SCOPE OF PRACTICE -**Registered Nurses in** the community setting

KEY STATEMENT

Nurses and midwives represent over 50% of all registered health professionals in Australia (AIHW 2022). Yet according to a survey conducted by APNA, a third of all primary health care nurses say they are under-utilised often or most of the time (APNA 2023). This represents a waste of experience and skills that could be redirected to improve access or reduce pressure in multiple roles in different healthcare settings.

The Australian College of Nursing (ACN) is committed to promoting strategies that improve healthcare services to the Australian community. In particular, ACN believes that facilitating registered nurses (RNs) working in community settings to work to the full extent of their scope of practice will enhance health service access and delivery, improve health outcomes, and increase job satisfaction for nurses (Ward, 2023). ACN encourages all healthcare organisations to facilitate RNs working to their full practice scope.

BACKGROUND

Defining the scope of practice for RNs is an ongoing conversation. The issue has become increasingly important both during and after the COVID-19 pandemic. A shared understanding of scope of practice will also aid in tackling current health workforce challenges, including attraction and retention, falling undergraduate completion rates and skill mix issues. Understanding RNs' scope of practice and facilitating RNs to work to the full extent of their scope is essential to both maximise the value of the nursing workforce in meeting the community's healthcare needs and promote improved job satisfaction and retention (Halcomb and Ashley 2019). When RNs work to the full extent of their

scope of practice, health outcomes are maximised as service delivery is optimised. Additionally, RNs empowered to work to the full extent of their scope of practice are often more satisfied in their jobs and are more likely to remain in the nursing workforce (Halcomb et al., 2021).

Déry et al. (2017) define the scope of practice of nurses as being "...the range of functions and responsibilities legally assigned to ... nurses and for which they have the education, knowledge and skills". The International Council of Nurses (ICN) clarify that "the scope of nursing practice is not limited to specific tasks, functions or responsibilities but is a combination of knowledge, judgement and skill that allows the nurse to perform direct caregiving and evaluate its impact, advocate for patients and health, supervise and delegate to others, lead, manage, teach, undertake research and develop health policy for health care systems" (ICN 2013). "While the foundational education of [nurses] captures the full breadth of the scope of practice of the profession at graduate entry level, the scope of practice of individual practitioners is influenced by the settings in which they practice. ... As the nurse gains new skills and knowledge, their individual scope of practice changes" (NMBA 2023).

Nurses in Australia evaluate their individual scope of practice by consulting professional resources, including the Decision-making framework for nurses and midwives (NMBA 2020), the National Standards of Practice for Nurses (NMBA 2016), the Code of Professional Conduct for Nurses in Australia (NMBA 2018), and the Code of Ethics for Nurses in Australia (ICN 2021). They also draw upon local clinical expertise, policies and protocols, and their professional judgment and are informed by evidence-based practice and organisational governance (Birks et al. 2018; Prior 2012).

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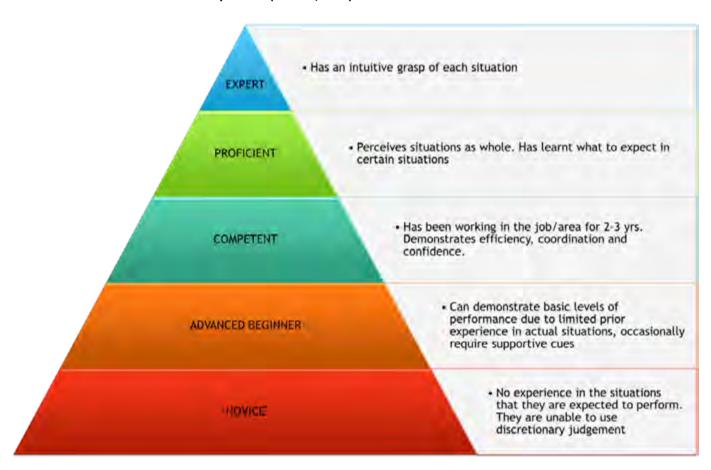




Working to full scope of practice means working to the full extent of the profession's recognised skill base and regulatory guidelines (Queensland Health 2017) influenced by the context of practice, organisational policies and procedures, the education and competence of an individual RN, and the community's health needs. When working to full scope, nurses employ the full extent of their clinical and professional knowledge, experience, skills and capabilities. RNs deliver health care as advocates for the people and communities they care for, as innovators to drive change and leverage technology to improve care, and as collaborative and multi-disciplinary leaders and partners to create better health outcomes for all (Williams et al. 2016).

