

GUIDELINES FOR REGISTERED NURSES TO EXTEND PRACTICE TO THOSE ACTIVITIES NORMALLY UNDERTAKEN BY OTHER HEALTH PROFESSIONALS

I. PURPOSE

The function of this guideline is to guide nurses and employers in making decisions about extending nursing practice and to establish a framework to facilitate planning, negotiation and implementation of practice change of individual nurses to meet the needs of health consumers.

Safety for the public, the nurse and the service provider are paramount considerations in extending the role of a nurse.

This guideline offers a framework for safe practice for health consumers, nurses and service providers. It will assist in the recognition and the achievement of a national quality and consistency for registered nurses extending their practice.

II. CONTEXT

Registered nurses have undertaken extended nursing practice activities in New Zealand for a very long time. They have not been recognised in their registration status or in general by remuneration. Extended nursing practice has evolved with the changes in nursing practice and the health care context. Nurses are the largest group of health care providers and extending their practice increases their opportunities to become front line providers of quality, cost effective healthcare.

This guideline is not about the autonomous role of nurse practitioners, it is about the registered nurse who is practising in extended nurse level.

This guideline is not about nurses who have a condition placed on their scope of practice, for example 'may only practice in general and obstetric nursing' as defined by the Nursing Council of New Zealand. Those nurses can apply to Nursing Council of New Zealand to change or remove that condition if they meet the Council's requirements for registration in another area such as mental health. Nurses for whom a change in condition in scope of practice is required should refer to Appendix 1 of this document.

Definition of the scope of practice of a registered nurse

"Registered Nurses utilise nursing knowledge and complex nursing judgement 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 and Nurse Assistants. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing 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 this expertise to manage, teach, evaluate and research nursing practice.”¹.

Extended nursing activities comply with the above registered nurse scope of practice and deliver expert nursing practice which is characterised by advanced patient assessment, diagnostic reasoning skills, and partnerships with other health professionals in a collaborative approach to patient care.

Recently there has been move towards nurses undertaking delegated procedures that have formerly been the sole territory of other health practitioners, as a result of increasing demands and changes within nursing and health care. Examples of this are nurses undertaking colposcopies, placement of PEG tubes and other technical procedures.

The organisation employing nurses undertaking extended activities must have quality systems in place that ensure patient safety is maintained.

Under the Health Practitioners Competence Assurance Act 2003², individual nurses not employers, are accountable for acting outside their scope of practice (except in an emergency, see Section 8(3)(a). It is therefore important that nurses be aware that it is their responsibility to ensure that they are working within their scope. Equally, employers should not put nurses at risk by asking them to perform duties outside their scope of practice.

It is acknowledged that there is no one title or one description for extended nursing activities, and this is acknowledged in the international literature. NZNO recognises this debate and notes this is not part of this document.

However, it is acknowledged that there is an overlap with other Health Professional groups, yet there is a essential to maintain a nursing focus and manage the interface, and most importantly maintain nurses within their scope of practice.

When reviewing literature on extended practice, other key words such as task shifting are useful.

III. ADVANCED PRACTICE STATEMENT: NZNO

NZNO has a position statement on advanced practice that is separate to this

¹ Nursing Council of New Zealand 2004

² Health Practitioners Competence Assurance Act 2003

document. It was written in 2000, and was updated in 2008 from a legislative perspective.

It is recommended that you read this position statement in conjunction with this extended.

http://www.nzno.org.nz/Site/Professional/Other/ANP/ANP_Position_Statement.aspx

IV. POSITION STATEMENT

NZNO supports registered nurses who undertake expanded or advanced practice activities with the proviso that the criteria in this document are addressed.

Disclaimer

NZNO assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses function within the limitations of legislation and/or institutional policy.

V. ROLE OF THE REGISTERED NURSE

The following is a framework of questions to ask. It is divided into 2 phases: pre and post implementation of the extended role.

