



19 April 2004

S04.13

Submission to the Nursing Council of New Zealand on the Scopes of Practice for Nursing

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 41 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

NCWNZ has been making submissions regarding the scope and conditions of nursing practice since 1897 and is pleased to be able to continue this worthwhile tradition in the hope that it helps provide for an internationally recognised group within the health sector.

Members of the Health Standing Committee and other interested parties were asked for their input into this document. This is a summary of their comments.

Specific comments

1. Nurse practitioner scope statement

a) Please comment on the scope description and qualifications

The suggested scope description and qualifications were generally accepted as being appropriate.

Members agree that it is important to differentiate those nurses with postgraduate qualifications and their scope of work from that of others.

Given that the safety of the patient and the nurse practitioner must be paramount in all legislation, concern has been expressed about prescribing rights for nursing staff and the confidence the public can have in their ability. This also reflects a submission made by NCWNZ in 1994 regarding this question. There is no indication in this document as to the level of study in pharmacology that is required for this position.

2. Nurse scope statement

a) Please comment on the scope description and qualifications.

Members agreed that the scope description and qualifications appeared to be comprehensive, allowing for changes in health care. We were also pleased to note they appear to be in line with international standards.

b) Please comment on the examples of conditions for nurses who are qualified to work in a specific area of practice.

The conditions provide a good example of specialist areas. However, there appears to be no provision for additional areas of practice that may require expert care in the future.





The practising certificate needs to state the specific area of practice that nurses are qualified for, e.g. respiratory nursing, cardiac nurse, midwife, palliative nurse, mental health, etc. similar to the way in which certificates for Nurse Practitioners will do. Currently the Enrolled Nurse's Certificates will do this. Registered Nurses are trained to practice in all of the above areas in their basic training. However, if they have additional training in the areas named above this should then be formally recognised both as an extra qualification and administratively in practice.

Some of our respondents believe that some new graduates enter the workplace with insufficient work experience to practice safely. NCWNZ therefore suggests that there should be post registration work in specific areas before permitting a nurse to practice in special scopes. For example, we suggest that in the psychiatric scope, there should be a minimum of three months post-graduation in that area; the same could apply in maternity or obstetrics, medical or surgical scopes. Not all hospitals have new graduate programmes in place with adequate mentoring.

3. Second level nurse scope development

a) Please suggest your preferred title for this scope

Second level nurse was felt to be inappropriate, as it sounds like an inferior qualification, similar to second rate, and therefore not as competent.

Most members preferred the title of Nurse Assistant. Other suggestions were Assisting Nurse, Nurse Aid, Enrolled or Certificated Nurse. The title "associate" in some professions denotes seniority and was not regarded here as being appropriate.

b) Please comment on the scope description and qualifications

Members agree with both the scope description and qualifications but felt that perhaps there should be a framework for including other specific areas of practice as needs change.

c) Please comment on the examples of conditions for nurses who are qualified to work in a specific area of practice and for registered obstetric nurses

While most members agreed with the conditions as stated the observation was made that nurses registered as registered obstetric nurses should be able to practise in the community with independent midwives, assisting with mother craft and breastfeeding. There is a need for this extra support for new families with the early discharge from maternity units and the handover to the well-child nurse not happening for 2 to 6 weeks post delivery. The independent midwife would provide the direction and supervision.

General Comments

We appreciated the length of time that was available to enable us to make these comments. This is a well set out and easily read document except for Table 1, where it would have been logical to start with the Nurse practitioner at the top.

NCWNZ thank you for this opportunity to make comment and we look forward to viewing the final document.

Beryl Anderson
National President

Catherine Gurnsey
Convener, Health Standing Committee