



# WELCOME TO THE 2020 MEDICO-LEGAL FORUM

## “Scope of Practice”

Dunedin Forum

12 February 2020



Tuhia ki te rangi, tuhia ki te whenua,  
Tuhia ki te ngākau o ngā tāngata,  
Ko te mea nui o te ao, ko te aroha  
Tihei mauri ora

Write it in the sky, write it in the land,  
Write it in the heart of the people,  
The most important thing in the world  
Is love and kindness.



# Why do we have a scope of practice?

**Brainstorm!**

# Nursing Council's position

- “Registered nurses are **accountable** for ensuring **all health services** they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards.”

NCNZ RN Scope of Practice

# NCNZ's EN Scope of Practice

Enrolled nurses are accountable for their nursing actions and practise competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whanau and multidisciplinary teams (p5).

# NCNZ's NP Scope of Practice

- ...Nurse practitioners as advanced clinicians will be expected to self-regulate and practice within their area of competence and experience
- No matter what your area of practice or the conditions you may have on your RN scope of practice breadth of NP practice is required and you will be expected to be able to do a full health assessment and examination, i.e. full review of systems and physical examination (p4).

# MCNZ's Midwives Scope of Practice

## MCNZ Competencies

*Performance criteria 4.4*

“recognises strengths and limitations in skill, knowledge and experience and shares or seeks counsel, consults with, or refers to, a relevant resource, other midwives, or other health practitioners”

*Performance criteria 4.5*

“assesses practice in relation to current legislation, the Midwifery Scope of Practice, and Competencies for entry to the Register of Midwives...”



# So, what guides understanding of Scopes of Practice?

# Legislative framework

- HPCA Act (2003)
- **Health & Disability Commissioner Act (1994)**
- Health & Disability Services (Safety) Act (2001)
- **Privacy Act (1993)**
- Crimes Act (1961)
- Harmful Digital Communications Act (2015)
- **And more!**



# Your Rights when receiving a Health or Disability Service

- **Respect**  
You should be treated with respect. This includes respect for your culture, values and beliefs, as well as your right to personal privacy.
- **Fair Treatment**  
No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.
- **Dignity and Independence**  
Services should support you to live a dignified, independent life.
- **Proper Standards**  
You have the right to be treated with care and skill, and to receive services that reflect your needs. All those involved in your care should work together for you.
- **Communication**  
You have the right to be listened to, understood and receive information in whatever way you need. When it is necessary and practicable, an interpreter should be available.
- **Information**  
You have the right to have your condition explained and to be told what your choices are. This includes how long you may have to wait, an estimate of any costs, and likely benefits and side effects. You can ask any questions to help you to be fully informed.
- **It's Your Decision**  
It is up to you to decide. You can say no or change your mind at any time.
- **Support**  
You have the right to have someone with you to give you support in most circumstances.
- **Teaching and Research**  
All these rights also apply when taking part in teaching and research.
- **Complaints**  
It is OK to complain – your complaints help improve service. It must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.

If you need help, ask the person or organisation providing the service.  
You can contact the local advocacy service on 0800 555 050 or the  
Health and Disability Commissioner on 0800 11 22 33 (TTY).

# HPCA Act (2003)

# Public Safety



# Regulators' codes and guidelines



# CODE OF CONDUCT

FOR NURSES



## PRINCIPLE 1.

Respect the dignity and individuality of health consumers



## PRINCIPLE 5.

Respect health consumers' privacy and confidentiality



## PRINCIPLE 2.

Respect the cultural needs and values of health consumers



## PRINCIPLE 6.

Work respectfully with colleagues to best meet health consumers' needs



## PRINCIPLE 3.

Work in partnership with health consumers to promote and protect their well-being



## PRINCIPLE 7.

Act with integrity to justify health consumers' trust



## PRINCIPLE 4.

Maintain health consumer trust by providing safe and competent care



## PRINCIPLE 8.

Maintain public trust and confidence in the nursing profession



# Principles to guide scope of practice decisions

- The primary motivation for any decision about a health activity is to **meet the consumer's health needs or to enhance health outcomes**. This may be an identified gap in health services which results in the public not having access to a service or a strategic initiative.
- Ensuring patient safety is the primary consideration when determining **if expansion of practice is appropriate**.

