

香港護士管理局

The Nursing Council of Hong Kong

專業實務範圍

Scope of Professional Practice

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SCOPE OF PROFESSIONAL PRACTICE

THE NURSING COUNCIL OF HONG KONG

I. PREAMBLE

The Nursing Council of Hong Kong (The Council) is responsible for the regulation of the nursing profession. The Council has approved registration standards, codes, and competency standards that determine the requirement and the Council's expectations in guiding the professional practice of nurses in local practice. This document should be read in conjunction with other related directives from the Council.

Reference is made to the Position Statement issued by the International Council of Nurses as below.

“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick and well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems, management, and education are also key nursing roles.”

International Council of Nurses 2010

II. AIMS

The scope of Professional Practice aims to communicate to nurses and those concerned about nursing roles, responsibilities and activities which nurses are educated and authorised to perform. Understanding of the scope of professional nursing practice ensures that nurses' skills are fully utilised and the rights of patients to receive care from a nurse are protected.

The practice and conduct of each qualified nurse is subject to the principles laid down in the Council's "Code of Ethics and Professional Conducts for Nurses in Hong Kong". Each

nurse is accountable for his or her practice and conduct. The Code provides a statement of the values of the profession and establishes the framework within which the scope of professional practice should adhere.

III. DEFINITION

The scope of nursing professional practice covers the range of roles, duties and functions as well as the accountability of qualified nurses relating to their education, experience and expertise.

IV. POSITION STATEMENT

The scope of practice encompasses the roles, duties, and functions which the nurse is educated and competent to perform with professional autonomy and accountability. Professional nursing's scope of practice is dynamic and continually evolving, characterised by a flexible boundary responsive to the changing needs of society and the expanding knowledge base of applicable theoretical and scientific domains.

Nurses contribute to preventing ill-health; attending to emergency and acute disease exacerbation; managing long term health conditions; and offering end-of-life care. Nurses work across the life span of individuals and in all settings within hospitals, healthcare institutions as well as in the community and patient's home.

V. SCOPE OF PRACTICE

1. RESPONSES TO THE CHANGING HEALTHCARE SYSTEM

The scope of nursing practice is responsive but not limited to the following factors:

1.1. The changing demographic and epidemiology including emerging and re-emerging communicable diseases.

- 1.2. The changes in the continuum of care settings including the primary and community care environment and cover the whole patient journey.
- 1.3. The changes in science and technology including information and communication technologies.
- 1.4. The changes in the care modalities and professional nursing practice including advanced and specialised nursing practices.

2. THE ROLES AND RESPONSIBILITIES OF NURSE

The uniqueness of nursing practice lies in the ability of the nurse to integrate the professional roles and responsibilities in a way which is responsive to the needs of individuals, families and groups, and the community, thus nursing is contextual.

2.1. In Clinical Practice

- i. Nurses assess, plan, monitor, coordinate, and manage the health care delivery.
- ii. They implement health care interventions and evaluate the related responses.
- iii. They are responsible to coach individuals, families, groups and community in matters related to health.
- iv. They should establish therapeutic climate with individuals, families, groups and community for caring, healing, and the promotion of health and wellbeing.
- v. They are expected to monitor and ensure the quality of health care practices to assure safe and effective interventions.
- vi. They are expected to manage and supervise the practice of nursing.

2.2. In Healthcare Management

- i. Nurses manage the nursing and health care services at various levels.
- ii. Nurse managers should cultivate and build a positive practice environment for nurses and other healthcare workers.
- iii. All nurses are expected to participate in health policy formation and implementation to improve the health status of the population.

2.3. In Nursing Education

- i. Nurses are expected to engage and participate in pre-registration/enrolment nursing education and/or post-registration/enrolment continuing development.
- ii. They are responsible to equip nurses with the appropriate professional skills, knowledge and expertise to meet the required level of practice as well as the changing health care needs of the community.
- iii. Nurses responsible for nursing education and development are expected to develop leading edge nursing knowledge and facilitate evidence-based nursing practice.

