



The Scope of Professional Practice



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A UKCC Position Statement

Introduction

- 1 The practice of nursing, midwifery and health visiting requires the application of knowledge and the simultaneous exercise of judgement and skill. Practice takes place in a context of continuing change and development. Such change and development may result from advances in research leading to improvements in treatment and care, from alterations to the provision of health and social care services, as a result of changes in local policies and as a result of new approaches to professional practice. Practice must, therefore, be sensitive, relevant and responsive to the needs of individual patients and clients and have the capacity to adjust, where and when appropriate, to changing circumstances.
- 2 Education and experience form the foundation on which nurses, midwives and health visitors exercise judgement and skill, these, naturally, being developed and refined over time. The range of responsibilities which fall to individual nurses, midwives and health visitors should be related to their personal experience, education and skill. This range of responsibilities is described here as the 'scope of professional practice' and this paper sets out the Council's principles on which any adjustment to the scope of professional practice should be based. The contents of this paper are set out on page 2.

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Education for Professional Practice

- 3 Just as practice must remain dynamic, sensitive, relevant and responsive to the changing needs of patients and clients, so too must education for practice. Pre-registration education prepares nurses, midwives and health visitors for safe practice at the point of registration. The pre-registration curriculum will continue to change over time to absorb relevant changes in care as advances are made. Pre-registration education is therefore, a foundation for professional practice and a means of equipping nurses, midwives and health visitors with the necessary knowledge and skills to assume responsibility as registered practitioners. This foundation education alone, however, cannot effectively meet the changing and complex demands of the range of modern health care. Post-registration education equips practitioners with additional and more specialist skills necessary to meet the special needs of patients and clients. There is a broad range of post-registration provision and the Council regards adequate and effective provision of quality education as a pre-requisite of quality care.

Registration and the Code of Professional Conduct for the Nurse, Midwife and Health Visitor

- 4 The act of registration by the Council confers on individual nurses, midwives and health visitors the legal right to practise and to use the title 'registered'. From the point of registration, each practitioner is subject to the Council's

Code of Professional Conduct and accountable for his or her practice and conduct. The Code provides a statement of the values of the professions and establishes the framework within which practitioners practise and conduct themselves. The act of registration and the expectations stated in the Code are central to the Council's key role in regulating the standards of the professions in the interest of patients and clients and of society as a whole.

- 5 Once registered, each nurse, midwife and health visitor remains subject to the Code and ultimately accountable to the Council for his or her actions and omissions. This position applies regardless of the employment circumstances and regardless of whether or not individuals are actively engaged in practice. This position will only change if the decision is made by the Council (through clearly established legal processes related to professional misconduct or unfitness to practise due to illness) to remove a name from the Council's register. This reflects the central role which the registration process plays in maintaining standards in the public interest. On the specific question of employment of nurses in the personal social services in general and the residential care sector in particular, the Council recognises that there are ambiguities. These are addressed in paragraphs 20 and 21 of this paper.

The Code of Professional Conduct and the Scope of Professional Practice

- 6 The Code includes a number of explicit clauses which relate to changes to the scope of practice in nursing, midwifery and health visiting. These clauses are:
- "As a registered nurse, midwife or health visitor you are personally accountable for your practice and, in the exercise of your professional accountability, must:**
- 1 act always in such a manner as to promote and safeguard the interests and well-being of patients and clients;
 - 2 ensure that no action or omission on your part, or within your sphere of responsibility, is detrimental to the interests, condition or safety of patients and clients;
 - 3 maintain and improve your professional knowledge and competence;
 - 4 acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner;"
- 7 The Code, therefore, provides a firm bedrock upon which decisions about adjustments to the scope of professional practice can be made. There are, however, important distinctions relating to the scope of practice in nursing, in midwifery and in health visiting. These are described in the paragraphs that follow the Council's principles for adjusting the

scope of practice. These principles apply to the practice of nursing, midwifery and health visiting addressed later in this paper and to any application of complementary or alternative and other therapies by nurses, midwives or health visitors.

