THE SCOPE OF PROFESSIONAL PRACTICE

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I. INTRODUCTION

1.0 Different levels of nurses representing a wide range of educational preparation, competencies and scopes of practice provide the delivery of nursing care. In Malta, the nurse population comprises Registered Nurses, Enrolled Nurses, Registered Nurses for the Mentally Sick, Enrolled Nurses for the Mentally Sick, Registered Nurses for the Mentally Handicapped, Enrolled Nurses for the Mentally Handicapped, Registered Nurses for Sick Children, Enrolled Nurses for Sick Children and Registered Nurses for Adults. The significance of the titles reserved to members of the nursing profession in Malta is presented later in section five.

2.0 Registration with The Council for Nurses and Midwives, Malta (which confers the legal right to practice as a nurse in the Maltese Islands) entails registration in either of two categories; (a) First Level Nurses (Registered Nurses) and, (b) Second Level Nurses (Enrolled Nurses). A Second Level Nurse requires the supervision of a First Level Nurse in the performance of nurse duties.

3.0 Nurses today play a central role in all of the primary, secondary and tertiary health care services and also in the education and instruction of nursing students. The delivery of nursing care, that is the practice of nursing, involves the use of knowledge together with the use of judgement and skill in a context, which is in a continual state of change and development. The practice of nursing, must therefore be similarly dynamic in nature and thus adaptive to the environment within which nursing care is to be delivered. The knowledge, judgement and skills used by the nurse in practice is determined by the education and experience of the nurse. Therefore the range of responsibilities involved in the delivery of nursing care should be related to a nurse's personal experience, education and skills. It follows that
just as the practice of nurses must remain dynamic so too must the education of nurses for practice.

4.0 Over the years, the role of the nurse in Malta, that is the range of responsibilities of the nurse, expanded and extended. Nowadays, the nurse is involved in the implementation of tasks, duties and interventions that were previously the domain of other professionals within the health care team. As with all other countries across the world, such changes in the scope of practice is expected to go on. The role of the nurse would predictably remain in a constant state of flux in the context of, and in congruence with the nature of the organisation and delivery of health care services in general. Health care services are expected to remain constantly changing, expanding, extending and developing. This means that the scope of professional practice of nurses would constantly need to be adjusted according to the context within which a nurse practices. Adequate support for such adjustments, central to which is appropriate educational opportunities, needs to be provided if standards of professional practice are to be maintained in the prevalent context of flux in which nurses practice.

5.0 The ultimate aim of practice is always the optimal delivery of care to the recipient of care. A prerequisite of such care is an adequate and effective provision of quality education.

II. Section 1. The Scope of Professional Nursing Practice in Malta

6.0 The scope of practice of any profession is to provide a range of services as determined by law. The statement of the scope of practice of a profession involves stating the purpose and methods of actions and initiatives taken by members of a profession in practising the profession. This statement does not dictate the exclusive scope of practice of the nursing profession but it defines the areas of practice for which The Council for Nurses and Midwives, Malta must establish and monitor standards of practice. Furthermore, it
defines the parameters within which members of the profession, that is nurses in Malta, can function, so that other health care professionals and the general public can be aware of the services that such professional may legitimately provide. Hence, this statement does not seek to itemise every facet of the profession's scope of practice, but only to give a sufficiently descriptive account of the parameters within which nurses should deliver care.

7.0 Once registered with The Council for Nurses and Midwives, a nurse is subject to the named Council’s code of professional conduct and is accountable for his or her practice. The code of professional practice provides the framework within which nurses may practise. The code however does not provide an exhaustive list of the duties of the nurse. Similarly, the statement of the scope of professional nursing practice could not possibly provide such a list since the changes of the role of the nurse are not the same across the whole spectrum of the health care delivery services. While some developments in health care delivery became an essential and integral part of the role of every nurse, (and have been subsequently incorporated into pre-registration education), other developments may require particular nurses to acquire new skills and competencies to perform certain activities because of the particular settings in which they practise.

