



Nurse Education in the Tertiary Sector

SUBMISSION, from  
**Nurse Education in the Tertiary Sector (NETS)**

*Consultation response to*  
**Delegation and Direction Guideline**  
**Nursing Council of New Zealand**

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Nurse Education in the Tertiary Sector (NETS) Response

*Nurse Education in the Tertiary Sector (NETS) are a constituted body of senior nurse educators consisting of the Heads of Schools and registered nurses with leadership roles representing the majority of tertiary nursing education providers in New Zealand. NETS goals are to provide a proactive voice on national issues in nursing education and nursing workforce development and a national focus for groups seeking informed comment on nursing education and nursing related issues.*

We therefore welcome the opportunity to provide feedback on this important guideline. NETS members have discussed the draft guideline and have the following submission to contribute.

Overall we think the guideline is comprehensive and useful in clarifying the responsibilities of registered nurses for delegation and direction in relation to the new scope of practice for enrolled nurses, as well as for health care assistants. Our comments generally relate to areas where we believe that the guideline could be further strengthened.

In the preamble there is a statement about health professionals. It would be more appropriate to refer to health practitioners or registered health practitioners as used in the enrolled nurse scope of practice.

While we appreciate that much of the new guideline is based on the June 2008 guideline, in a number of places the word “should” is used. We believe the guideline would be strengthened by using the word “must”. For example on page 3 under the section **The responsibilities of registered nurses** in relation to assessment and monitoring of the client, in 1 (a) the word “must” is used, but in (1b) the word “should” is used in relation to ongoing monitoring of the health status of the health consumers for which he/she is responsible. Both these activities have the same degree of importance in protection of clients.

Additionally, in the section on providing direction, in 2 (b) replace the word “should” with the word “must” in relation to processes for seeking contact and support with the registered nurse...”. Finally, in the section on risk assessment, in 4 (b) replace the word “should” with the word “must” in relation to inappropriate delegation.

In the section on page 6 relating to **The responsibilities of the person carrying out the delegated activities**, the second bullet point would be strengthened by replacing the word “should” with the word “must”, and the same for the fourth bullet point. In this latter point it is not entirely clear what is meant by the word “trained”. Possibly it could be expressed as “has no knowledge and/or skills associated with an aspect of client care”.

In **The responsibilities of the employer** on page 6, the fourth bullet point would also be strengthened by replacing the word “should” with the word “must”.

On page 7 we suggest that the statement about newly registered nurses could read “... require experience, support and guidance to develop confidence in direction and delegation.

On page 9 in the section relating to coordinate **a team of health care assistants under the direction and delegation of a registered nurse**, there is a statement “other employees have been assessed by

a registered nurse as competent. We believe that use of the term “competent” is confusing in terms of competence as it relates to the Health Practitioners Competence Assurance Act. A more suitable phrase might be “having knowledge and skills associated with that aspect of care”.

### **Other points**

On page 3 under principles of delegation it is stated that:

- “1 The decision to delegate is a professional judgment made by a registered nurse and should take into account
- (a) the health status of the client
  - (b) the complexity of the delegated activity
  - (c) the context of care
  - (d) the level of knowledge, skill, and experience of the person to perform the delegated activity”.

Given that this statement refers to professional judgment of a registered nurse, it is difficult to see how an **employer** can delegate care, as outlined on page 10 in paragraph 3, unless the employer is a registered nurse or registered health practitioner. We believe the existing statement on page 10 could be open to interpretation, and suggest the sentence “has the authority to delegate an aspect of care or to assign care” is amended to read “has the authority to assign care”.

It is helpful to have the scope of practice for enrolled nurses included. However it might strengthen the guideline to have the scope of practice for registered nurses included as well in the interests of ensuring that other registered health practitioners have information in one document about the differences between the two scopes.

Finally, at the commencement of the guideline it would be good to see reference to the fact that the Nursing Council of New Zealand draws its authority from the Health Practitioners Competence Assurance Act 2003. Every opportunity to remind nurses and the public of this is useful.

Thank you again for the opportunity to respond.