

A REVIEW OF  
**Delegation  
in Practice**

Enabling People  
to Live Well  
'Closer to Home'

**ANNEX  
5**

**Standards and Guidance Set Out by UK Regulatory  
and Professional Bodies Regarding Delegation of  
Healthcare by Healthcare Professionals**





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## 1.0 Introduction

The overarching report: [A Review of Delegation in Practice: Enabling People to Live Well 'Closer to Home'](#) incorporates learning from a number of Annex reports incorporated within the document. This document is Annex 5 and provides an overview of **Standards and Guidance Set Out by UK Regulatory and Professional Bodies Regarding Delegation of Healthcare by Healthcare Professionals.**

Regulators set out standards for registered professionals to work towards and safeguard the public. Within the context of delegation, regulatory standards and guidance consider professional scope of practice to ensure registered staff work within legal boundaries and uphold ethical principles. Standards aim to ensure that only competent individuals perform delegated tasks, reducing the risk of harm to patients or service users, by clarifying responsibility for delivery of care and accountability for outcomes of that care.

Moreover, regulatory standards can promote a consistent approach across professions and settings, ensuring that delegation decisions are based on competence, supervision and clear communication. Safe delegation standards enable staff to work effectively across and within multidisciplinary settings, using skills appropriately and reassuring the public that care is delivered by qualified individuals under proper oversight.

Professional bodies like the Nursing and Midwifery Council ([NMC](#)), Health and Care Professionals Council ([HCPC](#)), the General Medical Council ([GMC](#)), and Northern Ireland Social Care Council ([NISCC](#)), provide guidance emphasising that delegated tasks must be within the care worker's (delegatee) competence and scope, requiring clear communication, robust training, supervision, and continued accountability from the delegating professional for patient safety, focusing on the "right task, person, circumstance, communication, and supervision" to ensure safe, person-centred care. Common key principles involve the delegator remaining accountable, ensuring the delegatee is trained



and competent, and tasks not involving complex clinical decision-making. A summary of the relevant professional bodies is detailed in the sections below.

## 2.0 Methodology

A desktop scoping review of standards, guidance and codes of practice for registered health and social care practitioners provided by regulatory organisations (NMC, HCPC, GMC, NISCC) was carried out to inform the Task and Finish Group report and recommendations.

## 3.0 The Nursing and Midwifery Council

The Nursing and Midwifery Council (2018) [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council](#) sets out expectations of people on the register when they delegate to others. These requirements apply regardless of who the activity is being delegated to. This may be another registered professional, a non-registered colleague, or a patient or carer. There is therefore the expectation that people on the NMC register are accountable for their decision to delegate interventions and duties to others, and to achieve this, they must:

- ✓ only delegate interventions and duties that are within the other person's scope of competence, making sure that they fully understand the instruction;
- ✓ make sure that everyone they delegate interventions to are adequately supervised and supported so they can provide safe and compassionate care; and
- ✓ confirm that the outcome of any intervention delegated to someone else meets the required standard.

The NMC (2023) provides [Delegation-and-Accountability-Supplementary-Information](#) which details the following definitions:



'Delegation is defined as the transfer to a competent individual, of the authority to perform a specific task in a specified situation.

Accountability is the principle that individuals and organisations are responsible for their actions and may be required to explain them to others.

Delegation of tasks from one individual to another occurs commonly in all health and care settings. Delegation of an activity may be from:

- one registered professional to another;
- a registered professional to an unregulated member of staff; or
- a registered or unregistered person to a carer or family member.

As registered professionals, nurses, midwives and nursing associates are accountable for all aspects of their practice, including accountability for what they choose to delegate, and agreement, or not, to undertake activities which are delegated to them.' (NMC, 2023, p3).

### **What does this mean in practice?**

If you're delegating a task, it's your responsibility to make sure that:

- delegation does not harm the interests of people in your care;
- the task is within the other person's scope of competence;
- the person you are delegating to understands the boundaries of their own competence;
- the person you are delegating to understands the task;
- the person you are delegating to is clear about the circumstances in which they must refer back to you;
- you take reasonable steps to identify any risks and whether any supervision might be necessary; and
- you take reasonable steps to monitor the outcome of the delegated task.

### **The NMC Code requirements in relation to accepting delegated activities**



The NMC Code sets out the responsibilities of people on our register when they accept a delegated task. It states that nurses, midwives and nursing associates must, as appropriate:

- make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional ‘duty of candour’ and raising concerns immediately whenever you come across situations that put patients or public safety at risk;
- make a timely referral to another practitioner when any action, care or treatment is required;
- ask for help from a suitably qualified and experienced health and care professional to carry out any action or procedure that is beyond the limits of your competence; and
- complete the necessary training before carrying out a new role.

