



Submission To: **Nursing Council of New Zealand on Consultation on the registered nurse scope of practice under the Health Practitioners Competence Assurance Act (2003)**

From: **New Zealand Rural General Practice Network**

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Nursing Council of New Zealand Consultation on the registered nurse scope of practice

General consultation questions

1. Do you think the issues for the registered nurse scope of practice are clearly outlined in this consultation document?

Yes

2. If no, what other issues should the Council consider related to scope of practice?

N/A

3. Do you think that the appropriate criteria for decision making on the registered nurse scope of practice are outlined on page 17?

Yes

4. If no, what criteria would you include:

N/A

Nursing Council of New Zealand Consultation on the registered nurse scope of practice

Option 1: Change the scope of practice statement for the registered nurse

Proposed changes to the scope statement:

It is proposed to add the following sentence to the scope statement (see appendix 1) to explicitly allow some nurses to expand their practice.

Registered nurses with appropriate experience, additional education and clinical knowledge and skills may undertake diagnostic and treatment interventions including surgical or operative procedures under medical delegation or within a multidisciplinary team. These nurses may also make advanced assessments, diagnose and treat clients within a multidisciplinary team or as part of a nurse led service.

Also it is proposed to replace “nursing assessment” with “client assessment” and remove “nursing” before “intervention” in the scope statement to read:

They provide comprehensive client assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge and skills.

It is also proposed that the Council add “unregulated health care workers” to the sentence “delegate to and direct enrolled nurses and nurse assistants” to align the statement with the Council’s Guideline: Direction and Delegation (May 2008).

It is proposed to change “utilise” to “use” and remove the word “complex” from the phrase “complex nursing judgment”.

The proposed new scope of practice statement for the registered nurse:

(Changes in bold)

*Registered nurses use nursing knowledge and judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, nurse assistants and **unregulated healthcare workers**. They provide comprehensive client assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities.*

*Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use their expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice. **Registered nurses with appropriate experience, additional education and clinical knowledge and skills may undertake diagnostic and treatment interventions including surgical or operative procedures under medical delegation or within a multidisciplinary team. These nurses may also make advanced assessments, diagnose and treat clients within a multidisciplinary team or as part of a nurse led service.***

Option 1 consultation questions

5. Do you support changing the wording of the registered nurse scope statement to allow nurses to expand their practice?

No

6. Please explain.

This option is not supported because there are no criteria for deciding what “appropriate, additional education and clinical knowledge and skills” is to consist of and who may decide this. It is likely to lead to a variation in standard of advanced nursing throughout the country.

7. If Yes do you support the wording changes outlined in Option 1.

N/A

8. If you prefer other wording please outline wording you would prefer.

N/A

9. Do you think the preparation (initial qualification e.g. Bachelor of Nursing) for registered nurses needs to change as a result of changes in the scope statement?

No

10. Any other comments on option 1?

N/A

Option 2: Develop a credentialling model with professional organisations and employers to enable individual nurses to be credentialled to perform expanded practice activities or roles.

Professional organisations would take responsibility for developing appropriate standards (or competencies) for the education, skills and knowledge that the nurse would need to perform expanded roles/activities. The employer would then take responsibility for ensuring appropriate organisational policies and support were available to the nurse in the clinical environment and for assessing whether the nurse had met standards. An example of this is NZNO developing standards for nurse colposcopists that would then be implemented by the nurse and employer. It is not clear that the Council would have any role in a credentialling framework. This option relies on professional organisations having the resources to develop standards, those standards being accepted nationally and employers taking responsibility for ensuring nurses complete education and assessment. It should be noted that there are a range of employers within the health sector with varying resources to support the development of nurses.

There is potential for professional development and recognition programme (PDRP) assessment processes to be adapted for expanded practice credentialling or employers could set up a credentialling committee along similar lines to that of the senior medical officers. The Ministry of Health have proposed a model of credentialling applicable to all professionals based on the credentialling process currently used by senior medical officers. Under this model nurses involved in expanded activities would be credentialled by appropriate peers. A specific range of activities would be agreed for the individual practitioner. The responsibility for credentialling is the employers with the actual process able to be delegated to a committee, peer group or professional organisation. A draft document (MOH, 2009a) was released for consultation in March 2009.

This option by itself does not address the issues with the present scope of practice statement. It would have to be introduced in combination with either option 1 (change the scope statement) or option 4 (introduce a new scope of practice).

Option 2. Consultation Questions.

11. Do you support credentialling as a way of ensuring nurses undertaking expanded practice are competent?

No

12. Please provide reasons.

This option is not supported by the New Zealand Rural General Practice Network because it relies on the individual employer to ensure policies and support and these employers have to assess whether a nurse has met the standard or competencies. This option would not result in any national consistency with no national standards as employers will have a variable ability to assess competencies developed by professional organisations. In New Zealand, employers such as small rural practices are either privately owned or owned and managed by a community trust. These organisations do not have the knowledge and/or resources to assess competencies or develop extensive policies and support the nurse. Currently even rural nurse specialists employed by DHBs experience an environment where there is significant lack of appropriate policies and support. In the present environment it is so difficult to recruit to rural nurse positions that employers both large and small (private, community or DHB) are happy to take nurses who do not have appropriate experience or education for these positions. The experience of rural nurses would indicate that credentialling by employers would be likely to be very slow in being implemented if at all.

13. Do you support professional organisations such as the New Zealand Nurses Organisation and the College of Nurse Aotearoa setting the standards for expanded practice?