Principles for adjusting the Scope of Practice

- 8 Although the practices of nursing, midwifery and health visiting differ widely, the same principles apply to the scope of practice in each of these professions. The following principles are based upon the Council's Code of Professional Conduct and, in particular, on the emphasis which the Code places upon knowledge, skill, responsibility and accountability. The principles which should govern adjustments to the scope of professional practice are those which follow.
- 9 The registered nurse, midwife or health visitor:
- 9.1 must be satisfied that each aspect of practice is directed to meeting the needs and serving the interests of the patient or client;
- 9.2 must endeavour always to achieve, maintain and develop knowledge, skill and competence to respond to those needs and interests;
- 9.3 must honestly acknowledge any limits of personal knowledge and skill and take steps to remedy any relevant deficits in order effectively and appropriately to meet the needs of patients and clients;

9.4 must ensure that any enlargement or adjustment of the scope of personal professional practice must be achieved without compromising or fragmenting existing aspects of professional practice and care and that the requirements of the Council's Code of Professional Conduct are satisfied throughout the whole area of practice;

9.5 must recognise and honour the personal accountability borne for all aspects of professional practice and

9.6 must, in serving the interests of patients and clients and the wider interests of society, avoid any inappropriate delegation to others which compromises those interests.

10 These principles for practice should enhance trust and confidence within a health care team and promote further the important collaborative work between medical and nursing, midwifery and health visiting practitioners upon which good practice and care depends.

11 The Council recognises that care by registered nurses, midwives and health visitors is provided in health care, social care and domestic settings. Patients and clients require skilled care from registered practitioners and support staff require direction and supervision from these same practitioners. These matters are directly concerned with standards of care. This paper, therefore, also addresses the matter of the 'identified' practitioner, practice in the personal social services

and residential care sector and support for professional practice.

The Scope and 'Extended Practice' of Nursing

- 12 The practice of nursing has traditionally been based on the premise that pre-registration education equips the nurse to perform at a certain level and to encompass a particular range of activities. It is also based on the premise that any widening of that range and enhancements of the nurse's practice requires 'official' extension of that role by certification.
- 13 The Council considers that the terms 'extended' or 'extending' roles which have been associated with this system are no longer suitable since they limit, rather than extend, the parameters of practice. As a result, many practitioners have been prevented from fulfilling their potential for the benefit of patients. The Council also believes that a concentration on 'activities' can detract from the importance of holistic nursing care. The Council has therefore determined the principles set out in paragraphs 8 to 10 inclusive to provide the basis for ensuring that practice remains dynamic and is able readily and appropriately to adjust to meet changing care needs.
- 14 The reality is that the practice of nursing, and education for that practice, will continue to be shaped by developments in care and treatment, and by other events which influence it. This equally applies to midwifery and health visiting.

In order to bring into proper focus the professional responsibility and consequent accountability of individual practitioners, it is the Council's principles for practice rather than certificates for tasks which should form the basis for adjustments to the scope of practice.

The Scope of Midwifery Practice

- 15 The position in relation to midwifery practice is set out in the Council's Midwife's Code of Practice. This indicates that it is the individual midwife's responsibility to maintain and develop the competence which she has acquired during her training, recognising the sphere of practice in which she is deemed to be equipped to practise with safety and competence. It also indicates that, while some developments in midwifery become an essential and integral part of the role of every midwife (and are subsequently incorporated into pre-registration education), other developments may require particular midwives to acquire new skills because of the particular settings in which they are practising. The importance of local policies which are in accord with the Council's policies and standards and the guidelines issued by the National Boards for Nursing, Midwifery and Health Visiting is self-evident. The importance of the midwife practising outside the area of her employing authority or outside the National Health Service discussing the full scope of her practice with her supervisor of midwives is emphasised in the Midwife's Code of Practice.

- 16 It can be seen from this position that it is accepted by the Council that some developments in midwifery care can become an integral part of the role of all midwives and other developments may become part of the role of some midwives. The Council believes that the Midwife's Code of Practice, cited above, and the Code of Professional Conduct, together provide key principles to underpin the scope of midwifery practice. These are now supplemented by those stated in paragraphs 8 to 10 inclusive of this paper.

The Scope of Health Visiting Practice

- 17 The position of health visiting differs from that of nursing and midwifery, as there are frequent occasions when the full contribution of health visitors may not find expression where it is most needed. There is, for example, often a concentration on the role of the health visitor in relation to those in the under-five age group at the expense of other groups in the community who need, and would benefit from, the special preparation and skill of health visitors. These circumstances have the effect of constraining practice and limiting the degree to which individuals and communities are able to benefit from the knowledge and skill of health visitors. There is merit in allowing health visitors, where they judge it to be appropriate, to use the full range of their skills in response to needs identified in the pursuit of their health visiting practice. To single out any aspect of practice would be unwise but, where health and nursing need is identified, the health

visitor is well placed to determine what intervention may be necessary and able to draw on both her nursing and health visiting education.