3. THE EXPANDING & EXTENDING NURSE'S ROLES

- 3.1. The changing health care needs are the drivers for the reform of health care delivery and hence the nursing roles and scope of practice. Notwithstanding, nurses execute their roles and responsibilities either independently or collaboratively with other professionals. The practice of nursing is allied to other health professions through its collaborating, referring and coordinating activities in the multidisciplinary and interdisciplinary nature of healthcare.
- 3.2. Nurses should practice to the full extent of their education and licensure for cost-effectiveness, appropriateness and continuity of care.
- 3.3. Nurses develop and function in nursing practice modalities such as nurse clinics and home visiting to enhance access to care. Nursing care modalities appropriate use of different skill and expertise levels of nurses and should cover care continuum of disease prevention and rehabilitation, as well as health enhancement and wellness promotion.
- 3.4. Nurses adopt and use medical and information communication technology in patient assessments, clinical decisions making and continuation of care.
- 3.5. Nurses engage in and provide clinical leadership in all healthcare areas, as well as organisational governance, services enhancement, quality improvement and workforce management.

4. DELEGATION

4.1. The cadre of care workers has been expanding to cater for the needs of the patients in the context of ageing population and ever-increasing complexity of care modalities. Nurses delegate care activities appropriately to support personnel and be accountable for its outcomes.

4.2. There should be a structured process that has been endorsed by the authority/institution in which the nurse is working. Notwithstanding, the ultimate decision making and accountability will be borne by the nurse for his/her own professional judgment.

VI. NURSING EDUCATION AND SCOPE OF PRACTICE

Nursing education has to be revamped from time to time in order to equip nurses with the competencies to meet the changing healthcare demands in relation to the projected demography and epidemiology across the life span. The coverage also encompasses areas on quality and safety, evidence-based practice, research, and leadership.

1. Pre-registration/enrolment education prepares nurses for safe and effective practice at the entry level of nursing practice.
2. Life-long learning is required to upkeep nurses knowledge and skills in order to maintain competency and to ensure quality of practice.
3. Advanced nursing practice is built on advancement of nursing knowledge and expertise with reflection on practice and research.

VII. COMPETENCY FRAMEWORK

1. As the health care system changes and the complexity of care increases, nursing education has proactively prepared nurses to meet the competency requirements.
2. Through continuing and higher nursing education and research, nurses acquire and build more knowledge in the art and science of nursing.

3. Different levels of competencies guides the principles of continuing professional development, accountability, professional autonomy, delegation and related issues such as context of practice, collaboration and teamwork.
4. A comprehensive professional practice framework could be devised from this competency framework to give guidance and support on matters relating to relevant areas of clinical practice.

VIII. EPILOGUE

Given the dynamic nature of health care and the evolving role of nurses, the scope of professional practice will continue to be modeled in response to the current developments in health care, the nursing profession, legislation, social policies and by other events that influence or alter health care practice. The Council holds a position that a nurse is required to be competent in his or her scope of practice. The qualified nurse must honestly acknowledge any limits of personal knowledge, skills, and competency, and takes steps to remedy any relevant deficits in order to meet the evolving demands of the scope of professional practice.

References:

