



Why do we have a scope of practice?

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A dynamic nursing workforce practising to its full scope can assist in addressing current and future health system demands. Before this can occur, a clearer understanding and national application of the nursing scope of practice is required.

Birks, Davis, Smithson and Cant, 2016

Scope of practice

The reasons **why** we have
a scope of practice.

Brainstorm!



The who, what, where, when, and why of nursing scope

- **Who:** Nurses who have been educated, titled and maintain active license
- **What:** Nursing is the protection, promotion and optimization of health and abilities, prevention of illness and injury, facilitation on healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities and populations
- **Where:** Wherever there is patient need
- **When:** Whenever there is a need for nursing knowledge, compassion and expertise
- **Why:** the profession exists to achieve the most positive outcomes in keeping with nursing's social contract and obligation to society

Sibylla (Nurse) Maude

“The most cruel thing you can do
is take away a family’s self-
respect”

- Trained as a nurse in London in 1880’s
- Appointed Matron of Christchurch hospital 1893.
- Attempted to improve conditions and training of nurses but was ahead of her time and was accused of mismanagement, which she was cleared of.
- Set up NZ’s first district nursing service, which became registered as a charity in 1918.
- Later put in charge of a central bureau to coordinate care of victims of Black November influenza pandemic.



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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 Enrolled Nurse 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

- The Midwifery Council is required by law to prescribe the Scope of Practice for midwifery



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

Documents that guide our practice



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



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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).

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)**
- Medicines Act (1981)



Scenario

- 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 in the mental health unit.
- 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?**



The BIG picture

- Scope of practice – yours
- Scope of practice - others
- Your Job Description and role
- Your employment agreement
- Employer's policies & procedures
- Knowledge and skills frameworks

Scenario

- 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?



What else supports you working within your scope?

- Network
- Discuss
- Read, read, read....
- Ask questions
- Join a NZNO College and Section
- Self-management, self-care
- Global awareness – social awareness and relationship skills

Challenges to working in scope

- Staffing shortfalls/skill mix
- Workplace culture
- Working in isolation
- Pressure by colleagues & employers
- Lack of understanding by managers
- Persuasion by patients
- Emergency or pandemic situations

Scenario

- You are a community health nurse and a patient comments to you that, “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.



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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

- A RN has lost her confidence when she comes back to nursing after three years away so chooses to take a Healthcare Assistant 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 Registered Nurse for her actions?





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Responsibilities of employers

Scenario

- You're a Nurse Practitioner in acute care who is 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?



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Registered Nurse 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)

Success is where
preparation and
opportunity meet.

-Bobby Unser



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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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