The NMC are currently reviewing the Code of Conduct and have committed to considering the issues raised by practitioners regarding delegation within multidisciplinary teams. This includes the increasing number of people with complex care needs being cared for, in and out of hospital, by a wide range of health and social care practitioners.

## 4.0 The Health and Care Professional Council

[Standards of Conduct, Performance and Ethics | The HCPC](#) state:

**Delegate appropriately:** *Delegation, oversight and support*

- ✓ ‘You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively; and
- ✓ You must continue to provide appropriate supervision and support to those you delegate work to.



### Guidance for students' states:

- ✓ recognise that the opportunities for delegation will vary during your programme depending upon your knowledge, understanding, skills and experience;
- ✓ discuss the delegation of tasks with an appropriate member of staff at your education provider or practice placement provider prior to taking any action;
- ✓ follow policies or guidelines on delegation and working with others produced by your education provider or practice placement provider;
- ✓ if giving tasks to another person to carry out on your behalf, ensure that they have the knowledge, skills and experience to carry out the tasks safely and effectively and that your education provider or practice placement provider supports your decision to do so;
- ✓ if giving tasks to another person to carry out on your behalf, you should ensure that they have the appropriate information to carry out the tasks safely and effectively; and
- ✓ explain to service users and carers if you have asked another person to provide any care, treatment or other services.

**In Northern Ireland, The Advisory Committee of Allied Health Professions (ACAHP) provided a Position Statement on Delegation** *issued in 2025:* outlining key principles of the AHP Delegation Position. (See Section 2.3 in the [Annex 6: Scoping of Best Practice Models for Delegation of Health Care Interventions in Other Jurisdictions Including Northern Ireland.](#)

## 5.0 NI Social Care Council: Regulation of Social Workers and Social Care Workers

### [Standards and Guidance - NISCC](#)

The Social Care Council Standards of Conduct and Practice for Social Care Workers (2015) sets out the standards required of social workers, including being



‘accountable for the quality of work and taking responsibility for maintaining and improving knowledge and skills, this includes:

- ✓ Taking responsibility for work delegated to you, recognising and working within the limits of your knowledge, skills and experience;
- ✓ Recognising that you remain responsible for the work that you have delegated to other workers;
- ✓ Recognising and respecting the roles and expertise of workers from other disciplines and agencies and working in partnership with them; and
- ✓ Undertaking relevant training and learning to maintain and improve your knowledge and skills and meeting the Social Care Council Post Registration Training and Learning Requirements in line with your job role. (NISCC, 2025, p6).

## 6.0 The General Medical Council

### [GMC \(General Medical Council\) Guidance on Delegation and Referral](#)

The GMC guidance on Delegation and referral states:

‘Delegation involves asking a colleague to take responsibility for providing care or treatment on your behalf. Accountability for safe delegation is shared between the colleague delegating and the colleague to whom care or treatment is delegated, stating ‘you must work collaboratively with colleagues to make sure delegation is appropriate’. (GMC, 2024, para.65).

The guidance further states that:

- You must be confident that the colleague you delegate to has the necessary knowledge, skills, and training to carry out the task, or that they will be adequately supervised to ensure safe care; and
- Usually, you’ll delegate to a colleague who is a medical, health or social care professional registered with a statutory regulatory body. If a colleague is not registered with a statutory regulatory body, registration on a managed voluntary register can give some assurance that they’ve met



defined standards of competence, and that they adhere to agreed standards for their professional skills and behaviour.

### **Instructions and supervision**

Regarding the provision of instructions and supervision, you should help to create a compassionate and supportive working and training environment where less experienced colleagues can feel safe to ask questions and supported when they express uncertainty or a lack of confidence:

- You must give clear instructions when delegating, including about what needs to be done, by whom and by when;
- You must encourage colleagues to:
  - ask questions so they understand what they are being asked to do;
  - familiarise themselves with organisational protocols or guidelines concerning treatment escalation or senior review;
  - seek support or supervision if they need it at any point after a task has been delegated;
- You should check that colleagues understand what they are being asked to take responsibility for and when to seek input from a more experienced colleague; and
- You must respond constructively to any concern's colleagues have and make sure they know where they can find support or access supervision.

### **Accepting delegated tasks or responsibilities**

When accepting responsibility for delegated tasks, you must prioritise patient safety over other considerations such as training opportunities or performance assessments.



