

Scaling the journey towards nurse practitioner independence in Kenya: A comparative deduction from California Assembly Bill 890

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Student-author biography

At the time of publication, Brian Kipkoech is a Nurse Officer at Kenyatta National Hospital, Nairobi, and a Nurse Tutor at Thika School of Medical and Health Sciences. With a BSc. in Nursing from Moi University, he has a proven track record of collaborating in curriculum development and providing academic guidance to nursing students. Brian has also contributed significantly to academia through academic publications, poster presentations and conference participation, reflecting his dedication to advancing healthcare practices in Kenya. In this project, he aimed to voice the urgent need for a nursing scope of practice review to meet the ever-ballooning healthcare needs and hasten the achievement of universal health care coverage.

Background. A scope of practice is a set of regulations and permissions granted to qualified personnel. In the field of nursing, it delineates the parameters within which nursing services are provided in healthcare. In Kenya, this is determined by the legislative and regulatory framework established by the Nursing Council of Kenya (NCK). Restrictions on nursing autonomy remain, particularly on prescriptive authority.

Objectives. This short communication compares the nursing scope of practice in Kenya with that in California, with the aim of examining the extent to which the nursing scope of practice in Kenya aligns with international standards and comparing the evolution of the Kenyan nursing scope of practice with California's Bill 890 and provide recommendations.

Method. The Kenyan draft proposal seeks to expand the scope of practice for different nurse categories, but its implementation remains limited. In California, the introduction of Bill 890 (2020) has paved the way for increased autonomy for registered nurses through the transition-to-practice (TTP), which prepares nurses to work independently.

Conclusion. To address the healthcare challenges in Kenya, it is crucial to expand the nursing scope of practice. Particularly during doctor shortages in various geodemographic locations, nurses can effectively fill the gaps. Learning from California's legislative milestone, Kenya should consider introducing a similar TTP. This would provide nurses with adequate training and experience to work independently while ensuring patient safety and quality healthcare. By embracing an expanded scope of practice, Kenya can improve healthcare accessibility and meet the evolving healthcare needs of its population.

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A scope of practice is a set of regulations that permits qualified healthcare providers to perform specific duties. These are usually set by the legislative laws or the regulatory licensure rules of the respective setting, either country or state, depending on the training culture.^[1] The nursing scope and the standard of practice define the 'who, what, where, when, why, and how' of nursing services. From a segmented definition of the scope of practice, we gain a clear understanding of its complexity. This short communication compares the Kenyan nursing scope of practice with that in California. California, with its legislative and regulatory advancements, has set a valuable precedent to emulate and learn from. Notably, it demonstrates the potential feasibility of expanding the scope of practice, making it a relevant and valuable example.

Objectives

1. To explore the extent to which the Kenyan nursing scope of practice aligns with international standards.
2. To draw a comparison between advancements in the Kenyan nursing scope of practice and California's Bill 890, and provide recommendations for advancing nursing autonomy.

Discussion

The Kenyan nursing scope of practice

The legislative and regulatory framework in Kenya outlines the competencies (i.e., knowledge, skills and attitude), professional roles and responsibilities of nurses and midwives, defining their scope of practice.

This scope informs the approach to both theoretical and practical learning. The Nursing Council of Kenya (NCK), established under the Nurses Act Cap. 257 of the Laws of Kenya, regulates the standard of nursing and midwifery education and practice.^[2] The council's functions include establishing standards for the nursing profession, regulating training, prescribing and regulating curriculum, as well as licencing and taking disciplinary actions in cases of misconduct.

The NCK has taken commendable steps towards achieving professional independence for nurses, but this initiative is still in its early stages. A draft scope of practice guideline has been published in its portal for implementation. Notably, despite being published in July 2020, there has been minimal progress towards implementing the guidelines in care delivery within the country. Substantive restrictions on nursing autonomy persist within the Kenyan nursing scope of practice. For instance, according to Olutende *et al.*,^[3] registered nurses/midwives can prescribe or administer specific drugs in consultation with the prescribing officer, limiting the profession's prescriptive authority. This restriction applies particularly in curative and rehabilitative care levels. However, in preventive care settings, such as dispensaries and healthcare, they can practice prescriptive roles. In the Kenyan context, prescriptive authority is held by doctors, dentists or pharmacists, who must be part of the supervisory team for drug prescription in clinical care.

