

Department or Facility	ASSESSMENT OF NURSING AND MIDWIFERY CLINICAL COMPETENCE IN PRACTICE			
Form Number	Description	Frequency	Version	Updated on
NMED 03	Nursing and Midwifery Competency Framework; Process for approval of nurses and midwives' clinical competence required to deliver holistic, high quality person-centered care.	Every 3 years or more frequently as needed	2	22/10/2024
SOP Elements	<ol style="list-style-type: none"> Purpose of the Document: To establish a governance structure and quality assurance process and to provide guidance to support the operational framework through which HMC's nursing and midwifery staff are accountable for developing and maintaining competence in line with their scope of practice. Assumptions <ol style="list-style-type: none"> Nurses and midwives demonstrate clinical competence to practice independently in line with Department of Healthcare Professions (DHP) license. Clinical competence must be assessed following the holistic approach of competency assessment; confident, safe and compassionate care. Key Inputs <ol style="list-style-type: none"> Nurse/Midwife - is a person licensed by the DHP as a nurse or midwife, who is employed by HMC in a nursing or midwifery role and is required to evidence their competence to undertake specific procedures or skills independently as outlined in their job description and scope of practice. Competence- is the ability to deliver a specified professional service. It refers to the total role functioning of the professional and incorporates a number of units of competence. A unit of competence (a competency) is a relatively self-contained achievement and should as far as possible be complete. It describes the outcome expectations of a particular work role and acts as a benchmark against which individual performance is judged (Uys, 2003). Competence encompasses the 			

knowledge, judgement, skills, attitude, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities (International Confederation of Midwives 2019, Leung et al 2016, Roach 1992, WHO 2022).

3.3. Competence is evidenced through compassionate, confident and safe practice.

- 3.3.1 Compassionate: Recognizing patients' needs and providing person centered care that is morally and ethically acceptable, with consideration for an individual's preference (Bramley and Matiti 2014, NMER, 2019, Perez-Bret et al 2016).
- 3.3.2 Confident: An important quality of a nurse to consistently deliver efficient care, with certainty and competence, rooted from experience and correct practice (Missen et al 2015, NMER 2019).
- 3.3.3 Safe: Practicing in a safe environment for both patient and healthcare provider, using well-functioning resources and following safe practice standards to ensure efficient and high-quality patient care (Gun-Britt et al 2016, NMER 2019).

3.4. Nursing and Midwifery Competencies: are practiced and demonstrated by nurses or midwives in the delivery of evidence-based care appropriate to their patient or client population, scope of service and job description.

3.5. Core Practice

- 3.5.1 Demonstrates the competence to deliver systematic and ethical care underpinned by knowledge, judgment and skills derived from biological, physical, behavioral, social and nursing and/or midwifery sciences (Addendum A).
- 3.5.2 Core competencies are fundamental to professional practice which every newly hired nurse or midwife are required to demonstrate competence under the supervision of their preceptor and must demonstrate independently by the end of the probationary orientation period (usually within 90 days of appointment or earlier).
- 3.5.3 Nurses and midwives who fail to demonstrate the core

competencies are required to develop and successfully complete a remedial learning contract following HR policy 3020 to make good performance with support from their Preceptor and/or Head Nurse and/or Educator.

3.6. Specialist Practice

- 3.6.1 Demonstrates a wider range of responsibility, accountability, autonomy, knowledge and refined skills in the management of specialist care/workloads.
- 3.6.2 Specialist practice is evidenced through demonstration of competencies which are generic to all staff within a clinical specialty and are aligned to that specialty and unit scope of service across HMC.

3.7. Advanced Practice

- 3.7.1 Demonstrates advanced knowledge, complex clinical, managerial and leadership decision-making and the ability to integrate research, education, clinical management, policy and service planning skills.
- 3.7.2 Advanced practice is evidenced through demonstration of competencies which are highly specialized and relate to specific specialty care areas.

3.8. Assessment of Competence

- 3.8.1 Competence is inferred from performance (*Uys, 2003, Fukada 2018*) and each competence has an associated number of assessment criteria which are underpinned by evidence-based practice and determined by statutory, regulatory and organizational requirements.
- 3.8.2 Assessment of competence is an on-going process which begins during hiring, and orientation to the workplace. Assessment of competence continues throughout the nurse/midwife's career.
- 3.8.3 The holistic assessment of competence must be verified through a range of evidence, which includes professional knowledge, practice, behaviors and technical skills (Addendum B).
- 3.8.4 Evidence of competence is embedded in practice and can be

measured directly, for example through observation of a nurse or midwife written or verbal description of the performance.

3.8.5 Assessment of competence must take account of the legal, ethical and professional aspects of the delivery of care such as critical thinking and appropriate behaviors in the work setting.

3.8.6 Resources for acquisition and maintenance of competence is through international guidelines, Lippincott Nursing Procedures, HMC policies/ protocols etc. as mentioned in the process map addendum C.

4. Process Steps

4.1. Assessors of competence, including preceptors/assessors are selected according to their experience and training. The identification of suitable candidates to undergo training and assume the role of preceptor is normally managed by head nurses and/or nurse/midwife educators.

4.2. Assessment of competence will be undertaken by an HMC prepared preceptor/assessor using a holistic based approach and evidence of ethical, professional, technical and behavioral components in the judgement of overall performance.

4.3. Specialist and advanced competencies will be developed and reviewed by Clinical Nursing/Midwifery Networks who have overall responsibility for agreeing competencies, their components and frequency of assessment based on scope of service (Addendum D).

4.4. Managers and supervisors are accountable for ensuring:

4.4.1. Staff within their assigned area are competent to practice according to the agreed competencies, their job description, scope of practice and the unit scope of service within the timeframe.

