

## YOU'VE ASKED

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### *I read in the Standards of Practice for Registered Nurses that RNs (and NPs) are responsible for maintaining their fitness to practise. What does that mean?*

In October 2012, the Nurses Association of NB conducted a targeted online survey of more than 1000 members as part of the consultation process on the revised *Standards of Practice for Registered Nurses*. Registered nurses (RNs) responded very positively to the revised standards but also requested clarification on indicator 1.6 that speaks of fitness to practise.

The following *Ask a Practice Consultant* article is intended to define the concept of *fitness to practise* and to clarify the expectations of RNs obligations in relation to indicator 1.6—*The RN takes measures to maintain fitness to practise such that client safety is not compromised* (NANB, 2012).

Under the *Nurses Act*, the Nurses Association of New Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes the profession, registered nurses and nurse practitioners accountable to the public for the delivery of safe, competent and ethical nursing care. In order to meet this mandate, NANB promotes and maintains standards for nursing education and practice. Under Standard 1: Responsibility and Accountability of the *Standards of Practice for Registered Nurses* (2012), fitness to practise is listed as an indicator to demonstrate how RNs are expected to meet the standard and it is defined as “*all the qualities and capabilities of an individual relevant to his or her capacity to practise as a RN, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing*”.

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**Fitness to Practise:**

**All the qualities and capabilities of an individual relevant to his or her capacity to practise as an RN, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing**

**(NANB, 2012)**

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In other words, each registered nurse is responsible for practising safely, competently and ethically and for maintaining fitness to practise.

The *Code of Ethics for Registered Nurses* (2008) also explains the concept of fitness to practise under the value of “Being Accountable” and states that: “*nurses maintain their fitness to practise. If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently,*

*they must withdraw from the provision of care after consulting with their employer or, if they are self-employed, arranging that someone else attend to their client’s health-care needs. Nurses then take the necessary steps to regain their fitness to practise*”.

However, the reality is that at times the RN may feel “unfit” to practise due to circumstances where she/he is not able to meet the *Standards of Practice for Registered Nurses* or values from the *Code of Ethics for Registered Nurses* such as:

- an RN with problematic substance problem that affects her ability to practise safely and competently;
- an RN with “unmanaged” mental health issues that could affect her practice;
- physical limitations that could interfere with the RN’s ability to deliver safe, ethical and competent care;
- situations where the RN is unable to initiate and maintain the nurse-client therapeutic relationship;
- situations where fatigue or other factors negatively affects the RN’s ability to practise safely and in accordance with *Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses*.

RNs experiencing situations affecting their fitness to practise have a professional and ethical obligation to address the issue if they wish to continue to practise nursing. In some circum-

stances, the RN may not be able to deal with the situation alone and may require support to return to a level of functioning whereby she is able to meet professional standards of practice. When experiencing situations affecting their fitness to practice, RNs can take for example the following steps.

- Withdrawing from the provision of care after talking with employer;
- Seeking advice from a primary health care provider;
- Accessing staff health programs;
- Speaking with an NANB practice consultant.

### **Fitness to practise: applying the standards**

All RNs should be able to articulate the expectations established in standards and apply them to their practice. The *Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses* outline the RN's responsibility in relation to fitness to practise such as:  
The RN:

- practises in accordance with the *Code of Ethics for Registered Nurses* (NANB, 2012);
- is answerable for nursing actions,

decisions and professional conduct (NANB, 2012);

- takes measures to maintain fitness to practise such that client safety is not compromised (NANB, 2012);
- questions and intervenes to address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with her ability to provide safe, compassionate, competent and ethical care to those to whom she is providing care, and she supports those who do the same (CNA, 2008);
- acts on the ethical obligation to maintain fitness to practise when planning non-work related activities (CNA, 2008);
- takes responsibility for mitigating and managing fatigue while at work, including using professional approaches to decline work assignments (CNA, 2010);
- has a professional responsibility to act in a manner that is consistent with maintaining client and personal safety (CNA, 2010).

Providing safe, competent and ethical care to clients is the responsibility of every RN. When there is an issue related to fitness to practise, the RN must take all possible steps to deal with the situation so that the safety of clients is not at risk. RNs are encouraged to speak with managers or other support services when recognizing issues of fitness to practise, whether it applies to themselves or to other RNs.

For more information on the RN's responsibilities in relation to fitness to practise, contact NANB to speak with a Practice Consultant at 1-800-442-4417 or by email at nanb@nanb.nb.ca.


### REFERENCES

- Canadian Nurses Association (2008). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- Canadian Nurses Association (2010). *Nurse Fatigue and Patient Safety*. Ottawa: Author.
- Nurses Association of New Brunswick (2012). *Standards of Practice for Registered Nurses*. Fredericton: Author.

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