You must make sure you:

- understand what you are being asked to do, by when, and ask questions if you don't;
- are capable of carrying out the delegated task, under supervision where necessary; and
- have an understanding of the patient, which may involve reading notes and reviewing test results where applicable.

When accepting responsibility for delegated tasks, or at any point after this, if you become concerned that you may not be able to carry them out safely you must seek help or ask a more experienced colleague to take over.

## **Referral**

Referral is when you arrange for another medical, health, or social care professional or a service to take over part or all of the care of a patient.

Usually, you will refer the patient to a regulated service, or to a medical, health, or social care professional who holds current registration with a statutory regulatory body. If you are aware that a medical, health, or social care professional has been erased from a professional register or suspended from practice, you must not refer patients to that professional. If you are considering referring the patient to a service or professional based overseas, you must be confident it would be safe and appropriate to do so.

If you want to refer a patient to an unregulated professional or service, you must be confident that systems are in place to verify the safety and quality of the care they provide. For example, voluntary registration can provide some assurance that a practitioner has met defined standards of competence, and that they adhere to agreed standards for their professional skills and behaviour.

When referring a patient to a colleague or service in any situation you should make sure the patient knows:

- 
- who is responsible for their overall care if this is not you;
  - why you have referred them and what should happen next;
  - when they can expect to see the new professional; and
  - who to contact if they have questions or concerns about their care.

### **Communicating with patients and colleagues**

The following paragraphs apply whether you are delegating or referring.

You should explain to the patient that another colleague or service will provide part or all of their care and explain the reasons why.

You must pass on to the medical, health, or social care professional or service provider involved:

- relevant information about the patient's condition and history; and
- the purpose of transferring care and/or the investigation, care or treatment the patient needs.

You should check that the patient understands what information you will pass on and why. If the patient objects to a disclosure of information about them that you consider essential to the safe provision of care, you should explain that you can't refer them or arrange for their treatment without also disclosing that information.

You must record your work in line with paragraphs 69–71 of Good medical practice and use the systems available to you effectively, particularly when you will not see the patient again.

### **Accountability for delegation or referral**

When you delegate or refer care you are accountable for:

- your decision to delegate or refer care;
- the steps you take to make sure patient safety isn't compromised;
- the instructions you give; and

- 
- the overall management of a patient if you're the responsible consultant or clinician.

When you delegate or refer a patient's care to a colleague or service in line with the principles set out in this guidance, you are not accountable for the actions (or omissions) of those to whom you delegate or refer care.

When you accept responsibility for a delegated task you are accountable for the steps you take to prioritise patient safety.

If there is ambiguity or uncertainty about who has responsibility for a task in a multidisciplinary or multi-agency team, you should follow the guidance in paragraph 17 of [Leadership-and-Management](#).

## 7.0 Royal College of Nursing

The Royal College of Nursing (RCN) issued a guide [Accountability and Delegation | Royal College of Nursing](#) for nursing teams explaining the principles of accountability and delegation. This publication is a contemporary and live document (last accessed 02/02/26). Which includes a step-by-step guide to ensure delegation only takes place when it is safe and appropriate to do so. The Royal College of Nursing (RCN) share resources and case studies which outline the registered nurse responsible and accountable for the appropriate delegation and supervision of care provided by others in the team.

## 8.0 Conclusion

Across the GMC, NMC, HCPC, and NISCC, the common thread in guidance on delegation is the emphasis on patient safety, competence, and accountability. While each regulator frames its standards slightly differently, they all require professionals to:

- ✓ Assess competence before delegating tasks;
- ✓ Provide clear instructions and appropriate supervision; and
- ✓ Retain overall responsibility for care outcomes, even after delegation.



The GMC offer detailed guidance distinguishing delegation from referral and stress clinical oversight. NMC provides supplementary information and animation videos to support staff in decision making. The HCPC provides less detail regarding delegation but focusses on scope of responsibility and ongoing supervision. While NISCC doesn't appear to refer directly to delegation but rather embeds delegation principles within broader conduct and employer standards.

Ultimately, these standards set out by regulatory bodies, safeguard service users, maintain professional integrity and ensure that delegation enhances efficiency without compromising quality or public trust in health and social care systems. It is essential that local policies and protocols interpret and embed the principles set out by regulators. While GMC, NMC, HCPC, and NISCC provide high-level standards, these must be translated into practical steps that fit the workforce model and organisational context.

Embedding these principles locally ensures:

- Compliance with regulatory expectations and legal requirements;
- Adaptation to local workforce models;
- Consistency and clarity in delegation decisions across teams; and
- Support for training of safe delegation practices.

The learning from this report has been incorporated into the Task and Finish Group overall report.



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