking out evidence from a range of reputable sources to inform and evaluate practice and, where possible, engaging in research to add to the body of evidence in wound prevention and management.<sup>34-37</sup> Wound service providers have a crucial role in providing structures and processes that support evidence based practice. Facilitating continuing professional development for the multidisciplinary team, ensuring allocation of required resources, supporting continuous quality improvement activities and implementing root cause analysis are some ways in which wound service providers endorse evidence-based practice.<sup>36, 38-41</sup>

Evidence-based practice incorporates the safe and effective delivery of interventions.<sup>22, 34</sup> Members of the multidisciplinary team who prescribe and/or deliver pharmacological and non-pharmacological therapeutic interventions are accountable for ensuring therapies are selected in the best interest of individuals, and are delivered safely and in accordance with manufacturer directions, Therapeutic Goods Administration licensing and are evaluated for effectiveness.<sup>42</sup>

When planning wound care, consideration should be given to achieving meaningful outcomes for individuals with a wound or at risk of wounding (e.g., preventing, healing and /or maintaining wounds, maximising quality of life, promoting cost effectiveness, etc.) while minimising adverse outcomes.<sup>35, 43</sup> Selection of interventions should be based on optimising the individual's outcomes through application of a structured approach to wound prevention, assessment and management.<sup>44</sup>

Clinical practice guidelines developed using evidence-based approaches provide one source by which the multidisciplinary team can review evidence underpinning care options and recommendations for prevention and management of wounds.<sup>44</sup> However, implementation of evidence-based principles requires a multidisciplinary approach, with consideration to the knowledge and skills of the entire team, the individual's preferences, the resources available, local policies and procedures and the context of care.<sup>20, 43, 45</sup>

Context of care includes context elements at the individual, community and global level. Consideration should be given to the care delivery setting, the individual's beliefs, psychosocial status, experiences and living situation. At a higher level, consideration should also be given to health equity and sustainable wound care relevant to the context.<sup>46</sup> Health equity seeks to prevent social determinants of health acting as a barrier to individuals achieving positive outcomes. Health equity requires the multidisciplinary team and the wound service provider ensuring individuals do not experience poorer outcomes due to disadvantage in wound care delivery.<sup>36</sup> Sustainable care achieves quality outcomes with minimal social, financial or environmental costs. Increasingly, evaluation of the impact of care delivery on the environment is expected of wound care practitioners and wound service providers. Areas for consideration include waste production and management, energy use, care delivery models and procurement of resources.<sup>21, 47</sup>

### **Ethical practice**

Ethical practice requires consideration of what is morally right and wrong, and the potential outcomes of actions.<sup>26</sup> Fundamental principles guiding health care is the recognition of the individual's rights and promotion of dignity. Guiding principles in delivering ethical care include valuing the individual, valuing respect and kindness and valuing diversity. Promoting on behalf of

individuals access to quality wound prevention and management, informed decision-making, safety, privacy and sustainable wellbeing are core strategies through which the multidisciplinary team delivers ethical care.<sup>1-5, 19, 48</sup> The wound service provider has a pivotal role in ensuring the wound care delivery environment is safe for all stakeholders, and that fundamental ethical and moral principles underpin the service's philosophy, policies and practices.<sup>14</sup>

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