



## **Submission from**

NETS (Nurse Education in the Tertiary Sector)

**Re: Consultation on the enrolled nurse and nurse assistant scopes of practice August 2009**

Contact person –

Kathy Holloway

NETS National Co-ordinator

WELLINGTON

Email [kathryn.holloway@whitireia.ac.nz](mailto:kathryn.holloway@whitireia.ac.nz)

Phone (04) 237 3103 ext 3804 or 0274 774 719

The closing date for submissions is **1 October 2009**. Please email your submission to [Jessica@nursingcouncil.org.nz](mailto:Jessica@nursingcouncil.org.nz).

You are making this submission:

- as an individual
- on behalf of a group or organisation - NETS
- other (please specify)

Please indicate which part of the sector your submission represents:

- |  |  |
|--|--|
| <input type="checkbox"/> Individual nurse              | <input type="checkbox"/> Individual other          |
| <input type="checkbox"/> Consumer group                | <input type="checkbox"/> Regulatory authority      |
| <input type="checkbox"/> Primary health organisation   | <input type="checkbox"/> Māori health provider     |
| <input type="checkbox"/> Pacific health provider       | <input type="checkbox"/> Government agency         |
| <input checked="" type="checkbox"/> Education provider | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Private Hospital Provider     | <input type="checkbox"/> Aged care provider        |
| <input type="checkbox"/> Non-government organisation   | <input type="checkbox"/> District Health Board     |
| <input type="checkbox"/> Other (please specify)        |  |

In the interests of a full and transparent consultation process under section 14 of the Health Practitioner Competence Assurance Act the Nursing Council intends publishing submissions received on this consultation document on it's website. However, if you as an individual or as an organisation object to this publication or to the publication of your name tick one or both of the following boxes:

I **do not** give permission for my submission to be published on the Nursing Council website.

I **do not** give permission for my name to be listed in the published summary of submissions.

### General consultation questions

- Do you think the issues for the enrolled nurse and nurse assistant scopes of practice are clearly outlined in this consultation document?
 

Yes                       No

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

**Consultation questions on the revised scope of practice (Pages 32- 35)**

3. Do you support a generic scope of practice which would allow second level nurses to work in all health settings?

Yes  No

4. If no, please explain which settings second level nurses should be excluded from and your reasons

5. Do you think that that the revised scope of practice should include allowing second level nurses to lead teams of unregulated workers under the direction and delegation of a registered nurse in some settings?

Yes  No

6. Please explain your reasons. If yes please indicate which settings.

*This is occurring currently in some parts of the sector and non-regulated workers are employed as team leaders in some areas such as aged care and disability. The situation where regulated second level nurses are more restricted than unregulated workers is not sustainable nor in the interests of public safety.*

*We support that the revised scope should permit second level nurses to lead unregulated workers on a day-to-day basis in most non-acute areas such as aged care, dementia, community / home based care, disability and long term mental health*

*Registered nurses need to maintain overall responsibility for care planning, assessment and quality control. Depending on the area of practice there will be some level of RN presence.*

7. Do you think that that the revised scope of practice should allow second level nurses to work under the direction and delegation of other registered health professionals in some settings (e.g. doctors, physiotherapists, occupational therapists)?

Yes  No

8. Please explain your reasons. If yes please indicate which health professionals in which settings.

*There must be a named RN accountable at all times for the delegation and direction of second level nurses. This does not mean the RN must be physically present in the setting in which care occurs. Second level nurses work with other health professionals as part of health care teams but always under the direction of a RN*

*Other health professionals cannot direct and delegate nursing actions to second level nurses as they are not nurses so cannot plan, monitor nor evaluate nursing care*

9. Do you think the Council's guidance on direction and delegation is sufficient for a revised scope of practice?

Yes       No

10. If no, what would you include:

*We commend Council on this clear and comprehensive document*

11. Do you support the removal or modification of the phrase: *to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgment?*

Yes       No

12. Please explain your reasons. If yes, please suggest how the scope of practice statement could be modified to ensure second level nurses are not responsible for clients with complex health needs.

*“Stable and predicable” is no longer reflective of the clients of the health care system. The scope statement for Nurse Assistant is more enabling (apart from specified area of practice statement) because it allows second level nurses to work under the direction of the RN. Implicit in this is that second level nurses can work where ever RNs work provided it is under direction and delegation. The RN is responsible to ensure that the second level nurse is competent to perform the delegated tasks but the second level nurse is accountable for the care that he / she provides. .*

13. Do you think that the revised scope of practice should include that second level nurses contribute to nursing assessments?

