



**MINISTRY OF HEALTH**  
SINGAPORE

# **Guidelines on the Governance of the Delegation of Clinical Tasks from Nurses and Allied Health Professionals to Support Care Staff**

## Contents

OBJECTIVES .....	3
DEFINITIONS .....	3
GOVERNANCE REQUIREMENTS .....	4
Licensee .....	4
Delegating Healthcare Professionals .....	7
Support Care Staff.....	8
Clinical Task Delegation Algorithm.....	10
REFERENCES.....	12

The information in this publication serves as a guide for licensee of healthcare institutions, healthcare professionals and support care staff on the governance requirements for the delegation of clinical tasks to support care staff.

Published in September 2023

## OBJECTIVES

1. The objectives of this Guidelines are to:
  - a. Describe the *minimum* governance requirements for the delegation of clinical tasks from nurses and allied health professionals (“AHPs”) to support care staff; and
  - b. Describe the algorithm for delegation of clinical tasks.

## DEFINITIONS

2. **Accountability** is the obligation to answer for the professional, ethical, and legal responsibilities of one’s activities and duties.
3. **Assigned Task** refers to task that falls within the support care staff’s official job description as defined by the employer.
4. **Clinical Task** is a unit of professional work involving direct patient care, performed over a defined period of time with discernible beginning and end points, and produces measurable outcomes when the task is completed.
5. **Delegated Task** refers to a clinical task, which is performed primarily by a healthcare professional, but is delegated by the healthcare professional to a support care staff, who has demonstrated competence to undertake the said task. The delegated task is not part of the current job description of the support care staff. The licensee, delegating healthcare professional and the support care staff owe the patient a duty of care and are jointly accountable for the outcome of the clinical task.
6. **Licensee** refers to the licensee of the healthcare institution/service as defined in the Private Hospitals and Medical Clinics Act (PHMCA) or Healthcare Services Act (HCSA).
7. **Oversight** refers to the act or duty of overseeing a group of workers and check that a piece of work is done satisfactorily.
8. **Supervision** is the formal process of providing professional support which allows the support care staff to learn and develop relevant knowledge and skills needed to enhance the quality and safety of patient or client care.
9. **Support Care Staff** refers to healthcare workers who work with healthcare professionals to perform their roles in patient care. Typical job titles will include but are not limited to healthcare assistants, nursing aides, therapy aide/assistants, technicians, support/care assistant etc.

## GOVERNANCE REQUIREMENTS

10. This section sets out the minimum governance requirements for all parties involved in the delegation of clinical tasks, to ensure patient safety and the effectiveness of the delegable tasks.

### Licensee

11. **The licensee is overall accountable for the implementation of the delegation framework.** They should ensure that there are clear and up-to-date policies and procedures with adequate and timely manpower, expertise, facilities, equipment, and resources to govern the delegation of clinical tasks from nurses and AHPs to support care staff. The policies and procedures should clearly define the following:
- a. The eligibility criteria, roles, responsibilities and accountability of all parties involved in the delegation process:
    - i. All delegating healthcare professionals and support care staff must be trained and assessed to be competent before they are eligible to participate in delegation.
    - ii. The licensee should extend and adopt existing governance measures regulating the performance of delegable tasks by healthcare professionals, to the receiving support care staff.
    - iii. All parties shall comply with all prevailing directives from regulatory bodies, healthcare professional boards/councils and government agencies (e.g., Ministry of Health, Allied Health Professions Council and Singapore Nursing Board).
  - b. The training, supervision and maintenance of training records of support care staff involved in the delegation process;

#### Training

- i. The licensee is responsible to ensure that support care staff are trained and competent to perform the task. In addition, licensee should ensure that the support care staff:
  1. Know his / her roles, responsibilities, accountability and duty of care to the patient and caregiver;
  2. Do not accept any delegable tasks that are beyond their capabilities (i.e., they have not been trained to perform the task, or the task is more complex than they are capable of handling, or they are uncertain of the requirements or the patient's response at any stage of the task), and to inform the delegating healthcare professional; and
  3. Apply escalation protocols when they are faced with cases beyond their competencies.