4.4.2. An up-to-date record of competence for nurses/midwives within their assigned area is included in their personnel file as in the Appendix C of HR 3029 Employee Personnel File.

4.5. Individual staff are responsible for maintaining a record of competence in their personnel file which is evidenced in their professional portfolio.

4.6. Failure of nurses and midwives to demonstrate and evidence their competence in the required areas will be reflected in the performance evaluation.

4.7. Nursing/midwifery competence to practice should be reconfirmed from time

to time and in the following circumstances:

- 4.7.1 When HMC policy, guidelines and/or procedure changes are notified.
 - 4.7.2 Following adverse events or issues identified at performance review involving individuals and/or nursing/midwifery teams which require education and re-assessment.
 - 4.7.3 Following for a change in external accreditation requirements according to the timeline required by the accrediting body.
 - 4.7.4 Following change in scope of service and new emerging evidence in practice.
- 4.8. Nursing and Midwifery competence to practice must be in line with HMC policy where applicable.
- 4.9. If at any time during the year the employee's performance is below the expected standard, a Performance Improvement Plan (PIP) must be initiated (HR 3049 Performance Management and Evaluation policy; HR 3020 Managing Poor Performance Employees).
- 4.10. Outsourced staff working at HMC's Private Nursing Services (PNS) must achieve and demonstrate competencies under the supervision of an appropriately prepared member of HMC staff in collaboration with the outsourcing agency.
- 4.11. Clinical attachees/Return to practice trainees depending on the nature of their clinical attachment, must achieve and demonstrate Core and relevant Specialist Competencies under the supervision of an appropriately prepared member of HMC staff (HR 3071 Clinical Attachments for nurses /midwives / clinical support / allied health professionals).
- 4.12. The development, review, and amendment of nursing and midwifery competency documents must adhere to the approved Nursing and Midwifery Competency Framework document development, review, and amendment process as outlined in Addendum E for non-advanced clinical specialist competencies and Governance Process for Approval of Advanced Nursing and Midwifery Practice (ANMP) Clinical Specialist Competencies as outlines in Addendum F.
- 4.13. Any updates or revisions made to competency documents must be accurately reflected in the approved Nursing and Midwifery Competency



	<p>Framework document, review tracker, Addendum G and resource list also must be updated.</p> <p>4.14. Newly added competencies or practice elements to the existing competency document must be confirmed by a qualified and competent assessor, and in accordance with the requirements by relevant clinical specialty network, competency working group or as approved by the program approval committee.</p> <p>4.15. Nurse/midwife educators must support in the implementation of Nursing and Midwifery Competency Framework (NMCF) by organizing awareness sessions and ensuring the resources are evidence based.</p> <p>4.16. Nurse educators must support the preceptors, nurses/midwives to consistently demonstrate competent nursing practice by creating opportunities for competency assessment/reassessment in clinical and/ or simulated practice.</p> <p>5. Evaluation Procedure for the Nursing and Midwifery Competency Framework (NMCF)</p> <p>5.1. The evaluation of the Nursing and Midwifery Competency Framework (NMCF) on clinical practice will involve assessing approved key performance indicators as outlined in Addendum H.</p>
SOP Process Flow Diagram/Addendums	<p>Please see</p> <p>Addendum A: HMC Nursing and Midwifery Clinical Competency Framework.</p> <p>Addendum B: HMC Nursing and Midwifery Confirmation of Clinical Competence Evidence.</p> <p>Addendum C: HMC Nursing and Midwifery Clinical Competency Framework Process Flow.</p> <p>Addendum D: HMC Nursing & Midwifery Competency Framework Specialty Reporting Structure.</p> <p>Addendum E: Nursing and Midwifery Competency Framework Document Development, Review, and Amendment Process for (non-advanced) Specialist Competencies.</p> <p>Addendum F: Governance Process for Approval of Advanced Nursing and Midwifery Practice (ANMP) Clinical Specialist Competencies.</p> <p>Addendum G: Nursing and Midwifery Competency Framework document review tracker.</p> <p>Addendum H: Nursing and Midwifery Competency Framework Key Performance</p>



	Indicators.
References	<ol style="list-style-type: none">1. Bramley, L., Matiti, M. (2014). How does it really feel to be in my shoes? Patient's experiences of compassion within nursing care and their perceptions of developing compassionate nurses. <i>Journal of Clinical Nursing</i>. 23: 2790-2799. Accessed 28 January 2024 from https://onlinelibrary.wiley.com/doi/full/10.1111/jocn.12537.2. Fukada, M. (2018) Nursing competency: definition, structure and development. <i>Yonago Acta Medica</i>, 61: 1-7. Accessed 28 January 2024 from https://www.jstage.jst.go.jp/article/yam/61/1/61_2018.03.001/article/-char/ja/3. Lejonqvist, G. B., Eriksson, K., & Meretoja, R. (2016). Evaluating clinical competence during nursing education: A comprehensive integrative literature review. <i>International Journal of Nursing Practice</i>, 22(2), 142-151 Accessed 28 January 2024 from https://onlinelibrary.wiley.com/doi/full/10.1111/ijn.124064. HMC HR 3020. (2022). Employee Performance Improvement. Available online: i-Tawasol. HMC HR 3049. (2022). Performance Management, Appraisal and Evaluation. Available online: iTawasol.5. HMC HR 3071. (2023). Clinical Attachments for Nurses/Midwives/Medical Scientist/Allied Health Professionals. Available online: i-Tawasol.6. HMC HR 3029. (2022). Employee Personnel File. Available online: i-Tawasol.7. International Confederation of Midwives (ICM). (2019). Essential competencies for midwifery practice. ICM: Koninginnegracht, Netherlands. Accessed 28 January 2024 from https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html8. Leung, K., Trevan, L., & Waters, D. (2016). Development of a competency framework for evidence-based practice. <i>Nurse Education Today</i>, 39, 189-196. Accessed 28 January 2024 from https://www.sciencedirect.com/science/article/abs/pii/S02606917160005389. Missen, K., McKenna, K., & Beauchamp, A. (2015). Registered nurses' perceptions of new nursing graduates' clinical competence: A systematic integrative review. <i>Nursing and Health Sciences</i>, 18(2), 143-153. Accessed 28 January 2024 from https://onlinelibrary.wiley.com/doi/full/10.1111/nhs.12249



