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TESTIMONY RE: "SCOPE OF PRACTICE DETERMINATION FOR HEALTH PROFESSIONALS"

Good Afternoon Senator Kissel, Representative Mushinsky and members of the Legislative Program Review and Investigations Committee.

Thank you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams chair of Government Relations for the Connecticut Nurses Association and chair of the Department of Nursing at the University of Hartford. I have been actively involved in nursing education and practice for over 40 years. I am providing testimony in relation to the 2009 study, "Scope of Practice Determination for Health Care Professions." This study was initiated by a request from the Public Health Committee to the Program Review Committee to study the process utilized to determine scope of practice for health care professions, including examining the processes used by other states

Scope of Practice legislation is the legal process for determining the rules, regulation and boundaries for qualified health care providers. Scope of Practice determination is made in order to ensure that health care providers provide safe, high quality health care.

Nursing is one of the health care professions that are regulated at the state level through scope of practice legislation. These statutes also articulate the licensing requirements. Professions are typically regulated by statute, with the responsibilities of enforcement delegated to state regulatory agencies and boards or commissions. Professions tend to be autonomous, which means they have a high degree of control of their own affairs: "*Professionals are*

autonomous insofar as they can make independent judgments about their work" this usually means *"the freedom to exercise their professional judgment."* Nursing in Connecticut as a profession has consistently demonstrated its ability to self regulate, and hold accountable its members through the BOEN.

The nursing profession enjoys a high social status, regard and esteem which is conferred upon them by society. Nursing is viewed as the most trusted profession by the public in surveys conducted during the last eight years. This high esteem arises primarily from the higher social function of their work, which is regarded as vital to society as a whole and thus of having a special and valuable nature.

The nursing profession involves technical, specialized and highly skilled work often referred to as *"professional expertise."* Education for this work involves obtaining degrees and professional qualifications without which entry to the profession is barred. Education also requires regular updating of knowledge and skills that facilitates the incorporation of this new knowledge in order to maintain expert competence and public safety. This is accomplished through continuing education especially at the advanced levels for continuing certification.

Nursing has potential power due to the fact that it is the most trusted profession and the largest. However nursing is late in recognizing its potential power where as other health care professionals have used their power to control other providers. A profession tends to regulate and protect its area of expertise and the conduct of its members, and exercises a dominating influence over its entire field which means that professions can act monopolist, rebuffing competition from other professional health care providers as well as subordinating and controlling lesser but related health care providers.

All professions are

1. **Skill based on theoretical knowledge:** Professionals are assumed to have extensive theoretical knowledge (e.g. medicine, law, nursing) and to possess skills based on that knowledge that they are able to apply in practice.

2. **Professional association:** Professions usually have professional bodies organized by their members, which are intended to enhance the status of their members and have carefully controlled entrance requirements.
3. **Extensive period of education:** The most prestigious professions usually require at least four years of university education.
4. **Testing of competence:** Before being admitted to membership of a professional body, there is a requirement to pass prescribed examinations that are based on mainly theoretical knowledge.
5. **Institutional training:** In addition to examinations, there is usually a requirement for a long period of institutionalized training where aspiring professionals acquire specified practical experience in some sort of trainee role before being recognized as a full member of a professional body. Continuous upgrading of skills through professional development is also mandatory these days.
6. **Licensed practitioners:** Professions seek to establish a register or membership so that only those individuals so licensed are recognized as bona fide.
7. **Work autonomy:** Professionals tend to retain control over their work, even when they are employed outside the profession in commercial or public organizations. They have also gained control over their own theoretical knowledge.
8. **Code of professional conduct or ethics:** Professional bodies usually have codes of conduct or ethics for their members and disciplinary procedures for those who infringe the rules.
9. **Self-regulation:** Professional bodies tend to insist that they should be self-regulating and independent from government. Professions tend to be regulated by the most highly qualified members of the profession.

