

## **Submission Form: Consultation on the registered nurse scope of practice May 2009**

### **How to make a submission**

This consultation document has been developed to background issues related to the registered nurse scope of practice. We value the views of nurses and other stakeholders and encourage you to respond to this document. This submission form can also be downloaded from the Council website <http://www.nursingcouncil.org.nz>

The closing date for submissions is **17 July 2009**. Please email your submission to

[Jessica@nursingcouncil.org.nz](mailto:Jessica@nursingcouncil.org.nz)

Alternatively you may send your submission to:

Jessica Wood

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Nursing Council of New Zealand

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New Zealand

### **Closing date for submissions**

The questions in this form are designed to help you to focus your response and make it easier for us to analyse submissions. However, you don't have to answer every question and may add additional comments.

Please note that you do not have to provide personal information if you would prefer not to.

This submission was completed by:

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Organisation: Nurses for a Smokefree Aotearoa / New Zealand .....

Position: Grace Wong (director); Carleine Receveur (steering group).....

You are making this submission:

- as an individual
- on behalf of a group or organisation
- 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 type="checkbox"/> Education provider                          | <input checked="" 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) Tobacco control..... |   |

Thank you for consulting us on the important issue of expanding the scope of practice of registered nurses.

### Summary

Nurses for a Smokefree Aotearoa/New Zealand is a national Ministry of Health funded group based in the Faculty of Health and Environmental Sciences, AUT University. We promote the health of New Zealanders by working to ensure that nurses provide effective smoking cessation interventions for smokers in primary, secondary and tertiary care. Tobacco use, in the form of cigarette smoking, is the leading cause of preventable deaths in New Zealand. It contributes to

inequities and is responsible for a large proportion of New Zealand's disease burden (Ministry of Health, 2009). For this reason it is imperative that nurses are given the appropriate resources to manage this situation within their scope of practice.

We understand that the current consultation is not specialty specific but at the same time we wish to make a recommendation which reflects the wishes of our members and recommend an expanded scope of practice for nurses with a smoking cessation specialty area of practice.

### Recommendations

1. A Nurse Specialist- Smoking Cessation role be recognised.
2. A framework for the scope of expanded practice which is integrated with prescribing for specialist nurses.
3. A partnership of national nursing associations and the Nursing Council to create a national framework for expanded practice.
4. Consultation with nurse and non-nurse smoking cessation specialists and employers into competencies with the nursing profession maintaining final control of defining the smoking cessation competencies and credentialing.
5. A management approach integrating the accreditation of the expanded scope of practice with the accreditation of the prescribing element of this scope.

### Background

Smoking cessation intervention practice for registered nurses may be classified as 1) core or 2) specialist.

- 1) Core: All registered nurses can provide effective brief interventions (ABC) to smokers including access to subsidised over-the-counter nicotine replacement therapy (Jenkins, 2009). Education is provided online by the Ministry of Health or face-to-face by a consortium of the Heart Foundation, Te Hotu Manawa Maori and Pacific Island Heartbeat (Ministry of Health, 2008a). This "credentialing" is external to nursing and mandated through employers such as DHBs. Education is also now being delivered in some undergraduate nursing programmes.

Our position is that core level interventions are covered by the current scope of practice for registered nurses and employers. We will not refer to it further.

- 2) Specialist  
Specialist smoking cessation practice competencies may include
  - advanced assessment (including nicotine addiction) related to patients' conditions eg mental illness
  - advanced counselling (including motivational interviewing)
  - advanced addiction knowledge

- prescription of pharmacotherapies for nicotine addiction with all clients including those with cardio-vascular disease and other co-existing medical conditions, pregnant women, and users of mental health and addiction treatment services
  - training of cessation providers (unregulated health care workers included)
  - advisor for various settings (community, hospital)
- a. We advocate for the delivery of advanced smoking cessation interventions including the use of pharmacotherapies for nicotine addiction in the practice of registered nurses or nurses with expert roles in their specialty areas (eg mental health, primary health care. Pharmacotherapies double the chance of successful quitting (Ministry of Health, 2008b).

We recognise that Nurse Practitioners can already prescribe. An expanded scope of practice accommodating specialist nurse smoking cessation and tobacco control work would signal the fit of this work with all nursing practice.

- b. Some registered nurses are employed full-time as smoking cessation intervention providers. In these cases, nurses provide advanced smoking cessation interventions, excluding prescribing. Their education and “credentialing” is provided external to nursing via their employers.