	<p>10. Perez-Bret, E., Altisent, R., & Rocafort, J. (2016). Definition of compassion in healthcare: A systematic literature review. <i>International Journal of Palliative Nursing</i>, 22(12), 599-606. Accessed 28 January 2024 from https://www.magonlinelibrary.com/doi/full/10.12968/ijpn.2016.22.12.599</p> <p>11. Qatar Council for Healthcare Practitioners (DHP). (n.d.). Nursing Regulations in the State of Qatar Section 2: Nursing/Midwifery Competency Framework and Scope of Practice, viewed on 28 January 2024 from https://dhp.moph.gov.qa/en/documents/nursing%20regulations%20in%20the%20state%20of%20qatar.pdf</p> <p>12. Roach, M. (1992). <i>The human act of caring: A blueprint for the health professions</i>. Ottawa: Canadian Hospital Association Press. Accessed 28 January 2024 from https://philpapers.org/rec/ROATHA</p> <p>13. Sullivan, J., et al. (2021). Piloting of a nursing and midwifery competence framework in the cultural context of a Middle Eastern country. <i>Nurse Education in Practice</i>, 51(February 2021), 102969. NMER. (2019). Nursing and Midwifery Competence Framework Pilot Feedback. Accessed 28 January 2024 from http://www.sciencedirect.com/science/article/abs/pii/S1471595321000056</p> <p>14. Uys, LR. (2003). Competency in nursing. World Health Organization: Geneva.</p> <p>15. World Health Organization. (2022). <i>Global competency and outcomes framework for universal health coverage</i>. World Health Organization. Accessed 25 February 2024 from Global Competency and Outcomes Framework for Universal Health Coverage (who.int).</p>		
Document Author/s	<p>1. Ms. Jesveena Mathias, Acting Director of Nursing Education</p> <p>2. Ms. Caroline Gabas, Nurse Educator I</p> <p>3. Ms. Jacqueline Sullivan (Author: 2020-March 2023)</p>		
Effective From	December 2020	Next Review Date	April 2027



Authorized by	Nursing and Midwifery Competency Framework Steering Committee	Reviewed & approved by	1. Mr. Thabit Melhem, EDoN, 2. Ms. Alanoud Al Marri, EDoN.
Approved by	Corporate N&M Education & Professional Development Committee (CNM-EPDC)	Date: 30.05.2024	
	Nursing & Midwifery Executive Committee (NMEC).	Date: 22.10.2024	
NMEC Chairperson Signature	<div>Mariam Nook J. Al-Mutawa Acting Chief Nursing Officer Corporate Nursing and Midwifery HMC 10.12.24</div>		

Document Edit History

Version	Date	Feedback	Prepared/revised by
1	16/12/2020	Implemented	Ms. Jacqueline Sullivan Ms. Jesveena Mathias Ms. Caroline Gabas
2	03/04/2024	<ul style="list-style-type: none">Replaced patient to "person" in Description.Frequency changed to "Every 3 years or more frequently as needed".Version number changed to 2"Updated on" changed from 16/12/2020 to 03/04/2024. SOP Elements:	Nursing and Midwifery Competency Framework Steering Committee