- 1 Food and Health Bureau of Hong Kong. (2011). *My Health My Choice: Healthcare Reform Second Stage Public Consultation Report*. Hong Kong: Hong Kong Special Administrative Region Government.
- 2 Food and Health Bureau of Hong Kong. (2008). *Your Health Your Choice: Consultation Document on Healthcare Reform*. Hong Kong: Hong Kong Special Administrative Region Government.
- 3 Hong Kong Hospital Authority. (2011). *Hospital Authority's Response to the Government's Consultation Document on Health Care Reform "My Health My Choice"*. Hong Kong: Author.
- 4 International Council for Nurses. (2010). *Position statement on scope of nursing practice*. Geneva: Author.
- 5 Leung, M. G., & Bacon-Shone, J. (2006). *Hong Kong's health system: Reflections, perspectives and visions*. Hong Kong.
- 6 The Nursing Council of Hong Kong. (2014). *Code of Ethics and Professional Conduct for Nurses in Hong Kong*.
- 7 The Nursing Council of Hong Kong. (2012). *Core-Competencies for Enrolled Nurses (General) and A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (General) in the Hong Kong Special Administrative Region*. Hong Kong.
- 8 The Nursing Council of Hong Kong. (2012). *Core-competencies for Enrolled Nurses (Psychiatric) and a Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (Psychiatric) in the Hong Kong Special Administrative Region*. Hong Kong.
- 9 The Nursing Council of Hong Kong. (2012). *Core-Competencies for Registered Nurses (General)*. Hong Kong.
- 10 The Nursing Council of Hong Kong. (2012). *Core-Competencies for Registered Nurses (Psychiatric)*. Hong Kong.
- 11 The Nursing Council of Hong Kong. (2001). *Scope of professional practice*. Hong Kong.
- 12 The Bauhinia Foundation Research Centre. (2007). *Report of Development and Financing of Hong Kong's Future Health Care*. Hong Kong: The Bauhinia Foundation Research Centre, Health Care Study Group.

Bibliography:

1. An Bord Altranais. (2000). Scope of nursing and midwifery practice framework. Dublin: An Bord Altranais.
2. Australian Nursing & Midwifery Council. (2010). A Nurse's guide to professional boundaries. Canberra.
3. College of Nurses of Ontario. (2011). Scope of Practice, Control Acts Model.
4. College of Registered Nurses of British Columbia. (2012). Scope of Practice for Registered Nurses – Standards, limits, conditions.
5. Colorado Board of Nursing. Scope of Practice. (<http://www.dora.state.co.us/nursing/scopeofpractice.htm>)
6. Fairman, J. A., Rowe, J. W., Hassmiller, S. and Shalala, D. E. (2011). Broadening the Scope of Nursing Practice. *New England Journal of Medicine*. 364 (3), pp. 193-196.
7. Institute of Medicine, National Academy of Sciences. (2010). *The Future of Nursing*.
8. North Carolina Board of Nursing. (2010). RN Scope of Practice – Clarification: Position Statement for RN Practice. (<http://www.ncbon.com>).
9. Nursing and Midwifery Board of Australia. (2011). Scope of practice of nurse practitioner. Australia.
10. Nursing Board of Tasmania. (2006). *Standards for the Scope of Professional Nursing Practice for Nurses and Midwives*. Nursing Board of Tasmania: Australia.
11. Queensland Nursing Council. (2008). Scope of Practice – Framework for Nurses and Midwives.
12. S. Hassmiller. (2010). Nurses role in health care reform. *American Nurse Today Volume 5*, No 9.
13. Sherwood, G. D. et al. (1997). Defining Nurse Practitioner Scope of Practice: Expanding Primary Care Services. *The Internet Journal of Advanced Nursing Practice*, 1 (20).
14. Taylor G. (2000). Hong Kong's health Care Reform: Nursing an ailing health Care System Back to Health. *Perspectives on Business & Economics* 20, 51-73.
15. Texas Board of Nursing. (2011). Advanced Practice Registered Nurses with Prescriptive Authority. Code 22. Chapter 222. (<http://www.bon.texas.gov>).

16. Texas Board of Nursing. (2011). Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurse. *Position Statements*. pp. 67-78. (<http://www.bon.texas.gov>).
17. White, D., Oelke, N. D., Besner, J. et al. (2008). Nursing Scope of Practice: Descriptions and Challenges. *Nursing Leadership*, 21 (1), pp. 44-57.
18. Woods, N. F. (2012). Advanced Practice Nursing: US Models to Assure the Public Good. *Inauguration Speech, Provisional Hong Kong Academy of Nursing*.