8.0 The following two sections describe the meaning of professional nursing practice and the basic competencies needed to perform this. To try and single out every aspect of practice would be unwise. Nonetheless, it is appropriate to identify the acts and/or interventions that may nowadays be carried out by nurses, which may be potentially dangerous if carried out by unqualified and ineligible personnel. These acts are referred to as reserved acts and are outlined in Section Four.
III. Section 2. Definition of Professional Nursing Practice

9.0 Professional nursing practice is the application of nursing knowledge, skill and judgement to promote, maintain, and restore health, prevent illness and alleviate suffering, and includes:
   a) Assessing one’s health status.
   b) Planning, providing and evaluating care / treatment and nursing interventions.
   c) Counselling, educating and teaching on health issues to enhance one’s health and well being.
   d) Carrying out research and implementing research evidence related to health care and nursing care delivery.
   e) Participate with and contribute to a collaborative working environment comprising other professionals involved in health care delivery.

IV. Section 3. Basic Competencies of the Nurse

10.0 The nurse is expected to be capable of:
   (a) Giving advice and/or educating on the promotion of health and the prevention of illness.
   (b) Recognizing situations that may be unfavorable and/or detrimental to the health and well being of the individual.
   (c) Assessing a person’s nursing requirements.
   (d) Devising a plan of nursing care based on assessment that may be formulated with the co-operation of the patient and the contribution and/or prescription of other professionals in the health care team.
   (e) Implementing the planned program of nursing care in co-operation with other members of the team.
   (f) Evaluating and reviewing the outcome of the nursing care provided and acting upon it accordingly.
   (g) Undertaking the organization of the delivery of care, that is the management of the care of a group of patients,
coordinating and organizing the appropriate support services.
(h) Contributing to the education and instruction of nursing students.

V. Section 4. Reserved Acts

11.0 The rationale underlying the granting of reserved acts is to protect the public by limiting the provision of those potentially dangerous acts to members of specific professions who are qualified to perform them.

12.0 There is a distinction between competency to perform a reserved act and competency to initiate a reserved act. When a reserved act is assigned to a specific profession, members of the profession have the authority to (1) decide that the act is required and (2) carry out the act. Thus the general concept of reserved acts is that once granted, the profession initiates and performs the act independently. When a reserved act is performed pursuant to an order, nurses may make the decision to initiate the act, within the parameters of the order, and they are competent to perform it independently. In contrast with delegation, nurses will be instructed when to initiate the task, and generally speaking, that task would not normally fall within the core competency of the nursing profession.

13.0 The Council recommends the following reserved acts to be granted to registered nurses. However, this is not an exhaustive list. It is important to note that satisfactory instruction and/or education to perform these acts independently should be readily made available.

1. Performing the physically invasive or physically manipulative act of putting an instrument, hand or finger(s):
   i. Into the external ear canal, up the ear drum, but excluding cerumen management;
ii. beyond the opening of the urethra;
iii. beyond the anal verge;
iv. beyond the point in the nasal passages, where they normally narrow;
v. beyond the pharynx, or;
vi. into an artificial opening into the body.

2. Performing procedures on tissue below the dermis, below the surface of a mucous membrane, and in the surface of the cornea including but not limited to:

   i. Venipuncture
   ii. Intravenous cannulation

3. Administration of intravenous drugs

4. Management and Care of Central Venous Access and Totally Implanted Venous Access Device (TIVAD) including:

   I. Access maintenance
   II. Drug and fluid administration
   III. Blood sampling
   IV. Change of Device Dressing

5. Intra-Osseus Vascular Access by Staff Nurses or higher grades either working in Accident and Emergency or forming part of the Resuscitation Team, MDH Resuscitation Instructors and the Resuscitation Practice Nurses.

13.1 The council recommends that periodic competency assessment is provided by those organisations in which nurses and midwives are encouraged to perform the following acts:

   i. Intravenous Cannulation
   ii. Administration of intravenous drugs
iii. Totally Implanted Venous Access Device and Central venous access maintenance
iv. Intra-Osseus Vascular Access

14.0 In contrast with being granted a reserved act, in the case of the delegation of a reserved act nurses may perform the act only when instructed (by other health care professionals) to do so, that is, they will not initiate the act.

