



South African Nursing Council

(Under the provisions of the Nursing Act, 2005)

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THE RELATIONSHIP BETWEEN THE SCOPES OF PRACTICE, PRACTICE STANDARDS AND COMPETENCIES

1. Introduction

The practice of Nursing/Midwifery is grounded in standards and ethical values and supported by a system of professional regulation. It is the duty of the nursing profession, through its regulatory bodies or councils, to determine the scope of practice for every level of nursing; to identify desirable standards of practice and competencies; and to bring these to the attention of every nurse.

The South African Nursing Council, as a regulatory body, is authorised by the Nursing Act (Act No. 33 of 2005) to develop and maintain the Scope of Practice, Professional Standards and Competencies through Section 3(e) which stipulates that the objects of the Council are, amongst others, to maintain professional conduct and practice standards for practitioners and to uphold and maintain professional and ethical standards within nursing. Section 4(1)(l)(i) and (iv) further maintains that the Council must determine the scope of practice of nurses and the requirements for any nurse to remain competent in the manner prescribed.

It is however difficult to find a consistent definition of the three concepts, namely, scope of practice, standards and competencies. These concepts are sometimes used interchangeably or different concepts or variations are used. The Council will therefore attempt to take a position on these concepts and their relationship based on its context.

Various documents on the scope of practice, practice standards and competency/performance criteria from various regulatory bodies and professional associations were reviewed. Examples of such bodies are the American Nurses Association and affiliated associations such as ANACN; the American Association for Critical Care Nurses (AACN); American Holistic Nurses Association (AHNA); American Nephrology Nurses Association (ANNA); National Council on Interpreting in Healthcare; and the Australian Nursing and Midwifery Council. Various definitions have been extracted and will be analysed hereunder.

2. Scope of Practice	3. Nursing/Midwifery Practice Standard	4. Competencies
<p>The Scope of Practice provides a general description of the services its practitioners are qualified to provide and the setting of practice boundaries and limitations under which their services may be provided. It does not list specific tasks or procedures (breadth). Scope of Practice entails what nurses are educated, competent and authorised to perform. It is influenced by the health needs of individuals and groups, the place where nursing care is being provided, the level of competence, education and qualifications, including policies and protocols of healthcare providers and relevant legislation. In summary, it is the context in which the nurse functions.</p> <p>It encompasses standards of professional nursing practice that identify the roles and responsibilities of the nurse in any healthcare setting to perform safe, competent and ethical care as defined by their educational, legislative and regulatory authority. Furthermore it addresses the obligations of registered nurses to use specialised judgment and skill in providing safe and competent patient care (depth). The purposes of the Scope of Practice are to regulate the practice of the profession;</p>	<p>Practice Standards are authoritative statements by which the nursing profession describes the responsibility for which its practitioners are accountable and these statements are agreed upon (articulated and promulgated) by the nursing profession to use in judging the quality of practice, service or education. Regulatory bodies have a responsibility to establish, monitor and enforce Practice Standards. They are statements about what registered nurses are required and expected to do as professionals. Practice Standards are also benchmarks and achievable levels of professional performance which reflect the values of the profession and clarify what the regulatory body expects of its registered nurses and, in turn, represent the criteria against which the practice of all registered nurses will be measured by the public, clients/patients, employers and colleagues. Standards describe “best practice” and ensure a consistent quality of performance. They are concerned with the “how” whilst the codes focus on the “should”. Practice standards are prerequisites for the promotion of safe, competent and ethical nursing practice.</p> <p>The Practice Standards state minimum</p>	<p>Competencies are a combination of knowledge, skills, judgement, attitudes, values, capacity and abilities that underpin effective performance in a profession.</p> <p>Competencies are requirements of a practitioner to be considered competent in a designated role and practice setting. They are building blocks that shape nursing work in all clinical and practice settings.</p> <p>Competency Standards provide a framework to assess competence as part of the annual renewal of license process, to assess nurses educated overseas seeking to work in South Africa, to assess nurses involved in professional conduct matters, to develop curricula and to assess students. They further form a dynamic set of skills and attributes that are context-specific and evolve throughout one’s professional life. Some countries accommodate the dynamism of competence through mandatory continuing education as a condition for renewal of the license. The practitioner is considered competent if he/she has the ability to integrate and apply the knowledge, skills, judgement, attitudes, values and abilities required to practise safely and ethically in a designated</p>

<p>guide curriculum development; assist employers in preparing job descriptions and performance contracts; and inform the public about the services its members are qualified to provide.</p> <p>Nurses have a responsibility to practise within their scope of practice relevant to their education, qualification and context.</p> <p>The Scope of Practice provides the basis for the development of Nursing/Midwifery standards and competencies.</p>	<p>levels below which performance is unacceptable. Contravention of the Practice Standards may result in a finding of unprofessional conduct, leading to professional sanction under the Nursing Act.</p> <p>Practice Standards are used to guide and direct nursing practice, promote professional nursing practice, facilitate evaluation of nursing practice, enable healthcare users to judge the adequacy of nursing care and provide guidance to nurse researchers, administrators and educators.</p> <p>The purposes of Practice Standards for Nursing Practice are the protection of the public; identification of expected behaviour; regulation of safe, competent and ethical behaviour; regulation of registered nurse practice and practice consultation; and allowing nurses to understand issues related to professional practice. In Nursing Education, standards are used for curriculum development and evaluation of outcomes. In Nursing Management, standards are used as administrative guidelines, legal reference, public information, frameworks for research and policy development and the determination of the quality of nursing care a healthcare user receives.</p>	<p>role and setting.</p> <p>Each nurse is accountable in an ongoing manner to review/appraise his/her level of competence in order to upgrade and maintain his/her competency.</p>
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5. Summary and Conclusion

The Scope of Practice addresses the role and boundaries of practice, while the Practice Standards describe what is considered best practice by the profession and Competencies describe how each standard is met.

Various documents on the scopes of practice, practice standards and competency/performance criteria which were reviewed present a common format: the Scope of Practice of a discipline or specialisation which include the dimension of limitation and context, followed by Practice Standards under which the competences/performance criteria are listed.

Therefore it is recommended that the SANC also adopts the abovementioned format to suit the work already done as well as the South African context.

6. References

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