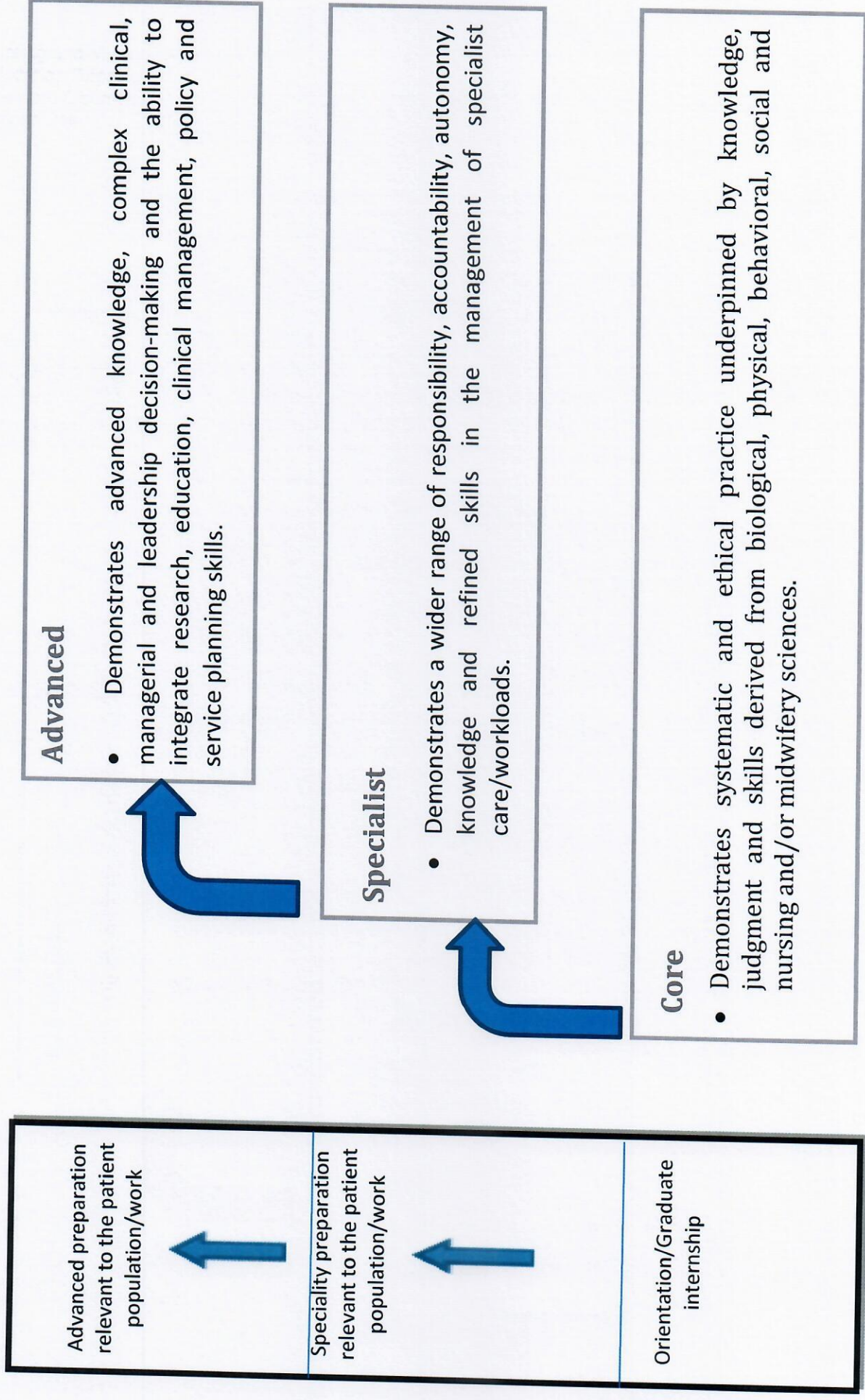


		<ul style="list-style-type: none">• 2.1 Deleted QCHP and added Department of Healthcare Professions (DHP)• 3.1. Deleted QCHP and added DHP• 3.2 updated the competence definition by adding new reference "WHO 2022"• 3.3.1 revised patient centered care to "person centered care."• 3.5.2 deleted term GNO and added "required to demonstrate competence"• 3.8.6 Deleted "E resource" and added Nursing Procedures• 4.1 & 4.2 added "assessor" beside preceptor.• 4.4.2 replaced NAP 07 with "as in Appendix C of HR 3029 Employee Personnel File."• 4.9. deleted is "considered to be"• 4.10 updated statement to "HMC's Private Nursing Services (PNS)"• 4.11 added "return to practice trainees."• Added item number 4.12,4.13,4.14, 4.15, 4.16 and section 5 <p>SOP Process Flow Diagrams/ Addendums:</p> <ul style="list-style-type: none">• SOP Process flow/diagram and "Appendices merged as Addendums." Minor updates made on addendum A,B,C and D.• Added Addendums: Addendum E: Nursing and Midwifery Competency Framework Document Development, Review, and Amendment Process for (non-advanced) Specialist	
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		<p>Competencies.</p> <ul style="list-style-type: none">• Addendum F: Governance Process for Approval of Advanced Nursing and Midwifery Practice (ANMP) Clinical Specialist Competencies.• Addendum G: Nursing and Midwifery Competency Framework document review tracker.• Addendum H: NMCF Key Performance Indicators. <p>References:</p> <ul style="list-style-type: none">• Updated all the references and given numbers.• New references added – 6 and 13. <p>Other Changes:</p> <ul style="list-style-type: none">• Updated Next review date to April 2027• Reviewed & approved by changed- to "Mr. Thabit Mohammad Melhem and Ms. Alanoud Al Marri <p>EDON"</p> <ul style="list-style-type: none">• Added additional Approval "CNM-EPDC"• Approved by changed to "Ms. Mariam Nooh Al Mutawa, Acting Chief Nursing Officer to NMEC.• Document author updated to add "(2020- March 2023)" beside Ms. Jacqueline Sullivan, A/AEDoN, also added additional authors "Jesveena Mathias, A/DoNE and Caroline Gabas, NE I".	
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Addendum A: HMC Nursing and Midwifery Clinical Competency Framework



Levels of practice adapted from DHP Nursing Regulations in the State of Qatar 2023

Addendum B: N & M Confirmation of Clinical Competence

Hamad Medical Corporation Nursing and Midwifery Confirmation of Clinical Competence Evidence

Name: Title: Corp. No: Specialty Area/unit:
 N & M Career framework Pathway: ☐ Clinical: ☐ Managerial/Leadership: ☐ Education: ☐ Research ☐ boxes which apply

Level of practice: ☐ Core: ☐ Specialist: ☐ Advanced ☐ boxes which apply

Initial Confirmation/Assessment ☐ : Periodic Reconfirmation ☐ ☒ boxes which apply (Periodic competency reassessment is done according to an agreed frequency for individual skills but can be done whenever new evidence emerges, a learning need is identified, or service requirement exists.)

Competency Category: Core Competencies - expected to be evidenced within 3 months of joining date

Competence Statement: The nurse/midwife demonstrates core competencies, fundamental to professional practice.

Practice required to evidence competence		Competency Confirmation			
		Frequency	Performance Met or Not met ***	Preceptor /Assessor signature	Corp No
1	Comprehensive initial patient assessment	Once			
2	Safe medication administration practices, general	Once			
3	Pain assessment and pain management	Once			
4	Effective communication by using SBAR	Once			
5	Infection prevention and control	Once			

Comments by Staff being confirmed/ assessed: *** Add brief comments and reflections about your performance.

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Comments by Confirmer/Assessor: *** Explain the evidence about performance and any action plans to address areas for development.