# Principles to guide scope of practice decisions

- Expansion of the scope of practice is based on **appropriate** consultation and planning, educational preparation and a formal assessment of the nurse's competence to undertake an expanded scope of practice.
- All nurses **are accountable for their decisions** about whether an activity is beyond their own capacity or scope of practice and for consulting with or referring to other health professionals.

# Scenario 1

- You are a community health nurse and a patient comments to you - “You should be able to do that because other nurses do”. However, you’re not convinced that the skill being referred to is part of the RN scope.

## Scenario 2

- You are an experienced practice nurse in a large urban practice. A Primary Health Care registrar comments to you, “C’mon, just do a quick assessment for me ‘coz the patient’s partner needs to pick up the repeat prescription as soon as possible and I’m already lagging behind with appointment times”.

# Scenario 3

You are a RN with a BN and no restrictions on your practicing certificate. However, your Mental Health nursing experience is very limited. The DHB where you work is having staffing issues due to limited recruitment and retention for the mental health unit. Plus, the casual pool numbers are down.

You have been asked to work in the Mental Health acute unit four full days within the last fortnight and continue to feel uncomfortable in this setting.

**What are your options?**

## Scenario 4

- RN has lost her confidence when she comes back to nursing after three years away so chooses to take the HCA role. She wonders if she can chaperone patients? The surgeon wants her to help with minor procedures in the clinic. Is she still liable as a RN for her actions?



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## Scenario 5

- A senior RN is very frustrated because her nurses “don’t think for themselves”. They often don’t give the frail patients the appropriate mattress so significantly increase those patients’ risk of skin problems. What are the implications for their RN scope when they don’t complete accurate assessments?

## Scenario 6

- You're a Nurse Practitioner in acute care who was placed on the registrar roster. There is no senior medical consultant on call for you or the registrars to refer to (or collaborate with). What are the implications for your scope of practice?

## Scenario 7

- As an EN, you're finding that the RN is not delegating to you some activities due to their lack of knowledge of the EN scope of practice. How do you respond so that you can nurse according to your scope of practice?

# Scenario 9

- The RN is working in the medical ward and is frustrated with not having enough time to develop a partnership with a Māori patient in order to provide him with “appropriate nursing services” (NCNZ, p17, NCNZ, p.10). The RN is concerned that she is not working effectively within her scope of practice and practising competently.

What can she do?

# The BIG picture

- Scope of practice – yours
- Scope of practice - others
- Your Job Description, Your role
- Your Contract
- Employers' policies & procedures
- K&S Frameworks?