All nurses, upon graduation, are considered advanced beginners on Benner's Novice to Expert Model of Skill Acquisition (Benner 1984) (Figure 1). Benner's model highlights that nurses' skill acquisition is experiential, with workplace experience and lifelong learning through continuous professional development. With experience, nurses progress through the stages of being competent, proficient, and expert in their practice. As the competencies (knowledge, skills, and clinical judgment), professional accountabilities and responsibilities of the nursing workforce keep evolving, so does the scope of practice of Australian nurses (Birks et al. 2016). Scope of practice for all nurses can be further enhanced and continuously expanded by developing and implementing a national education framework that will provide opportunities for nurses to access the appropriate education, training and support for skills acquisition necessary to expand and grow their full scope of practice.

Source: Benner's Model of Skill Acquisition (Benner, 1984)



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KEY OPPORTUNITIES

ACN supports removing regulatory, policy, legislative and inter-jurisdictional barriers to support nurses to work to a full scope of practice, allowing clinically effective, evidence-based health services to be delivered cost-effectively (Leslie et al. 2021). This will not only better enable the contribution of the knowledge, experience and skills of all Australian RNs but will also enhance health service delivery and access, improve health outcomes, and increase nurses' job satisfaction (Birks et al. 2018).

There are many opportunities reported or realised when organisational settings support nurses working to their full scope of practice:

Access to quality care and improved health outcomes

Nurses working to their full scope of practice have been shown to improve timely access to quality care and contribute to better health outcomes in all health settings, particularly where healthcare services are limited (Muirhead and Birks 2019).

Positive impact on the healthcare workforce

RNs working to their full scope of practice report greater job satisfaction as they feel supported and their training and education are utilised (Halcomb et al. 2021). Conversely, RNs working to a limited scope lack autonomy and control over their role (MacLeod et al. 2019). Given the significant relationship between job satisfaction and intention to leave nursing, enabling RNs to work to full scope of practice is a critical retention strategy (Halcomb and Bird 2020). Elevating all members of a multi-disciplinary team, not only RNs, to work to their full scope of practice provides clearer practice boundaries and improved role clarification, facilitating the optimisation of each health practitioner (Leslie et al. 2021).

Implications for primary healthcare

The scope of practice for nurses at a national level needs to be articulated to allow flexibility in nursing practice and support the organisational context and needs of the community where the RN is practicing. This support can optimise the health workforce by redirecting healthcare to maximise and share the workload according to available staff capacity. Variations in the scope of practice are influenced by factors such as the type of clinical setting and its geographical location (Birks et al. 2016). For example, if RNs could work to full scope of practice in general practice and nurse led clinics, the extra services available would help fulfil the demand from healthcare consumers to access general practice services promptly. This represents an opportunity in all healthcare settings to work collaboratively to provide improved outcomes for the community by demonstrating a commitment to innovative changes as proposed in the Unleashing the Potential of our Health Workforce - Scope of Practice Review (Department of Health and Aged Care 2024). As all healthcare professionals become enabled to work to their scope of practice, the opportunities to adopt and adapt to interdisciplinary models of care grow, thus presenting the chance to align health service delivery with contemporary thinking.

The increasing size and complexity of Australia's health system, the national population growth coinciding with a growing ageing population, and an increase in chronic conditions have led to an increasing demand for general practice and community-based health services (Duckett 2020; Maier and Aiken 2016). However, Australia is currently experiencing shortages within the healthcare sector, with modelling suggesting a shortfall of 123,000 nurses and 5,000 doctors by 2030 (AHHA 2021). To alleviate shortages and enable community access to healthcare when and where they need it, the Australian Government (2022) advocates that all nurses work to their full scope of practice as independent clinicians and within interdisciplinary teams. Other countries with similar healthcare systems, such as the United Kingdom, Denmark, Spain, and Italy, have successfully supported nurses in working to their full scope, taking on general practice tasks, thus maximising workforce capacity (Maier and Aiken 2016).

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RECOMMENDATIONS

ACN calls on state, territory, and federal governments to:

- Fund nurse-led activity and assign item numbers that optimise the full scope of practice of nursing.
- · Remove existing regulatory, policy, legislative and interjurisdictional barriers that negatively impact organisations to enable nurses' ability to work to their full scope of their practice.
- Invest in a national education framework that provides opportunities for nurses at all stages of their careers to access the appropriate education, training and support for skills acquisition necessary to work and grow to their full scope of practice.
- Align future health investment to broaden innovative nurse-led and interdisciplinary models of care that reimagine traditional health service models.

CONCLUSION

Registered Nurses (RNs) in community settings are well-positioned to practice within and to their full scope of practice for the good of individuals, families, and communities. Local clinical organisations and state, regional or territorial legislation contribute to facilitating RNs to practice to the full extent of their knowledge, education, skills and experience. This position paper affirms a need to implement change in clinical practice, organisational culture, and the policy environment so that RNs in community care are better facilitated to work within their scope of practice. This shift will improve health outcomes, enhance health service delivery and access, and increase nurse job satisfaction.

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