In the draft proposal, a registered midwife with diploma-level training will diagnose and manage pregnancy, labour, and childbirth and provide emergency care for women and children in line with the stipulated guidelines. They can also prescribe and perform selected medical surgical procedures; prescribe selected drugs; administer medication and vaccines; and order, perform and interpret selected laboratory diagnostic findings.^[4] A registered community health nurse (RCHN) with diploma-level training will diagnose, manage and/or refer patients in pregnancy, labour, childbirth and postpartum as per the stipulated guidelines. They can also provide mental health services and support community health programmes. Registered nurses with a degree-level qualification have a broader scope of practice. In addition to the RCHN scope, they implement nursing care models for individuals, families and communities, identify and address health needs, support community initiatives, participate in developing and reviewing health policies, develop and implement nursing curricula, and initiate and use research findings and innovations to improve the quality of care. Similarly, registered midwives with degree-level training undertake similar roles within the reproductive, nursing, midwifery and public health domains.^[4] The authority to prescribe medication varies, ranging from restricted with different levels of physician oversight to reduced restrictions and, ultimately, full practice autonomy for registered nurses or midwives. In emergencies, registered nurses or midwives must promptly communicate the decision to relevant authorities, especially in the absence of a prescribing officer. According to the draft proposal, registered nurses and midwives are authorised to prescribe in situations where they work in primary care clinics.

The Californian scope of practice

California, a state in the United States of America, has a history of limiting the expansion of the practice of nurse practitioners. According to the American Association of Nurse Practitioners (AANP), a restricted practice state is one where nurse practitioners are limited in their ability to independently deliver care in at least one aspect of healthcare

provision. Similar restriction practices exist in states such as Florida, Georgia, Michigan, Oklahoma, South Carolina, Texas, Massachusetts, Tennessee, Virginia and Missouri. In California, nurse practitioners are registered nurses with additional training equipped to offer a wide range of healthcare services, including diagnosing and managing acute and chronic illnesses.^[5] Various specialised roles are included in this level of training, such as certified nurse midwives, nurse anaesthetists, and clinical nurse specialists. Before amending the law, California was among the 22 states and the only western state that imposed restrictions on nurse practitioners, requiring them to work under the supervision of physicians in most aspects of care delivery.^[6] This limitation in scope resulted in a low supply of nurse practitioners, making it challenging to meet the population demand. This resulted in poor access to healthcare for residents, reduced use of primary healthcare services and increased costs for hospitalisation, including emergency care visits.^[6]

In 2020, Bill 890 (AB 890) was signed into law, mandating that registered nurses should adopt, through regulation, minimum standards for the transition-to-practice (TTP).^[7] The TTP is a three-year equivalent, or 4 600 hours of clinical experience and mentorship, preparing nurses to work independently without physician supervision. Precisely, this period is crucial for nurses to develop skills essential for autonomous practice within their licensure scope. Furthermore, the scope includes, but is not limited to, managing a panel of patients and clients within a complex healthcare setting, interprofessional communication, and management in practice.^[11]

Conclusion and recommendation

In conclusion, Vedaste *et al.*^[8] noted that to achieve quality care and meet the Sustainable Development Goals (SDGs) on health quality and the African Union Agenda 2063, there is a need for investment in human labour to consistently deliver quality care. Expanding the scope of practice for Kenyan nurses through legislative or regulatory advance guidelines similar to California Bill 890, will improve access to care and achieve overall quality nursing care in various healthcare realms. Kenya should consider adopting a similar legislative bill and introducing a TTP with an expanded scope of practice. This approach will ensure patient safety and contribute to high-quality care. The rigidity in the scope of practice hinders the provision of adequate quality care to a growing Kenyan population. A TTP would adequately prepare nurses to work independently without the need for physician supervision, addressing the challenge of shortages of doctors and other healthcare providers.

Declaration. We declare that this is our original work that has not been submitted elsewhere.

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