Yes       No

14. Please explain your reasons.

*Second level nurses already contribute to nursing assessments as part of the nursing team. It is expected that they can accurately record and report observations including recognise normal and deviations from normal.*

15. Are there any specific areas of skill that should be included in an education programme?

*Yes – vital signs, Glasgow Coma Scale, Mini mental health status, hydration, fluid balance, Top to Toe assessment,*

### **Proposed scope of practice statement (Pages 36-37)**

16. Do you think this scope of practice statement adequately addresses the issues identified with the current scopes of practice?

Yes       No

17. Please explain your reasons or suggest changes or alternative wording.

*NETS do not support this scope statement. It is misleading and implies a wider scope than is envisaged as required.*

*We do support the wording of the current Nurse Assistant scope minus “may require practice in a specific setting based on the area of focus of their educational programme.”*

*If the programmes become generic this phase will be redundant. This wording enables a second level nurse to work wherever a RN works under direction and delegation.*

18. Do you support an “endorsed” second level nurse scope of practice through employer credentialling (and application of conditions (authorisation) by Nursing Council)?

Yes                       No

19. Do you support “endorsement” by application of conditions (authorisation) by Nursing Council)?

Yes                       No

20. Please explain your reasons.

*We support one scope of practice so that this is consistent for the second level nurse and the RN with whom they are working. Authorisation allowing some to extend the scope becomes confusing and creates risks to patient safety.*

### **Title (Page 37)**

21. What title do you support for the revised scope of practice?

*Enrolled Nurse*

22. Please explain your reasons.

*Consistent with Australia so congruent with Trans Tasman mutual recognition*

*It is an established title that is known (but maybe not fully understood) within the wider community and health and disability sectors*

### **Proposed education programme (Pages 37- 41)**

*Option 1: Develop the present programmes into a generic programme.*

21. Do you support developing the present level 4 programme into a generic programme?

Yes                       No

22. Please explain your reasons.

*The present programme provides an excellent foundation preparation but is not yet fully understood nor utilised to its potential in the wider nursing community due to the small number of graduates*

*A generic programme without the restriction on a specified area of practice would make graduates more employable by providing employers with a greater level of flexibility*

*Entry needs to remain at level 4 to distinguish from level 5 degree. Some courses within the programme could be level 5.*

*If level 4 is retained as the entry level it allows distinction between degree and certificate in terms of entry. Most current candidates would not meet entry at level 5 so could be required to do pre-entry study that places a barrier to access.*

*The distinction between and descriptors of level 4 and 5 are similar but with level 5 requiring a greater level of problem solving and application of theory. Level 5 does require substantial depth in some content areas which may be more appropriately achieved post complete of the qualification. Level 4 allows for innovative responses to concrete but unfamiliar problems.*

*Any consideration of a diploma level programme would mean the qualification would require at least 75 credits at level 5 with a maximum of 45 credits at level 4. Given that mean ITPs have standardised entry criteria this would impact on entry criteria significantly and preclude many current applicants. Any applicant without successful study at level 3 or above would be required to undertake pre-entry study which prolongs the period of study.*

***NETS support a Certificate programme. For a level 5 qualification this would mean a minimum of 40 credits at level 5 with the balance at level 4.***

Do you support the programme being extended by a 12 week clinical placement?

Yes                       No

23. Please explain your reasons.

*The programme currently has 650 clinical hours inclusive of up to 100 hrs simulation. This is sufficient and is comparable with Australia.*

*NETS support consolidation of knowledge and skills in several placements to demonstrate competence rather than multiple short placements in different settings.*

24. Do you support a nurse entry to practice programme for the revised scope?

Yes                       No

25. Please explain your reasons.

*Nurse entry to practice programmes are dependent on the support of employers to invest in further education and support. In the current economic climate this is uncertain.*

*A structured orientation / induction to an area is more realistic than a formal programme and is sufficient. This would need to be repeated in new areas of practice as for RNs and is an employer responsibility.*

*Option 2: Develop a work based programme that requires a partnership between an education provider and an employer*

26. Do you support developing a work based programme that requires a partnership between an education provider and an employer?

Yes                       No

27. Please explain your reasons.

*Do not support an approach where the trainee is an employee. There are well documented risks that the service provision of the employing agency takes priority over the learning needs of the trainee.*



38. Please explain your reasons. If yes, which organisation(s) should be responsible for developing these requirements?

*There is huge variability amongst existing unregulated programmes depending on the setting in which unregulated workers are employed.*

*As per the joint NETS / NENZ statement, we support regulation for all those providing direct patient care. If this were able to be implemented then Nursing Council would be the regulating body for second level nurse and other regulatory authorities may develop second level practitioner scopes within their authority*