Many of these nurses are highly committed and effective and want their professional body to recognise and further support their expertise which in turn would facilitate a higher level of support from their employers. They want their smoking cessation and tobacco control work to be recognised as practice hours and professional development by their nursing profession. They want the added value provided by their nursing knowledge and expertise to be recognised by their employers. In other words, they wish to practice as nurse smoking cessation intervention specialists able to provide the full range of effective evidence based services to their clients. This includes subsidised pharmacotherapies for nicotine addiction (bupropion and nicotine replacement therapy) and other pharmacotherapies (for example, varenicline). They want a framework for extending their smoking cessation practice within nursing. The PDRP is not sufficient, particularly when they are not employed as nurses.

Some express concern that their smoking cessation intervention practice may not be recognised for the purpose of their annual Nursing Practicing Certificates. Although we understand that this is not the case, a Nursing Association or Nursing Council endorsed expanded practice framework which accommodated specialist nurse smoking cessation and tobacco control work would ensure that a nursing pathway acknowledging this area of expertise is available. It would support the case of one nurse who is unable to access support from her employer for advanced nursing study in her workplace because she is employed as a smoking cessation coordinator and not a nurse.

There are concerns that the level of the education these nurses receive for complex smoking cessation interventions is not recognised by Nursing Council for advanced practice. Unfortunately education for specialised smoking cessation

practice is not recognised as being at post-graduate level. This would need to be reviewed and education expanded or developed.

Finally, an advanced role for these nurses should include prescribing. This would take education round this aspect of practice to postgraduate level unless changes to nurse prescribing mean that all nurses become collaborative prescribers following undergraduate education.

We understand that nurse prescribing is not part of the Health Practitioners Competence Act. However we understand that discussion about nurse prescribing is on hold at the moment. "No further developments" were described by Jenny Carryer (2008). Prescribing is an essential part of an extended scope of practice for registered nurses undertaking smoking cessation interventions. The Nursing Council has proposed a model where by all registered nurses were designated prescribers for some medications (undergraduate education), some registered nurses are designated providers for specific medications (individually authorised by Council, meeting specific criteria set by council; post-graduate and approved programme) and Nurse Practitioners are authorised prescribers.

If the Nursing Council authorises some registered nurses to prescribe and an expanded scope of practice for nurses and smoking cessation includes prescribing, then it is logical to opt for Nursing Council oversight of expanded practice in some way.

### General consultation questions

1. Do you think the issues for the registered nurse scope 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?

More examples of the issues that have come to the council's attention from the sector as referred to in the background would assist in decision making. ....

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3. Do you think that the appropriate criteria for decision making on the registered nurse scope of practice are outlined on page 16?

- Yes                       No

4. If no, what criteria would you include:

- responsiveness
- timeliness .....

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## Option 1 consultation questions

5. Do you support changing the wording of the registered nurse scope statement to allow nurses to expand their practice?

Yes       No

6. Please explain

We support the principle of expanded practice for all registered nurses that this change expresses. Although the change does provide future flexibility by itself it does little to fulfill the needs in terms of clarity and guidance for nursing. This option would need to be combined with others. ....

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7. If yes, do you support the wording changes outlined in option 1?

Yes       No

8. If you prefer other wording, please outline the wording you would prefer:

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9. Do you think the preparation (initial qualification e.g. Bachelor of Nursing) for registered nurses needs to change as a result of changes in the scope statement?

Yes       No

10. Any other comments on option 1?

Undergraduate nurses must receive education to deliver brief effective interventions to smokers including including access to subsidised over-the-counter nicotine replacement therapy competently. We anticipate that all registered nurses will become designated collaborative prescribers and thus they need preparation for this.

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Following registration nurse specialists in smoking cessation will require a preparation pathway for advanced practice to include prescribing unless education about prescribing pharmacotherapies for nicotine addiction is included in undergraduate education in the future. Prescribing as a specialist should build on a sound undergraduate base of knowledge about this aspect of pharmacology. ....

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## Option 2 consultation questions

11. Do you support credentialling as a way of ensuring nurses undertaking expanded practice are competent?

Yes                       No                       To some degree

12. Please provide reasons

This option allows for national consistency and standards. ....

.....

13. Do you support professional organisations such as the New Zealand Nurses Organisation and the College of Nurse Aotearoa setting the standards for expanded practice?