Therefore if we recognize nursing as a profession, based on the tenets of a profession, that it is autonomous and self regulating we must also make regulations for nurses and its members that facilitate its determination of scope of practice without the current impediments that continue to inhibit nurses from functioning at their level of education, experience and current scope of practice. *ICN best defines nursing as a profession that encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or 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.

Role of the Connecticut Board of Examiners for Nursing (BOEN) in issues related to nursing practice in Connecticut

The BOEN in Connecticut has limited power and authority due to the following factors:

1. BOEN does not have any rule making authority which is granted in many other states to health care professionals licensing board's that have the obligation to protect the public.
2. The BOEN is one of two nursing boards in the US that does not have an Executive Director in a leadership position that acts as the gate keeper to the profession and brings forward professional issues to the BOEN to protect the public.
3. The BOEN does not have an Executive Director that is a nurse who can speak for nursing at the state and national level. The National Council of State Boards of Nursing (NCSBN) addresses professional issues that have a long lasting impact on safe nursing practice in each state. Connecticut does not have a nurse leader in the role Executive Director who speaks for nursing at the NCSBN.
4. The BOEN is a completely voluntary board which has an enormous responsibility to the public it serves and each member spends an exorbitant amount of time in the preparation and demonstration of their role, responsibility and duty to the public they serve.
5. The current structure is supported by the arbitrator of all health professional currently licensed in CT. The issue arises as a potential conflict of interest between the parties serving and being serviced. Without power the current boards work at the pleasure of the structure. The real issue is that the message of the BOEN is communicated via the current structure. For example when there is a professional issue that issue is brought forward by staff that is unlicensed in the specific profession and does not represent the professions uniqueness, knowledge and competence at the expert level.

It is recommended that:

1. That we have an Independent BOEN funded by the licensing fees.
2. It is recommended that the BOEN have an Executive Director who is a nurse with the proper professional credentials to provide leadership the BOEN.
3. When an Independent Board is established it would then have the ability to make regulation utilizing the experts in the profession. Once the BOEN is independent it would have the ability to monitor and propagate regulation that promotes safe high quality care and public safety without the expenditure of time in negotiation of skills and tasks that are clearly in the professional domain of practice.

As this process moves forward we would like to discuss several of the options that were presented to the Committee for review in the current report. It is our recommendation that we examine further a model similar to the Arizona model that calls for expert demonstration of knowledge, skills and their application in the actual request for review of scope of practice. This method appears to be an objective, research based mechanism for making the changes that appear so difficult to make in the current environment. The model has the potential to reduce turf issues and objectively work through scope of practice issues.

Steps in the Arizona Model that need to be discussed.

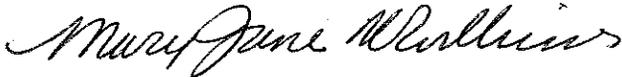
Any group seeking to modify a profession's current scope of practice must address in its report the following factors (to the extent requested by the legislative committee of reference):

- a definition of the problem and why a change in scope of practice is necessary, including the extent to which consumers need and will benefit from practitioners with this scope of practice;
- the extent to which the public can be confident that qualified practitioners are competent;
- the extent to which an increase in the scope of practice may harm the public, including the extent to which the change will restrict entry into practice; and
- the economic implications to the state and to the general public of implementing the proposed increase in scope of practice. Prior to making any scope of practice changes, legislators may use these reports to assist

them in their information collection and decision-making processes. In addition, if a profession proposes to expand the scope of practice of its profession, copies of the report must be sent to the regulatory board of the health profession for review and comment. If applicable, the respective board may make its own recommendations based on the report submitted by the health care profession seeking expansion to its scope of practice. (Scope of Practice, 2009)

Summary: The Scope of Practice Report is clear, concise and represents the issues that currently impede the revision to scopes of practice for health professions. As by definition professions have expert knowledge, are self regulating and autonomous. It is essential to recognize the need to establish independent boards that regulate practice and are lead by experts in the specific profession. This will facilitate the process for addressing scope of practice issues. I want to take this opportunity to thank you for the inviting us to participate in this process and for considering of our recommendations for the future. Please do not hesitate to contact us for any further clarification.

Respectfully submitted,



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