15.0 The Council recommends that there are reserved acts that may be delegated to nurses. These acts may be performed only if a health practitioner who is authorized by legislation to perform the act and/or orders the act.

16.0 As noted earlier, particular settings in which nurses practice may require nurses to acquire and practice additional skills and require advanced and/or additional training. This implies that the scope of professional practice of nurses in certain contexts would be different and nurses in certain particular contexts would need to be granted or delegated additional reserved acts accordingly. The reserved acts that are listed above are those that need to be granted to all registered nurses.

VI. Section 5. Principles for Adjusting the Scope of Practice

17.0 The fact that different settings necessitate/imply differences in the scope of practice of the nurses working within them (if optimal care is to be delivered by the nurses concerned), indicates that there should be a set of principles that would govern such adjustments to the scope of professional practice, according to the particular needs of particular settings.

18.0 The principles which should govern such adjustments to the scope of professional practice are those which follow below. It may be appropriate to re-clarify here that the
scope of practice is here taken to be the responsibilities legitimately carried out by the nurse. The principles listed below should enhance trust and confidence within the health care team towards nurses and their practice, and promote further the important collaborative work between the health care team, upon which good quality health care delivery depends.

19.0 The nurse,
   a) must be satisfied that each aspect of practice is directed to meeting the need and serving the interests of the patient/client;
   b) must always aim to achieve, maintain and develop knowledge, skill and competence to respond to the needs and interests of the client;
   c) must acknowledge any limits of personal knowledge and skill and must take steps to remedy such deficits;
   d) must ensure that any changes in the scope of professional practice must be achieved without compromising or fragmenting existing aspects of professional practice and that he she continues to abide by the Code of Ethics established by The Council for Nurses and Midwives;
   e) must be aware and honour the fact that he or she is fully accountable for all aspects of her or his professional practice and;
   f) must avoid any inappropriate delegation of practice to others which would in turn compromise the interests of the recipients of care.

VII. Section 6. Reserved Titles

20.0 Reserved titles are titles reserved exclusively to a profession. Reserved titles afford a means for consumers to identify the different types of health care providers, to distinguish the qualified from the unqualified, and to differentiate those practitioners who are regulated by law
from those who are not. Titles must adequately serve the public in describing the practitioner and the services being provided and must distinguish the practitioner from others performing services without the legal right to do so. This depicts the key and central role which the registration process with The Council for Nurses and Midwives plays in protecting the public and regulating the standards of nursing practice in the interest of the patients and clients and the general public as a whole.

21.0 The title Registered Nurse (First Level Nurse) is the title reserved for that category of nurses who have established the basic competencies described above in Section Three, and to whom the right to practice in Malta has been granted by The Council for Nurses and Midwives. The delivery of nursing care by a second level nurse requires the supervision of a first level nurse. Evidently, the generic term “nurse” is currently granted to a person whose name appears in the respective registers/rolls held by The Council for Nurses and Midwives for both registered nurses and enrolled nurses. No one else has the right to claim the use of this title even if he/she works in a similar environment.

VIII. CONCLUSION

22.0 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 engage in a particular range of activities. It is also based on the premise that any widening of that range and enhancement of the nurse's practice requires appropriate competency certification issued by the proper legal body. The reality however is that such practice will continue to be shaped and extended by developments in health care services in general. The best way to ensure optimal care delivery by nurses is for The Council for Nurses and Midwives to establish the listed principles underlying any adjustments to the existing scope of practice (Section Five). These principles should provide
the basis for setting the parameters of the role of the nurse instead of formal certification and/or qualifications. These principles together with the code of practice should safeguard the interests of the client and; moreover allow the nurse to practice as a professional, that is formulate his or her role according to one's own perceived knowledge and experience. This approach to the development of the role of the nurse should provide greater flexibility in practice, which is congruent with the environment within which nursing care is delivered. Above all, the framework of principles and the code of practice established by the Council reflect the personal responsibility and accountability of individual nurses entrusted by the Council to maintain and improve standards of care.