Space compressed – for illustration

I confirm that the above-named nurse/midwife has demonstrated compassionate, confident and safe practice with the integration of knowledge, skills and behaviors which confirm achievement of the competence statement(s) in this document.

Preceptor/Assessor Name: Signed: Corp no Designation: Date:

Hamad Medical Corporation
Nursing and Midwifery Confirmation of Clinical Competence Evidence

Name: Title: Corp. No: Specialty Area/unit:
 N & M Career framework Pathway: ☐ Clinical: ☐ Managerial/Leadership: ☐ Education: ☐ Research ☒ boxes which apply
 Level of practice: ☐ Core: ☐ Specialist: ☐ Advanced ☒ boxes which apply

Initial Confirmation/Assessment ☐: Periodic Reconfirmation ☐ ☒ boxes which apply (Periodic competency reassessment is done according to an agreed frequency for individual skills but can be done whenever new evidence emerges, a learning need is identified, or service requirement exists.)

Competency Category: Specialist Competencies - normally evidenced within 3, 6 and 12 months of joining date.

NB: Some elements of complex practice (e.g. ECMO, therapeutic cooling, stoma site marking) will not apply to every nurse or midwife within the specialty. Where that is the case, that element of practice required to evidence competence **must be marked as N/A in this template.**

Competency Title:

Competency Statement:

Practice required to evidence competence		Competency Confirmation		
		Frequency	Performance Met or Not met ***	Preceptor /Assessor signature
1				Corp No
2				Date
3				
4				

Comments by Staff being confirmed/ assessed: *** Add brief comments and reflections about your performance
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Comments by Confirmer/Assessor: *** Explain the evidence about performance and any action plans to address areas for development
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I confirm that the above-named nurse/midwife has demonstrated compassionate, confident and safe practice with the integration of knowledge, skills and behaviors which confirm achievement of the competence statement(s) in this document.

Preceptor/Assessor Name: Signed: Corp no Designation: Date:

* Periodic competency reassessment can be done whenever new evidence emerges, learning need identified, or service requirement exists
 ** Point of Care Testing POCT (Urine analysis, ABL 90, and Nova Glucometer) to be covered by laboratory competency assessment checklist

Hamad Medical Corporation
Nursing and Midwifery Confirmation of Clinical Competence Evidence

Name: Title: Corp. No: Specialty Area/unit:
 N & M Career framework Pathway: ☐ Clinical: ☐ Managerial/Leadership: ☐ Education: ☐ Research ☒ boxes which apply

Level of practice: ☐ Core: ☐ Specialist: ☐ Advanced ☒ boxes which apply

Initial Confirmation/Assessment ☐: Periodic Reconfirmation ☐ ☒ boxes which apply (Periodic competency reassessment is done according to an agreed frequency for individual skills but can be done whenever new evidence emerges, a learning need is identified, or service requirement exists.)

Competency Category: Advanced Practice- expected to be evidenced within 12 months of joining date				
Competence Title:				
Competence Statement:				
Practice required to evidence competence		Competency Confirmation		
		Frequency	Performance Met or Not met ***	Preceptor /Assessor signature
1				Date
2				
3				
4				
Comments by Staff being confirmed/ assessed: *** Add brief comments and reflections about your performance Space compressed – for illustration				
Comments by Confirmer/Assessor: *** Explain the evidence about performance and any action plans to address areas for development Space compressed – for illustration				

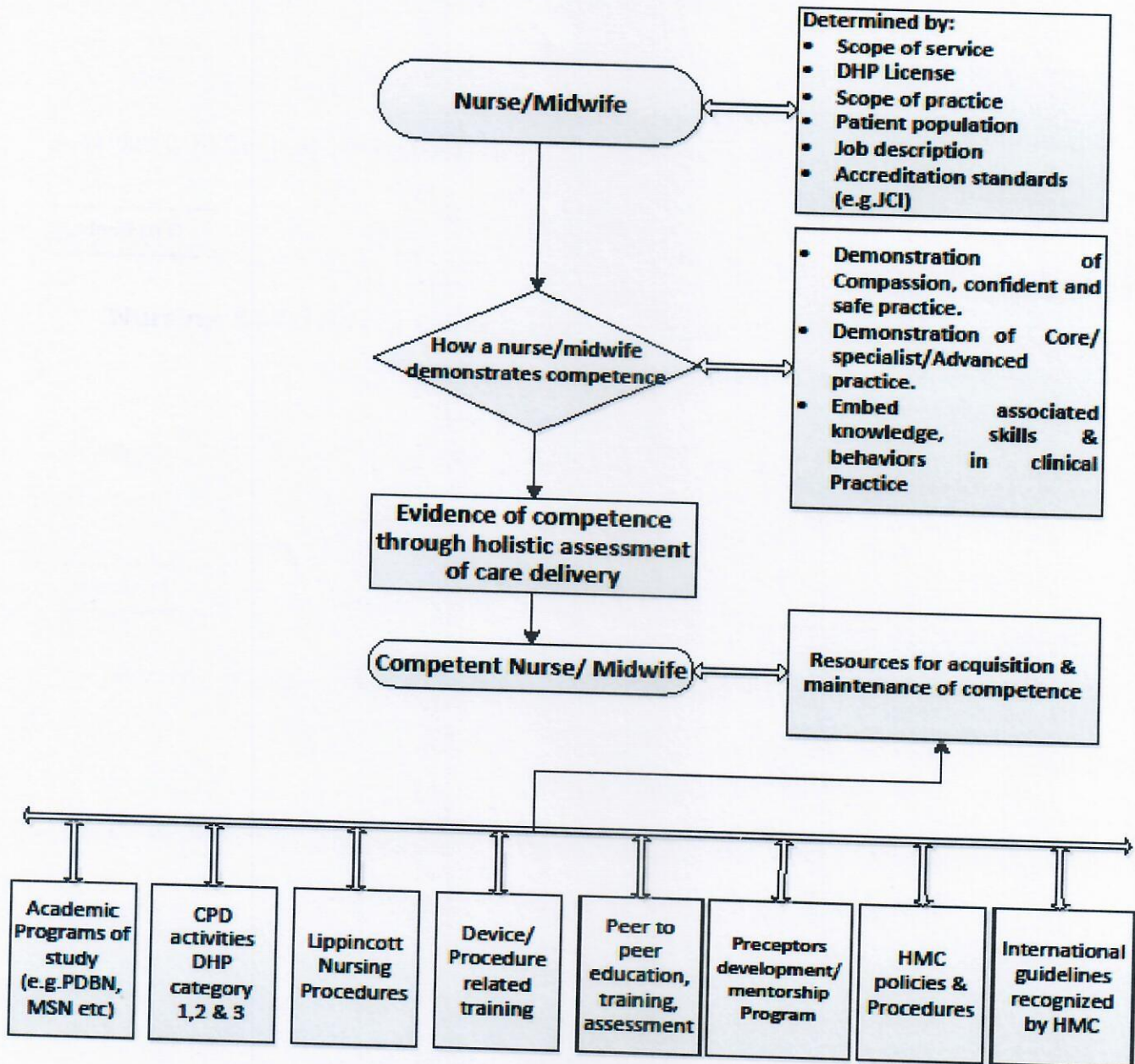
I confirm that the above-named clinical nurse/midwife has demonstrated compassionate, confident and safe practice with the integration of knowledge, skills and behaviors which confirm achievement of the competence statement(s) in this document.