No

14. Please provide reasons.

These organisations as well as others involved in Nursing can be involved but other organisations need to have involvement as well. The New Zealand Rural General Practice Network can offer a unique rural perspective from its grassroots' membership.

15. If so, what roles/activities do you think should be credentialled?

N/A.

16. Any other comments on option 2?

N/A

Option 3: Require nurses who undertake expanded practice roles to be authorised by the Council.

Under this option the registered nurse scope of practice would remain unchanged. A new scope of practice would not be introduced. This option would require registered nurses who undertake some expanded activities (e.g. some invasive procedures or prescribing medication) to be individually authorised by the Council under section 21 of the Act. At present the Council has authorisation procedures in place for nurse practitioners with prescribing rights, the emergency contraceptive pill, diagnostic imaging, surgical first assistants and nurse colposcopists. The Council specifies the training, education and competence assessments for each of these authorisations. Relatively small numbers of nurses are authorised. More information on these processes can be found on the Council website. <http://www.nursingcouncil.org.nz/news.html>.

The use of authorisation as a mechanism to allow provision of health services by specific individual practitioners is supported by the report into the review of the Act (MOH, 2009). The following recommendation is made: "That responsible authorities consult on and take account of the health services impact of their decisions and carefully weigh these up against considerations of public safety and, where appropriate and safe, they consider using the power they have under section 21 of the Act to authorise scopes of practice for individual practitioners." (pg xii). As noted in that report, some legal advisors do not hold the view that practice can be expanded using this provision.

Option 3 consultation questions

17. Do you support authorisation of specific extended activities by the Council?

Yes

18. Please provide reasons

The New Zealand Rural General Practice Network supports this option for the following reasons.

- 1. This option would result in standards that are consistent nationally and transparent to all stakeholders.**
- 2. It would provide clarity for both nurses and employers as to all the requirements of undertaking advanced or expanded practice and a process for those requirements.**
- 3. This option would provide official authorisation and guidelines for the nurse to practice in a particular field and lay down effective and transparent boundaries to enhance and support this extended practice.**
- 4. Minimise the risk of increased disciplinary action for nurses working in extended roles specifically rural nurses.**

19. If yes, what roles/activities do you think should be authorised?

- **Collaborative Prescribing**
- **Nurse-led Clinics**
- **Chronic Care Management.**

20. Any other comments on Option 3?

To meet the added requirements of authorisation there will be required education components that may be more costly and difficult for rural nurses due to distance and isolation. Until a national ratified PDRP is in place, a grandparenting scenario may need to be adopted.

Option 4: Develop a new scope of practice for registered nurses who expand their practice

Under this option the majority of nurses would remain in the registered nurse scope of practice, which would remain the same. Some nurses in expanded roles could apply for an additional registration in the new scope of practice.

Proposed new scope of practice for the “new scope nurse”

The “new scope nurse” is a registered nurse who uses expertise in a specific area of practice to assess, plan and evaluate care. The “new scope nurse” may have a specific case load or be responsible for delivering a nurse led service or may undertake diagnostic and treatment interventions including surgical or operative procedures under medical delegation or within a multidisciplinary team. A “new scope nurse” may also make advanced assessments, diagnose and treat clients within a multidisciplinary team or as part of a nurse led service.

Qualifications

Must be registered in the registered nurse scope of practice

Must demonstrate competence to practise at level 3 or 4 on an approved PDRP

Minimum of two years post registration experience

Must be fit and safe to practise Must have undertaken formal recognised post registration education in practice area at level 8

Option 4 consultation questions

1. Do you support a new scope of practice for registered nurses?

Partial/qualified support.

22. Please provide reasons

The New Zealand Rural General Practice Network partially supports this option for the same reasons as for Option 3, these being:

- 1. This option would result in standards that are consistent nationally and transparent to all stakeholders.**
- 2. It would provide clarity for both nurses and employers as to all the requirements of undertaking advanced or expanded practice and a process for those requirements.**

3. **This option would provide official authorisation and guidelines for the nurse to practice in a particular field and lay down effective and transparent boundaries to enhance and support this extended practice.**
4. **Minimise the risk of increased disciplinary action for nurses working in extended roles specifically rural nurses.**

23. Please comment on the wording of the scope statement

N/A

24. Comment on the title for this scope of practice

N/A

25. Any other comments on option 4?

This option is partially supported for the same reasons as in Option 3. However, advancement for rural nurses would depend on the availability of a PDRP programme and again for those working for small practices and organisations, this is unlikely. If PDRP programmes were more consistent nationally and made available outside the DHBs this option may serve the needs of rural nurses.

Additional consultation questions:

26. Are there any other options the Council should consider?

An agreed Professional Development and Recognition Programme (PDRP) that is available to non-DHB Nurses.

27. Please note any further comments you have.

Registered nurses who work in the rural and remote areas in of New Zealand have expanded and extended their practice to meet the demands of their community. Their roles vary from providing 24/7, after-hours and weekend “on-call” care to the autonomous role of the rural nurse specialists who are often the sole health care provider in the community. These nurses frequently find themselves in situations where they are required to work outside the legal boundaries of the registered nurse scope of practice, as currently defined in the HPCA. Protection for these nurses is urgently required to maintain their safety and their community’s support for their primary health care worker. The emergence of a nationally consistent framework to support these nurses is a must. Time taken to understand and match theirs and the community’s needs is important and to ensure the correct option will minimise change in the future.