Phase One: Assessment pre implementation of the extended role	Rationale
1. Who has initiated this idea? <ul style="list-style-type: none"> • The employer? • A team member? • What is the perceived benefit to the consumer/ the service? • What tasks/ skills will you need to develop? 	This enables <ol style="list-style-type: none"> a. Identification of other people who need to be involved in the discussion. b. Consideration whether a consultation process needs to occur c. Clarification of the potential benefits/risks for the consumer or service
2. Have you contacted the following stakeholders? <ul style="list-style-type: none"> • The Director of Nursing • The Team leaders & other relevant stakeholders • NZNO representation for MECA and medico-legal advice, indemnity insurance, consultation processes, networking with other specialty College and Sections that may be able to inform the process. 	Stakeholders give different perspectives that inform the proposal such as information on the strategic direction of the organisation, overlap of other roles, and how it affects the current nursing service. This enables medico-legal and industrial questions to be answered before further progress occurs.

3. What education and training will be required to complete these tasks?	It is essential to meet HPCA / NCNZ requirements for public safety, and to facilitate discussion on who provides and or funds this education.
4. What additional resources are required, if any, to achieve orientation to the role, ongoing supervision?	As above
5. When the above factors have been discussed with the relevant stakeholders, will the role be going ahead?	To ensure effective consultation
6. Do you have a job description or position description that reflects the function, responsibilities, authority and limitations of the role?	This is essential for clarification for all parties about the activities being undertaken .i.e. is accurate

Phase Two: Implementation of the extended role	Rationale
1. Obtaining the required training and education/ orientation	To ensure evaluation of the extended role occurs if appropriate
2. Set up a timeline for the implementation ? a pilot.	
3. Will an evaluation occur after a period of time- i.e.: <ul style="list-style-type: none"> • How has it affected the patients? • The team members? • Education and training? 	
4. Will the role continue? Is there support?	

VI. ROLE OF THE HEALTHCARE ORGANISATION/EMPLOYER

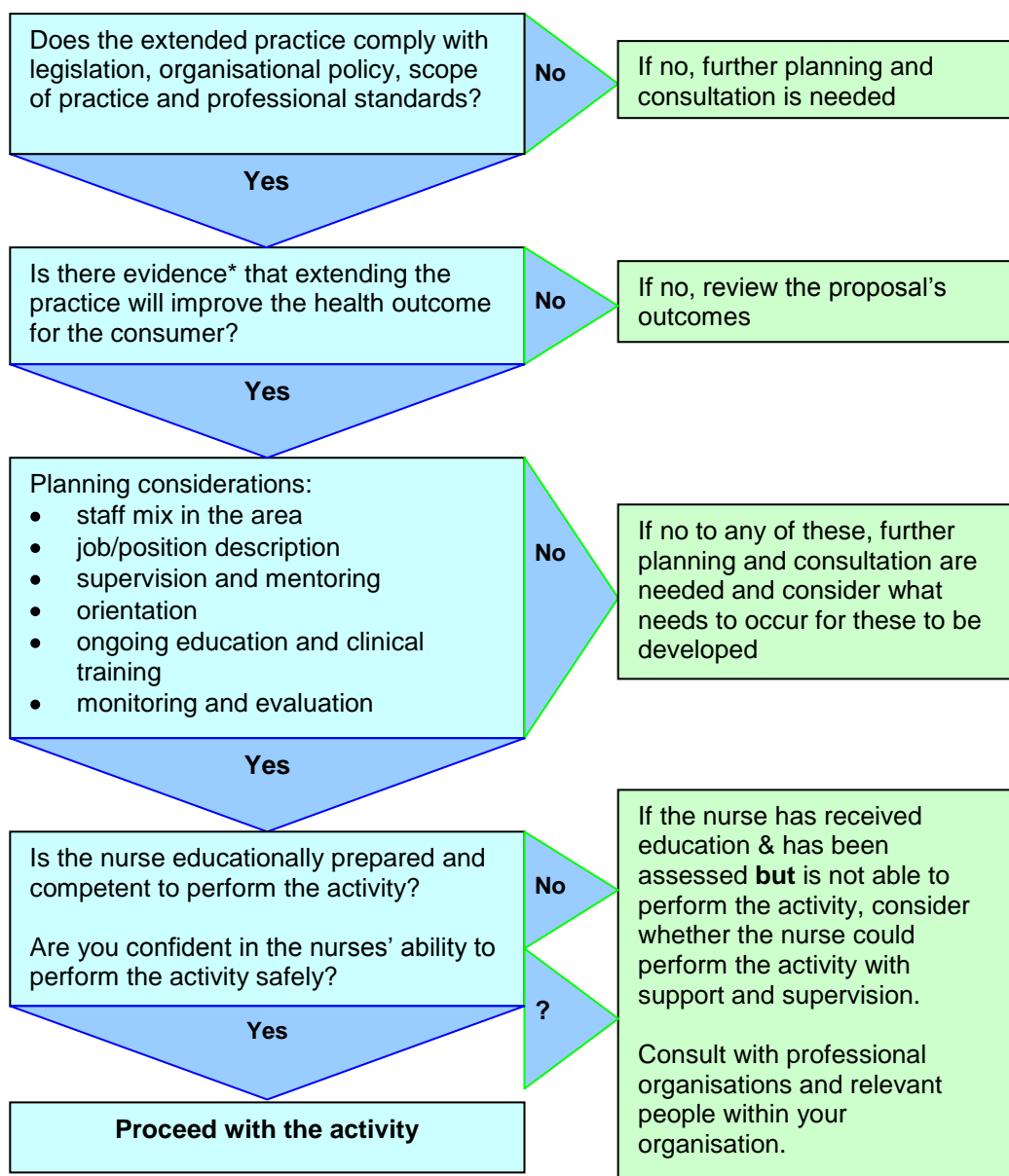
Healthcare organisations have a duty to provide a safe working environment, qualified staff and policies and procedures to support staff working in extended practice. They need to undertake a risk assessment approach when initiating extended practice.