Preceptor/Assessor Name: Signed: Corp no Designation: Date:

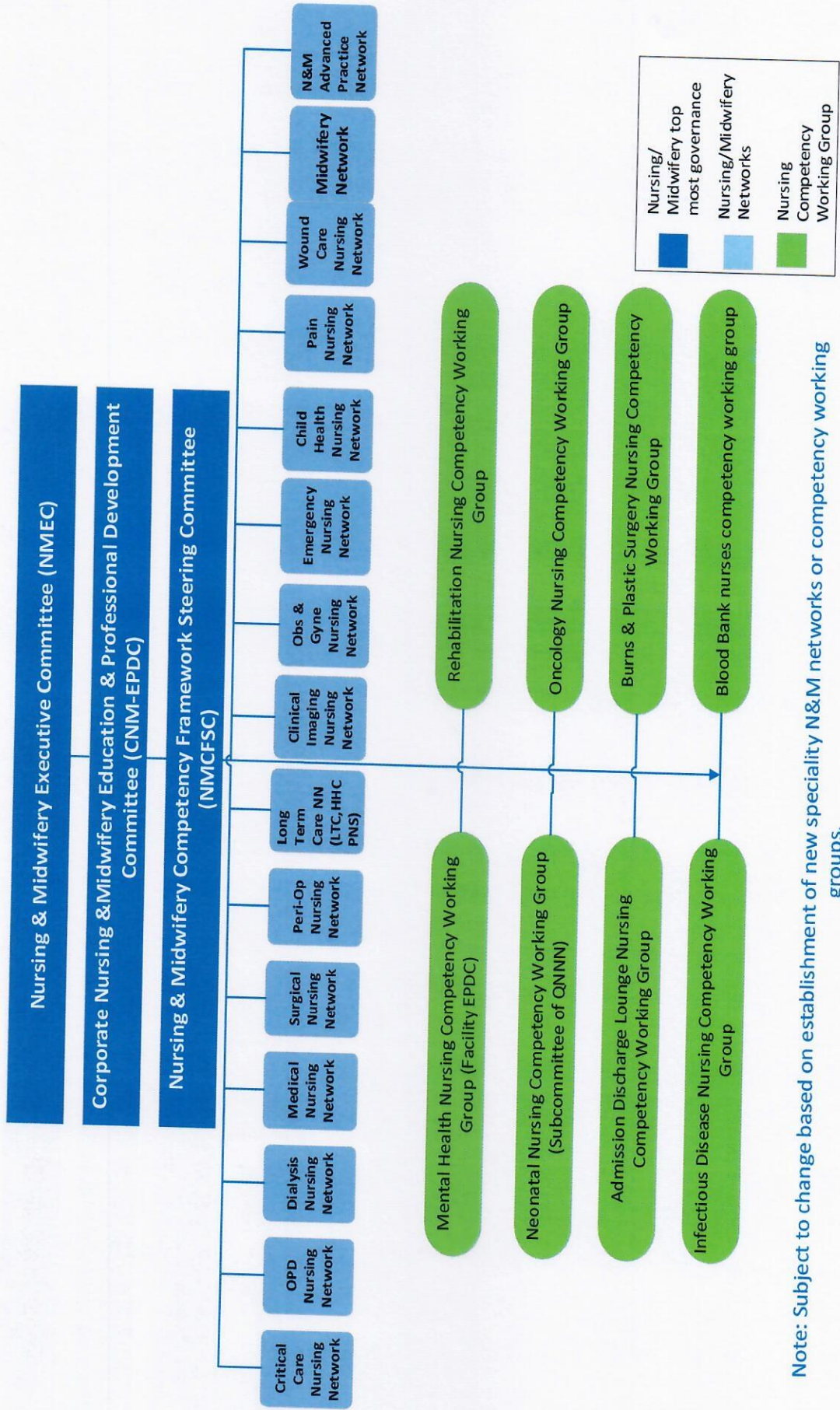
* Periodic competency reassessment can be done whenever new evidence emerges, learning need identified, or service requirement exists
 ** Point of Care Testing POCT (Urine analysis, ABL 90, and Nova Glucometer) to be covered by laboratory competency assessment checklist

