



Scope in practice

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Introduction

This booklet is about how *The scope of professional practice*, published by the UKCC in 1992, has enabled nurses, midwives and health visitors to improve the care they give patients and clients. *Scope*, with its six principles, has begun to change the way nurses, midwives and health visitors view their work and to open up a more flexible and professionally challenging way of developing practice.

Scope recognises that every nurse, midwife and health visitor is accountable for their practice and that it is their professional judgement that can provide innovative solutions to meeting the needs of patients and clients in a health service that is constantly changing.

Put simply, the six principles of *Scope* that underpin a nurse's, midwife's or health visitor's approach to taking on responsibilities beyond the traditional boundaries of practice are that they must:

- be satisfied that patient and client needs are uppermost
- aim to keep up-to-date and develop knowledge, skills and competence
- recognise limits to personal knowledge and skill and remedy deficiencies
- ensure that existing nursing care is not compromised by new developments and responsibilities
- acknowledge personal accountability and
- avoid inappropriate delegation.

This is a revolutionary approach. It means that new services can be set up with nurses, midwives and health visitors themselves deciding what skills and knowledge they need, without having to collect certificates task by task. It puts the onus on the individual practitioner to define the limits of their practice and to refer to appropriate others when necessary.

No profession is an island and the impact of *Scope* on practice over the five years must be viewed in the context of other forces, including the reduction of junior doctors' hours, the *Health of the Nation* initiative, the *Patient's Charter*, fundholding, disease management programmes and the drive for greater effectiveness in health care provision.



Many examples in this booklet show how *Scope* has quite specifically been used as a means to protect the interests or enhance the care of patients or clients.

Our selection of examples is bound to be challenged. On a fairly tight timescale trusts, purchasers, professional organisations, nursing home groups and others were invited to suggest examples of practice where *Scope* had been used to underpin developments in practice/service settings. It was not a research project as such, nor was it an awards process. No-one knew what, if anything, would emerge. But the suggestions flooded in – well over 200 responses, most of which contained several different examples of practice.

Selecting just 15 examples was extremely hard, so hard in fact that the finished booklet contains 17 examples. We wanted to reflect developments throughout the United Kingdom so all four countries are represented and we wanted to achieve a good spread across different nursing, midwifery and health visiting specialities. Even so we could not include every speciality.

These 17 examples of the *Scope* in practice, therefore, are simply that. They do not claim to be the 'best' practice and they are not 'winners' in any sense. They were selected because they show in different ways how *Scope* has been and is being used as a framework for developing or maintaining the needs of patients and clients. The examples show creative, flexible and innovative approaches to practice, regardless of the post the practitioner holds.

The work was commissioned and guided by a steering group at the UKCC and undertaken by Chamberlain Dunn Associates with the help of two journalists, Daniel Allen and Janet Snell. Those interviewed used their own words to describe what they are doing and how they set about doing it. We were not looking for 'correct' answers, nor to glamorise difficult situations. Where mistakes were admitted or political battles fought, these are included.

This booklet forms part of a major initiative being undertaken by the UKCC into the impact of *Scope* on nursing, midwifery and health visiting practice, around which research is being commissioned. We believe that this kind of descriptive work is valuable and helpful to practitioners and the general public at a time when the boundaries of practice are moving so quickly.

We are grateful to all those who took the trouble to write in. These submissions have the makings of a useful resource for further work and the UKCC intends to produce more publications of this kind which help to relate guidelines and policy statements to real nursing, midwifery and health visiting care settings.

Finally, we welcome your comments and suggestions, especially about the important issues for patients, clients and all those involved in health care raised by these examples of the way nursing, midwifery and health visiting practice is changing.

UKCC
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