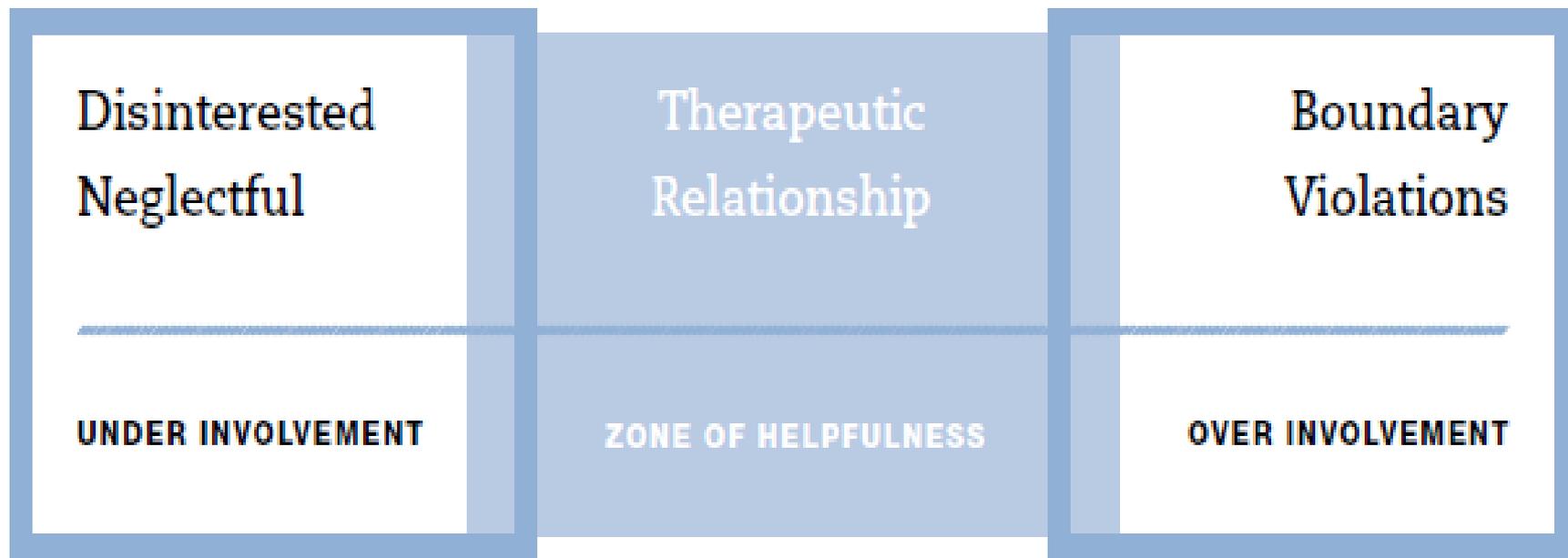
# Role clarity

- If you're not clear on your **role** then you raise the risk of crossing boundaries
- Are you 'under involved' or 'over involved' with the patients you are caring for instead of being in the '**therapeutic zone**'?

(NCNZ, Guidelines for Professional Boundaries, p4)



**A Continuum of Professional Behaviour.**



# Who's measuring what I do?

- What are the **frameworks** you use to support your scope of practice?

# What else can you do to ensure you work within your scope?

- Network
- Discuss
- Read
- Ask questions
- Self-management; Self-care
- Wider world – social awareness and relationship skills



# Responsibilities of employers

- “Employers need to ensure they have the appropriate systems in place to support the safe [expansion of] registered nurse activities or role.
- Non-nurse employers are expected to seek professional advice on [expanded] practice activities and roles, from their director of nursing, senior nurse or professional organisation.
- The employer is responsible for ensuring the appropriate skill mix of staff so that additional activities completed by the registered nurse/s do not compromise the standard of care provided to health consumers” (ibid, p14).

# Responsibilities of employers

- “The employer must ensure there are **clear role descriptions** for nurses and others based on their **[expanded] scope of practice**, policies and quality and risk systems to support the registered nurse in this role.
- The employer is responsible for recruiting or nominating registered nurses who have demonstrated an appropriate level of practice **beyond the ‘competent’ level** to perform **expanded activities or roles** and to provide adequate education and clinical training for the provision of safe and competent care” (ibid, p14).

# Responsibilities of employers

- “The employer is responsible for ensuring registered nurses are supported and have been appropriately assessed as competent to undertake the [expanded] activity or role. Assessments should be documented as part of an organisation's PDRP or credentialing programme.
- The employer is expected to pilot the expanded scope of practice for a specific time and evaluate before full introduction of the change.
- The employer should have processes in place for monitoring the outcomes of [expanded] practice and for staff to document and report client-related concerns” (ibid, p14).

# RN Prescribing

- The Council has amended the registered nurse scope of practice to indicate that some registered nurses can prescribe prescription medicines. It has also added education and training requirements for registered nurses prescribing in primary health and specialty teams as additional prescribed qualifications for registered nurses.

# NZNO's position on Advanced Practice

- NZNO position statement underpins NZNO's expectation that any nurse working at an advanced practice level should have a position description that clearly defines their clinical and cultural responsibilities, and be educated appropriately and remunerated accordingly. Employer support for education that enables advanced practice is essential to nursing workforce development (NZNO 2020 Draft)



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# NZNO Member Support Centre

The easy way to contact NZNO

**0800 28 38 48**

*8.00am to 7.00pm Monday to Friday*



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# Karakia Kai

He whakawhetai tēnei i ngā kai  
E hora mai nei  
E hora mai nā  
Horahia te ora  
Mauri Ora!

A prayer of thanks for the foods  
That are spread here  
That are spread there  
Let prosperity be widespread  
Tis Life!