- ii. If the support care staff is trained on-the-job (“OJT”) to perform complex delegable clinical tasks, licensee should ensure that the following training requirements are met:
  1. Training is provided by qualified trainers;
  2. Trainees are provided with ample learning opportunities;
  3. The curriculum
    - (a) Provides a pathway of learning experiences to accommodate the trainees needs;
    - (b) Offers structured experiences to develop in trainees the required competencies and attributes like standardised OJT curriculum and courseware; and
    - (c) Involves direct guidance of experienced peers or practitioners to assist the trainee’s development of understandings and hone procedures required for competent practice.
- iii. In addition, the licensee or his delegate, either of whom must be a healthcare professional with expertise in the task or have experience in the profession / area of training concerned, should ensure that support care staff are trained in the following:
  1. Safe patient care (e.g., infection control, managing risks and adverse events during treatment, safe handling techniques);
  2. Emergency care as deemed necessary by the organisations (e.g., Heartsaver, CPR /AED, Basic Cardiac Life Support);
  3. The knowledge and skills to seek assistance within the organisation in emergency situations; and
  4. Workplace safety and health.
- iv. For infrequently performed tasks by support care staff, licensee should specify the validity period of training and competency certification, and renewal criteria (e.g., portfolio of at least 3 cases/patients over the last 2 years). Competency re-assessment, direct supervision and oversight by healthcare professionals should be considered for these tasks.
- v. The licensee should also provide continuous professional development for support care staff to ensure their competencies are up to date.

#### Supervision

- vi. The licensee or his delegate, either of whom must be a healthcare professional with expertise in the task or have experience in the profession / area of training concerned, should establish a supervision framework for support care staff to develop knowledge and skills, clarify boundaries and scope of practice, identify training and educational needs, and define accountability for the safety and quality of care provided.
- vii. Supervision should be provided by trained supervisors and an appropriate number of such supervisors should be available in the healthcare institution.
- viii. The appropriate intensity and frequency of supervision should be determined based on the knowledge and skill level of the support care staff employed, needs of the patient, patient acuity and risk levels, setting of care and complexity of tasks delegated.

Training Records

- ix. The licensee should maintain proper records for the training and development programmes or activities completed, and competencies achieved in specific clinical tasks by each support care staff. Such records may be in the form of courses attended, logs of supervision, on-the-job training provided, and/or competency checklists.
- c. The selection and renewal of clinical tasks for delegation;
- i. These decisions on the selection and renewal of tasks for delegation, using the clinical task delegation algorithm, have to be approved by the licensee or his delegate, either of whom must be a healthcare professional with expertise in the task or have experience in the profession / area of training concerned, and properly documented.
- d. The oversight, monitoring and review of the delegation process and all parties involved; and
- i. The licensee or his delegate, either of whom must be a healthcare professional with expertise in the task or have experience in the profession / area of training concerned, shall maintain oversight of the delegation process and monitor the quality and safety outcomes of all delegable clinical tasks performed by support care staff including:
    - 1. Safety – number of incident reports, number of negative outcomes observed
    - 2. Competency – periodic audit/competency checklist (e.g., every 6 or 12 months as determined by the organisation based on the competency levels of the staff)
    - 3. Quality - feedback/complaints from patients on services provided by support care staff
  - ii. Newly certified support care staff should receive direct oversight during the probation period.
  - iii. All negative outcomes should be promptly investigated and rectified including, the debarment of healthcare professionals and support care staff with poor patient care outcomes from the delegation process.
  - iv. The licensee or his delegate should be involved in the follow up on the monitoring outcomes. The delegate must be a healthcare professional and has the authority to enforce the follow up actions arising from the negative outcomes (e.g., discontinue the support care staff to perform the specific delegable task if required).
- e. The strategies to communicate these policies and procedures to patients and caregivers, other healthcare workers and non-healthcare staff.
- i. The licensee should ensure support care staff have a conducive working environment and culture to turn down any delegable tasks that are beyond their capabilities, or escalate cases beyond their competencies without concerns of reprisal.

## Delegating Healthcare Professionals

12. The delegating healthcare professional is accountable for any work done or delegated to the support care staff; they should do the following:
  - a. Determine if it is safe to delegate aspects of care to support care staff;
  - b. Assess and monitor the status of the patient before delegation;
  - c. Undertake the diagnosis, clinical decision-making, progression and evaluation of treatment plans and programmes for patient care;
  - d. Conduct all initial assessments for new patients or referrals;
  - e. Ensure that the support care staff are competent in the tasks delegated;
  - f. Provide clear instructions to the support care staff on the purpose of the intervention, the steps to be followed in performing the task, outcomes to be monitored, the potential risks to watch out for and guidance on how to handle such risks, and guidance on when further support or direction should be sought from the delegating healthcare professional;
  - g. Determine the level of supervision needed and provide oversight to assess the support care staff ability to perform the delegable task;
  - h. Evaluate and monitor whether support care staff carrying out the delegable task maintains the relevant standards and outcomes at the appropriate intervals;
  - i. Communicate and document any inappropriate delegation to the support care staff and report to the most senior person on shift;
  - j. Consult and seek assistance on delegation from senior staff when needed; and
  - k. Do not make any decision on the care of the patient based solely on the advice of support care staff, without having personal knowledge of the patient's current medical conditions.