They need to:

- be familiar with these guidelines
- be aware of the staff mix in the practice area and ensure that consumer's health needs are met
- consider the effects on nursing resources/numbers of taking a registered nurse out of the nursing workforce to undertake the role of extended practice
- ensure that the nurse has a job description or position description that reflects the extended functions, responsibilities, authority and limitations of the role

- provide adequate professional and clinical supervision for nurses undertaking extended activities
- provide a comprehensive orientation programme for any nurses who move to an extended role
- ensure that the nurse has received adequate education and clinical training in the role or procedure
- provide structures for supporting, mentoring, monitoring and evaluating the nurse's practice.

VII. EXTENDED PRACTICE – FLOW CHART FOR THE EMPLOYER



**Published evidence is not always available; therefore lack of such evidence will not always prevent extending practice activities being developed.*

APPENDIX 1 – CHANGING A CONDITION IN A SCOPE OF PRACTICE

Nurses who have a condition placed on their scope of practice, for example 'may only practice in general and obstetric nursing', can apply to Nursing Council of New Zealand to change or remove that condition if they meet the Council's requirements for registration in another area such as mental health.

Section 21 and 22 of the Health Practitioners Competence Assurance Act 2003 provides for changes in the scope and conditions of practice.

The Nursing Council has developed a policy to change a condition on a nurse's scope of practice. A nurse may make an individual application to the Council and submit a portfolio with evidence of their registration, nursing experience, education and professional development.
<http://www.nursingcouncil.org.nz/condition.html>

The application will, be assessed for recognition of prior learning and depending on the outcome of that assessment; the nurse will be directed to undertake one of the following options:

- to complete a competency assessment in the specific area of practice by a Council-approved competence assessor against the competencies for entry to the registered nurse register, or
- to complete a prescribed graduate or post-graduate programme and be assessed by a Council-approved competence assessor against the competencies for entry to the registered nurse register.
- to enter an approved pre-registration programme with recognition of prior learning ('RPL').

An application form can be obtained for Nursing Council. The application and evidence is sent to the Council who will then make the appropriate change to scope or conditions. A fee for this application applies.

VIII. REFERENCES

Callaghan, L. 2007. Advanced nursing practice: and idea whose time has come *Journal of Clinical Nursing* 17, p205-213.

Harris, D. Advanced nursing roles in NZ as retrieved in April 2008 from <http://www.nursingcouncil.org.nz/Advanced%20nursing%20practice%20WN%20Forum%202007.pdf>

Nurses Board of Victoria. 2007. Guidelines: Scope of Nursing & Midwifery Practice as retrieved April 2008 from <http://www.nbv.org.au/media/43986/guidelines%20for%20scope%20of%20practice.pdf>

Nursing Council of New Zealand. 2006. Changing the Conditions in a scope of practice as retrieved April; 2008
<http://www.nursingcouncil.org.nz/condition.html>



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Schober, M. Affara, F. 2006. Advanced Nursing Practice. International Council of Nurses, Blackwell Publishing Ltd. Oxford, UK.

MISSION STATEMENT

NZNO is committed to the representation of members, the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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