

Position statement: NP working as RN

Purpose

From time-to-time College members who are NPs report that they have been asked/ required to work regularly or intermittently in an RN position.

The College position is that this is inappropriate use of an NP and that it sets up significant confusion for the NP, their patients and other team members. There is however no legal or regulatory clarity about this situation. It also sets a precedent that positions the nursing workforce as able to work for less and lower financial value than their practice contribution.

Here we attempt to tease out the ramifications and provide support to members thus affected.

The key principle is that an NP is an NP and retains the scope of practice however employed.

1. Regulation/Scope:

Registration: If you are registered as an NP not an RN, that will not change. You are being asked to work in place of an RN, you do not become one.

Scope: If your scope is NP then working as a clinical RN is within and not outside your scope. Nursing Council state that NPs “*build and expand upon the competencies required for registered nurses and for nurse prescribers*” (Nursing Council of New Zealand, 2017).

- Do you limit what you do?
 - It is important to clarify with employers how they want to utilise your practice, so ask the question: In what way is my practice different in your view?
- Can you prescribe?
 - NPs are authorised prescribers, so you may prescribe. Just ensure the team you are working with understand your contribution.
- Can you order tests?
 - Again, this is a good question to ask the employer and also discuss with the team. Your authority to request diagnostic tests does not change, however you will need to assure collaboration with the wider team if you are working in an RN role rather than an NP role.
- **College position:** You cannot change your scope. You are registered in an NP scope of practice not an RN. Scope is the appropriate use of your nursing knowledge and judgment to assess health need, care, intervention, advice and support. You cannot switch off your NP practice and in the view of the College you are being asked to work in your NP scope but being paid as an RN.
- If you are asked to work as an RN it is important to go back to the employer and ask the question what does this mean for your practice and role in providing healthcare? Get clear answers and ensure the team understand.
- The scopes of practice for RN (Nursing Council of New Zealand, 2007) and NP (Nursing Council of New Zealand, 2017) are an important resource for your employer to consider and understand.

2. Professional indemnity:

It is important to consider the effect on your Professional practice insurance if when covering an RN role an issue occurs which could have been resolved if you were practising to the extent of your NP scope.

- Will you be judged by HDC as an NP or an RN?
 - You are working in place of an RN, not becoming one. You are still registered in the NP scope.
 - If an adverse event happens you must act using all your knowledge, you cannot withhold skill, knowledge or ability
- Insurer:
 - Our insurers advise there is no problem with claiming indemnity insurance for an event that occurs when you are working as an RN
- HDC:
 - The HDC will judge you against the standards of your scope and knowledge base. As in a roadside accident, you work to the extent of your scope (qualified knowledge base).

College position: In the view of the College, you cannot withhold care and your practice should not be constrained. However, on accepting work in place of an RN, you must check with the employer what they expect this will mean for your practice. Be specific with them and require specific answers, why are they not employing you as an NP?

3. Employment:

Employers cannot change your scope, only your contract and conditions. We recognise that current workforce shortages may be forcing employers to make difficult decisions.

- Precedent:
 - Working in place of an RN for RN remuneration is setting a precedent which could be difficult to reverse. Consider how this may affect your practice into the future and that of your NP colleagues. As an example; Consultants covering for Registrars do not lower their rate of pay.
- Why not as an NP
 - Utilising your practice as an NP could optimise patient care rather than adding cost.
 - Constraint of practice is ethically difficult to defend. The employer would need to consider this. As an example; Consultants covering for Registrars do not change their practice but can significantly speed up the patient journey and episode of care.

College position:

The College views the employment position as just that; employment not regulation. You do need to make clear you are an NP and what that means in the particular practice setting. Remember the employer/ manager may never have worked with an NP.

Our position is that it more appropriate to be increasing the use of HCAs to free up RNs to work as RNs rather than using NPs to boost shortages. It is unacceptable to lower the rate of remuneration and unethical to constrain practice potentially to the detriment of patient care.

Nursing Council of New Zealand. (2007). *Competencies for registered nurses*.

<http://www.nursingcouncil.org.nz/index.php/Nurses/Scopes-of-practice/Registered-nurse>

Nursing Council of New Zealand. (2017). *Competencies for the nurse practitioner scope of practice*.

https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/NCNZ/nursing-section/Scopes_of_practice.aspx?hkey=61f53c32-ca6c-4529-aefc-484a0f42f875