Addendum C:

Nursing & Midwifery Competency Framework Process Flow



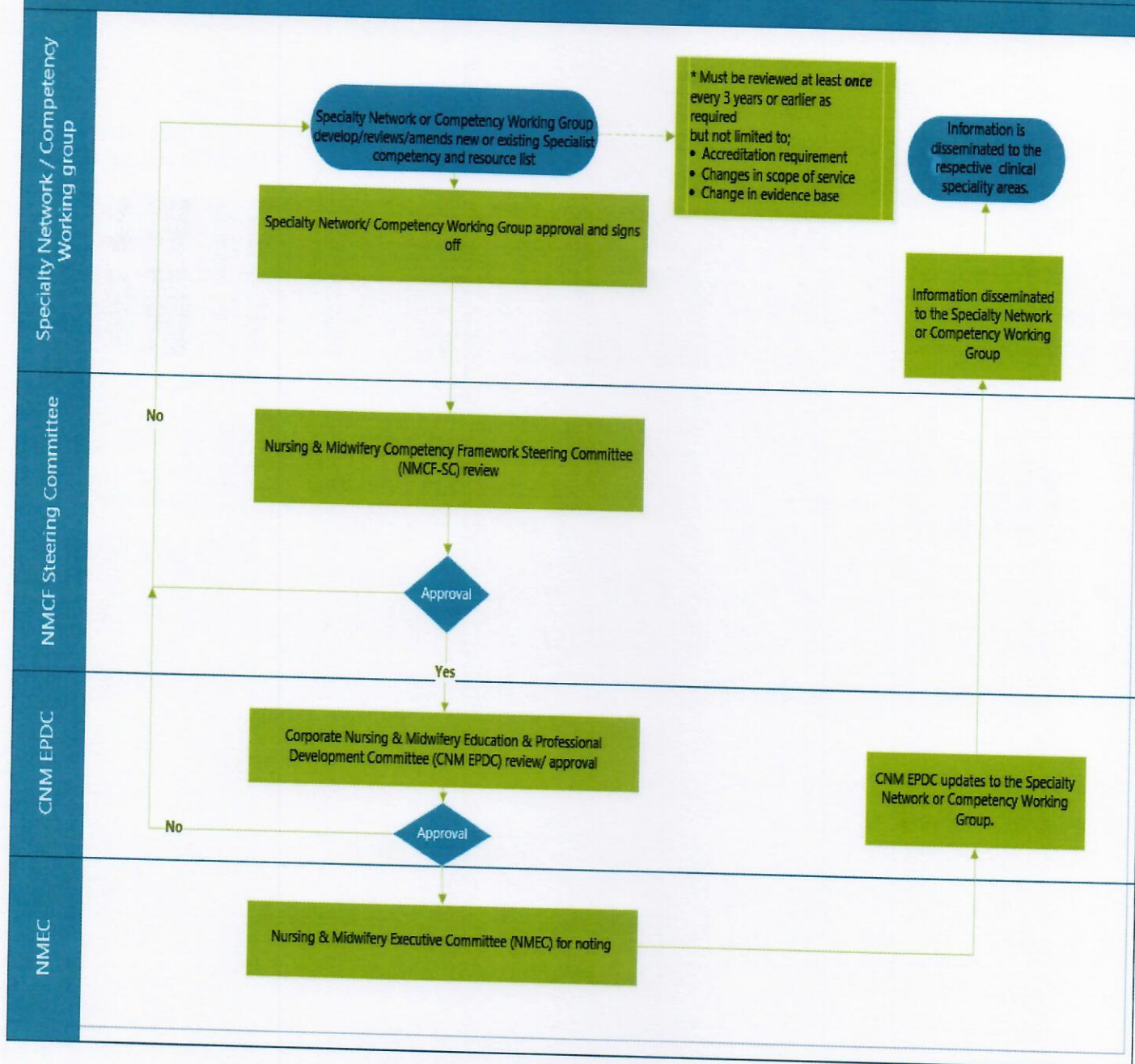
Addendum D: HMC Nursing and Midwifery Competency Framework Speciality Reporting Structure