- 18 The community setting of health visiting practice, the relationship between numerous agencies and services and the health visitor's professional relationship with clients and their families are factors which must be taken into consideration. The health visitor, in all aspects of her practice, is subject to the Council's Code of Professional Conduct and should also satisfy the requirements of paragraphs 8 to 10 inclusive of this paper.

Practice and the 'Identified' Nurse, Midwife and Health Visitor

- 19 The Council recognises that, in a growing number of settings, patients and clients will be in the care of an 'identified' practitioner. The practitioner may be identified as the 'named' practitioner or as the primary, associate or sole practitioner providing nursing, midwifery or health visiting care. In such roles, individuals assume responsibility for coordinating and supervising the delivery of care, drawing on the general and special resources of colleagues where appropriate. Professional practice naturally involves recognising and accepting accountability for these matters. The Council expects that practitioners will recognise the need to provide all necessary support for colleagues and ensure that practice is underpinned by the required knowledge and skill. The Council equally expects

that practitioners identified in one of these ways will be fully prepared for, and supported, in this key role.

Practice in the Personal Social Services and Residential Care Sector

- 20 The Council recognised that the community nursing services have a duty to provide a nursing service to those in need of nursing care in the personal social services and residential care sector. Registered nurses who are employed in this sector, whether in homes or in the provision of other services, remain accountable to the Council and subject to the Council's Code of Professional Conduct, even if their posts do not require nursing qualifications. In this regard, as explained in paragraph 5 of this paper, the position of such nurses is the same as that of nurses engaged in direct professional nursing practice.
- 21 The Council requires that registered nurses employed in such circumstances will use their judgement and discretion to identify the nursing needs of residents and others for whom they may have responsibility, and will comply with any requirements of the Council. The Council expects that employers will recognise the advantages to the personal social services and residential care sector which result from the employment of registered nurses.

Support for Professional Practice

- 22 Nurses, midwives and health visitors require support in their work. In institutional and community settings, a range of support staff form part of the team. The development of the health care assistant role is linked with a form of vocational training. The Council does not have a direct role in this training, but recognises that this development has an impact upon aspects of care and on the practice and standard of nursing, midwifery and health visiting, for which the Council is responsible.
- 23 The Council's position in relation to support roles is as follows:
- 23.1 health care assistants to registered nurses, midwives and health visitors must work under the direction and supervision of those registered practitioners;
- 23.2 registered nurses, midwives and health visitors must remain accountable for assessment, planning and standards of care and for determining the activity of their support staff;
- 23.3 health care assistants must not be allowed to work beyond their level of competence;
- 23.4 continuity of care and appropriate skill/staff mix is important, so health care assistants should be integral members of the caring team;

- 23.5 standards of care must be safeguarded and the need for patients and clients, across the spectrum of health care, to receive skilled professional nursing, midwifery and health visiting assessment and care must be recognised as of primary importance;
- 23.6 health care assistants with the desire and ability to progress to professional education should be encouraged to obtain vocational qualifications, some of which may be approved by the Council as acceptable entry criteria into programmes of professional education and
- 23.7 registered nurses, midwives and health visitors should be involved in these developments so that the support role can be designed to ensure that professional skills are used most appropriately for the benefit of patients and clients.

Conclusion

- 24 The principles set out in paragraphs 8 to 10 inclusive of this paper should form the basis for any decisions relating to adjustments to the scope of practice. These principles should replace the system of certification for specific tasks. They provide a realistic, effective and rational approach to adjustments to professional practice.

- 25 This change has consequences for managers of clinical practice and professional leaders of nursing, midwifery and health visiting, who must ensure that local policies and procedures are based upon the principles set out in this paper and in the Council's Code of Professional Conduct. Any local arrangements must ensure that registered nurses, midwives and health visitors are assisted to undertake, and are enabled to fulfil, any suitable adjustments to their scope of practice.
- 26 This statement sets out the Council's position relating to the scope of professional practice of the professions it regulates, to the 'identified' practitioner, to practice in the residential care sector and to support staff. The Council hopes that this statement, and the principles which it sets out, will provide a clear framework for the logical and desirable development of practice and for the management of practice and care teams. The framework provides for greater flexibility in practice and for enhancing the contribution to care of nurses, midwives and health visitors. Above all, the framework and the principles reflect the personal responsibility and accountability of individual practitioners, entrusted by the Council to protect and improve standards of care.

27 Enquiries in respect of this Council paper should be directed to the:

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