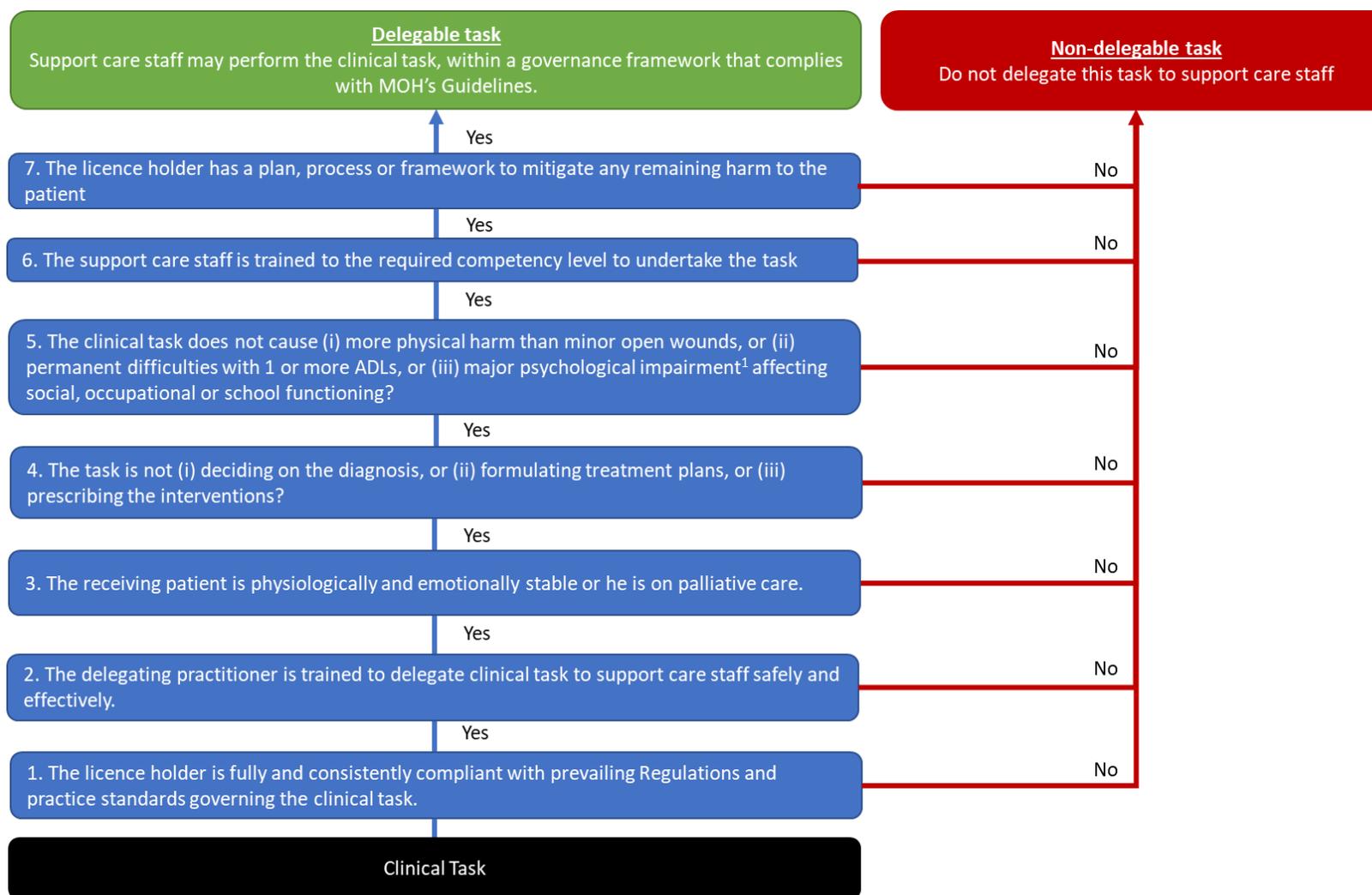
## Support Care Staff

13. The support care staff are accountable for his or her own actions; they should do the following:
  - a. Know what tasks they can perform safely through delegation;
  - b. Provide a reasonable standard of patient care that is expected based on the policies and procedures of their organization;
  - c. When performing the delegable tasks, they are not allowed to:
    - i. Modify any assigned assessment tasks or outcome measures independently except after consultation with the delegating healthcare professionals responsible for the patient;
    - ii. Diagnose problems based on assessment findings;
    - iii. Communicate to patients and their caregivers on their medical diagnosis/condition prior to formal communications by the delegating healthcare professionals or doctor-in-charge;
    - iv. Provide opinions and advice on the patient's conditions based on personal beliefs and experiences;
    - v. Develop or modify any treatment goals or plans; or
    - vi. Discharge any patient from treatment.
  - d. Seek support and direction from the delegating healthcare professionals when in doubt;
  - e. Raise any issues or challenges related to performing the delegable task;
  - f. Turn down any delegation that is beyond their capabilities and inform the delegating healthcare professional;
  - g. Apply escalation protocols when they are faced with cases beyond their competencies;
  - h. Should not perform or modify any delegable tasks until they have the authorization from the delegating healthcare professional;
  - i. Report patient outcomes to the delegating healthcare professional as specified in the care plan and the policies of the institution;

- j. Cease the treatment and report to the delegating healthcare professionals immediately when the treatment is observed to be causing harm, distress or puts a patient's safety at risk during the session;
- k. Maintain accurate and contemporaneous record of their work;
- l. Keep their knowledge and skills up to date; and
- m. Safeguard confidential information at work.

## CLINICAL TASK DELEGATION ALGORITHM

14. The algorithm in **Figure 1** below outlines the criteria used to classify clinical tasks into one of two categories:
  - a. **Non-delegable tasks** must be performed only by healthcare professionals and must not be delegated to support care staff.
  - b. **Delegable tasks** may be delegated by healthcare professionals to their support care staff if the minimum clinical governance requirements outlined in this Guidelines are met.



<sup>1</sup> Major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