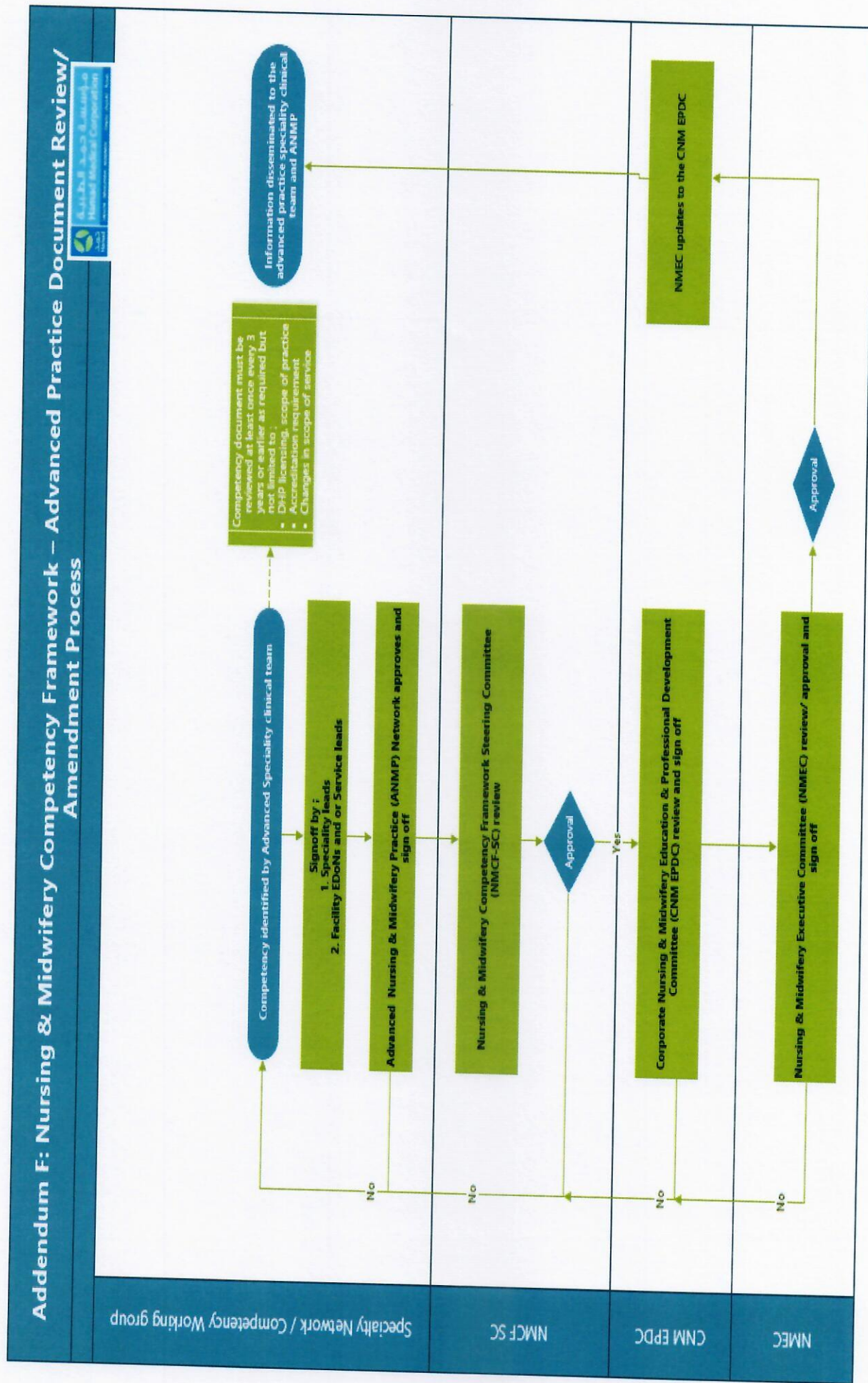
Note: Subject to change based on establishment of new speciality N&M networks or competency working groups.

Addendum E: Nursing and Midwifery Competency Framework Document Development, Review, and Amendment Process for (non-advanced) Specialist Competencies

Addendum E:
Nursing & Midwifery Competency Framework –Document Development/Review/Amendment
Process for Non-Advanced Competencies



Addendum F: Governance Process for Approval of Advanced Nursing and Midwifery Practice (ANMP) Clinical Specialist Competencies



Addendum G: Nursing and Midwifery Competency Framework (NMCf) Document Version Tracker

File Name:

Author:

Initial date of Implementation:

Note:

- This document must reflect the changes made to the specialist competency document after its review in line with the NMCf working group/network TOR, change in N&M specialty scope of service and accreditation requirements.
- Every time this document is updated, the respective specialty NMCf working group/specialty network must:
 - circulate and ensure that a copy of this updated NMCf competency document version tracker with the resource list is available in the respective clinical areas/units to update nurses/midwives of the changes in their specialist competencies and nurses/midwives have updated their NMCf confirmation document accordingly.
 - share a copy of this document, the updated specialist competency document and resource list with the Nursing and Midwifery Steering Committee (NMFSC), CNM-EPDC and NMEC every 3 years or as required following changes in scope of service, accreditation requirements, and updates in relevant HMC policies, guidelines or protocol.

Version number	Date (date of review)	Comments (list updates/changes made on the document)	Rationale

Addendum H: Nursing and Midwifery Competency Framework Key Performance Indicators

1. Process measures							
Sl.No	Indicator	Collection	Purpose / Definition	Rationale	Calculation	Data source	Target
1	Educators attendance to the NMCF awareness session	Yearly	Percentage of educators who have attended the N&M competency framework awareness session	To ensure the educators orientation to NMCF process	Percentage = (No of educators attended ÷ Total no of educators scheduled) X 100	NE I , NE II, DoNE	100%
2	NMCF launch by specialty	Quarterly	Percentage of specialties completed implementation of NMCF	To ensure the successful implementation of competencies across all the Nursing and midwifery specialties	Percentage = (No.of specialties that launched the new NMCF ÷ Total no of clinical specialties) X 100	Current specialties	100%
3	Staff assessed based on new NMCF	Quarterly	Percentage of staff assessed based on new Nursing and Midwifery Competency Framework per specialty	To ensure safe paractice	Percentage = (No.of staff assessed based on new NMCF per specialty ÷ Total no of staff per specialty) X 100	N& M clinical staff	100%
2. Outcome Measures							
4	Staff Satisfaction of the new NMCF	Yearly	Percentage of nurses who are satisfied with the new Nursing and Midwifery Competency Framework	To ensure that staff are utilizing the new Nursing and Midwifery Competency Framework	Percentage = (No. of staff that are satisfied with the new NMCF per specialty ÷ Total no of staff per specialty) X 100	N& M clinical staff	100%
5	Staff perception of NMCF impact on delivery of safe patient care	Yearly	Percentage of nurses who perceived that new Nursing and Midwifery Competency Framework positively impact delivery of safe patient care in their clinical specialty.	To ensure that new NMCF promotes nurses' delivery of safe patient care	Percentage= No. staff who peceived that the new NMCF positively impact the delivery of safe patient care ÷ Total no of staff per specialty) X 100	N& M clinical staff	80%