Yes                       No

14. Please provide reasons We support a partnership of national organizations with the Nursing Council in terms of creating an overall framework for an expanded scope of practice. For an extended scope of practice which includes prescribing, we prefer a fit with Nursing Council prescribing authorization to prevent a “double” process of accreditation for individual nurses. We note that while professional organisations could provide a generic standard, they are not all well known to public and some are not well known to nurses. They have different points of view and mandates about nursing and employment which could make reaching consensus slow and difficult.

At a more operational level, for specific specialties other nursing interest groups would need to be involved. For example Nurses for a Smokefree Aotearoa could work with National Nursing Associations and the Nursing Council to set standards for smoking cessation competencies as we have both specialised knowledge in this area and a wide range of nursing representation in their group.

A consortium approach may be of benefit for example non-nursing groups are consulted with in establishing standards. For example in establishing extended scopes for a Nursing specialist in Smoking Cessation – input from the Tobacco control sector and cessation specialists would be sought. There is a need to ensure that nurses are defining the final competencies and scope of practice.

15. If so, what roles/activities do you think should be credentialled?

“Nurses for a Smokefree Aotearoa” would ideally like to see a Nursing Specialist- Smoking Cessation role. Currently there is no framework within nursing that allows nurses to develop their skills and expertise in this area. As tobacco is the leading cause of preventable mortality and morbidity in New Zealand it is critical that nurses have the ability to expand their practice to respond to this urgent health issue.

16. Any other comments on option 2?

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### Option 3 consultation questions

17. Do you support authorisation of specific extended activities by the Council?

Yes                       No

18. Please provide reasons

We support an overall framework created by Nursing Council in partnership with national nursing organisations. Authorisation of specific extended activities could be under this umbrella with the input of specialist groups and employers. It could be delegated so long as there were checks and balances in place to protect nurses and public safety.

19. If yes, what roles/activities do you think should be authorised?

Prescribing. Nurses for a Smokefree Aotearoa / NZ supports the development of a Nursing Smoking Cessation role that extends beyond the existing scope of practice and includes the ability of the nurse to prescribe smoking cessation pharmacotherapies.

Interdependences include proposed changes to the Medicines Act.....

20. Any other comments on option 3?

There will be a need to ensure that the process for authorisation is able to be meet by the Council in a timely manner. ....

### Option 4 consultation questions

21. Do you support a new scope of practice for registered nurses?

Yes                       No

22. Please provide reasons

We understand from the analysis provided by the Nursing Council that this option allows for representation from National Nursing Organisations. We support a partnership approach. As stated before, we advocate for involvement of specialty groups when standards for expanded practice roles are created. We agree that the appropriate education for some expanded roles needs to be reviewed and in some cases developed.

We are concerned that flexibility, responsiveness and cost will be issues. ....

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23. Please comment on the wording of the scope statement

The wording is appropriate. ....

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24. Comment on the title for this scope of practice

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25. Any other comments on option 4?

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### References

Carryer, J. (2008) Editorial *Te Puawai*.p2

Clark, A. (2008) A. (2008) *Influencing Policy – Update on current issues*. Summary Nursing Council of New Zealand <http://www.nursingcouncil.org.nz/Influencing%20polcy%20-%20update%20on%20current%20issues.pdf> ).

Jenkins, M. (2009). *Implementing the ABC Approach for Smoking Cessation: Framework and work programme*. Retrieved 13.4.09, from [http://www.moh.govt.nz/moh.nsf/pagesmh/8794/\\$File/implementing-abc-approach-smoking-cessation-feb09.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/8794/$File/implementing-abc-approach-smoking-cessation-feb09.pdf)

Ministry of Health. (2008a). *Ask about the elephant: Smoking cessation ABC*. Retrieved 24 June, 2008, from <http://www.smokingcessationabc.org.nz>.

Ministry of Health. (2008b). *Literature Review for the Revision of the New Zealand Smoking Cessation Guidelines*. Retrieved June 2008, from <http://www.moh.govt.nz/moh.nsf/indexmh/literature-review-for-the-revision-of-the-nz-smoking-cessation-guidelines>

Ministry of Health. (2009). *Tobacco Trends 2008: A brief update of tobacco use in New Zealand*. Retrieved 24 June, 2009, from <http://www.moh.govt.nz/moh.nsf/indexmh/tobacco-trends-2008>