**Figure 1:** Algorithm on Delegation of Clinical Tasks to Support Care Staff

## REFERENCES

1. Guidelines on Supervision and Delegation of Tasks to Therapy Support Staff [Internet]. Allied Health Professions Council. 2018. Available from: [https://www.healthprofessionals.gov.sg/docs/librariesprovider5/forms-and-downloads/01032018\\_guidelines-on-supervision-and-delegation-of-tasks-to-tss-\(published\)v2.pdf?sfvrsn=cedca950\\_2](https://www.healthprofessionals.gov.sg/docs/librariesprovider5/forms-and-downloads/01032018_guidelines-on-supervision-and-delegation-of-tasks-to-tss-(published)v2.pdf?sfvrsn=cedca950_2) (Accessed: 23 February 2022)
2. Assigning and delegating to unregulated care providers [Internet]. College of Registered Nurses of British Columbia. 2013. Available from: [https://www.bccnm.ca/Documents/learning/RN\\_NP\\_Assigning\\_Delegating\\_UCP.pdf](https://www.bccnm.ca/Documents/learning/RN_NP_Assigning_Delegating_UCP.pdf) (Accessed: 23 February 2022)
3. ANA's Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel [Internet]. American Nurses Association. 2013. Available from: <https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principlesofdelegation.pdf> (Accessed: 23 February 2022)
4. Delegation of care by a registered nurse to a health care assistant [Internet]. Nursing Council of New Zealand. 2013. Available from: <https://www.healthcarehome.org.nz/download/6-4-ncnz-guideline-delegation-of-care-by-a-rn-to-a-hca.pdf#:~:text=Registered%20nurses%20are%20responsible%20for%20ensuring%20the%20health,for%20their%20actions%20and%20accountable%20to%20their%20employer.> (Accessed: 23 February 2022)
5. Delegation of care policy for nurses, midwives and allied health professionals [Internet]. NHS Lothian Policy. 2015. Available from: [https://policyonline.nhslothian.scot/Policies/ClinicalPolicy/Delegation%20of%20Care%20Policy%20\(for%20NMAHPs\).pdf](https://policyonline.nhslothian.scot/Policies/ClinicalPolicy/Delegation%20of%20Care%20Policy%20(for%20NMAHPs).pdf) (Accessed: 23 February 2022)
6. Abbott, A. The system of professions: An essay on the division of expert labor. [Internet]. University of Chicago Press; 2014. Available from Google Play Books.
7. Peate, I. Fundamentals of Care: A Textbook for Health and Social Care Assistants. Wiley-Blackwell 2017. Available from Singapore National Library Board.
8. Jacobs, R. L. Work Analysis in the Knowledge Economy: Documenting What People Do in the Workplace for Human Resource Development. Springer 2019. Available from Singapore National Library Board.
9. Billet, S. Learning in the workplace – Strategies for effective practice. Routledge 2020. Available from Singapore National Library Board.
10. Physiotherapy Techniques [Internet]. NHS [updated 26 November 2018]. Available from: <https://www.nhs.uk/conditions/physiotherapy/how-it-works/> (Accessed: 23 February 2022)



For more information, please visit [moh.gov.sg](http://moh.gov.sg)