

# Consultation document Tuhinga whai tohutohu

## Review of Enrolled Nurse and Registered Nurse Competencies

Including amendments to the registered nurse scope of practice statement

December 2023



# From the Chief Executive | Nā te Kaiwhakahaere Matua

E ngā iwi, tēnā koutou katoa,

In 2022, the Nursing Council began a review of the Enrolled Nurse (EN) scope of practice which resulted in the development of a new and more flexible EN scope [\[available here\]](#). The Council is now consulting on revised EN and Registered Nurse (RN) competencies and a revised (RN) scope.

The reviewed EN and RN competencies (and amended RN scope of practice statement) reflects contemporary and emerging research, policy, and best regulatory practice. This will ensure nurses are competent to practise in a culturally safe, competent, and ethical manner. The scope and competencies reflect the Council's commitment to Te Tiriti o Waitangi and the role of nurses in improving health equity for Māori.

We've been guided by EN and RN design groups comprising nursing leaders, educators, New Zealand Nurses Organisation's (NZNO) EN section, Te Poari o Te Rūnanga o Aotearoa, professional organisations, Māori and Pacific nursing leaders and experts, and EN and RN representatives grounded in practise. Broader sector engagement has been sought to test concepts. A series of wānanga have occurred to review the Council's cultural safety guidelines – in particular Kawa Whakaruruhau – to inform the wider work of the Council including the RN and EN competencies.

This consultation document supports you to have your say and sets out both what we're proposing to do and our reasons for doing so. We also recognise that changing competencies and scope of practice statements may have an impact on some areas of practice or organisational policy. We also welcome the opportunity for you to raise these interdependencies, which may inform the Council's future work programme.

I would like to acknowledge the expertise, views, and time of the EN and RN Design and Sector Reference Groups and others who have contributed to this important mahi so far.

Once consultation closes, we will take time to consider your feedback, and communicate our final decisions back to you, in mid-2024.

Ngā mihi nui,

Catherine Byrne,

Chief Executive / Registrar Nursing Council New Zealand



# Contents | Ngā Ihirangi

From the Chief Executive   Nā te Kaiwhakahaere Matua .....	2
Contents   Ngā Ihirangi.....	3
How to navigate our document   Pēhea te urungi i ō mātou tuhinga.....	4
Have your say   Me pēhea te whakatakoto tāpaetanga .....	5
How to make a submission .....	5
Our consultation at a glance   He karapa ki ō mātou whai tohutohu .....	6
Introduction.....	6
Te Tiriti o Waitangi & equity for Māori .....	7
Background   Kōrero whakamuri .....	9
What are our next steps? .....	12
When and how will these changes take place? .....	13
Our Proposals   Ō Mātou Marohi .....	14
Proposed updates to the EN competencies .....	14
Proposed updates to the RN competencies .....	18
Proposed amendments to the RN scope of practice statement.....	22
Appendix 1   Tāpiritanga 1– Enrolled nurse design group members.....	23
Appendix 2   Tāpiritanga 2– Registered nurse design group members.....	24
Appendix 3   Tāpiritanga 3– References .....	25



# How to navigate our document | Pēhea te urungi i ō mātou tuhinga

Our document contains:

- [information on how to submit](#)
- the [introduction](#) and [information about Te Tiriti o Waitangi and equity for Māori](#)
- the rationale and background activities behind the proposed changes to the competencies
- the [proposed updates to the EN competencies](#)
- the [proposed changes to the RN competencies](#)
- the [proposed amendments to the RN scope of practice statement](#)
- appendices, including EN design group members, RN design group members, and references.

It is not required to read this entire document in full if you want to submit on only one area of the proposals. However, in making your submission, you may want to consider the following relevant Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand documents, including but not limited to:

- [Te Tiriti o Waitangi policy statement](#)
- [New enrolled nurse scope of practice statement and current competencies](#)
- [Proposed EN and RN education standards](#)
- [Current registered nurse scope of practice statement and competencies](#)
- [Kawa Whakaruruhau cultural safety guidelines](#)
- [Code of Conduct](#)



# Have your say | Me pēhea te whakatakoto tāpaetanga

## How to make a submission

We value your views and encourage you to respond to this consultation.

Our consultation questions for the enrolled nurse competencies, the registered nurse competencies, and the registered nurse scope of practice statement amendments, can be found [here](#).

The survey to make a submission can be found [here](#). Alternatively, you can send your feedback to [competenciesreview@nursingcouncil.org.nz](mailto:competenciesreview@nursingcouncil.org.nz) using the question templates provided on the Nursing Council website here [\(link\)](#).

### Completing the online survey

If you are completing the online survey as an individual, your responses will be anonymous. We will ask for some demographic information to help with our analysis, but we have no way of identifying who you are.

If you are completing the online survey on behalf of an organisation or group, we will ask you to provide the name of that group. If you would like your responses kept confidential, then please indicate this when asked.

### Submitting by email

If you are submitting by email representing yourself as an individual, or as an organisation or group, please provide your name or the name of the group. If you would like your responses kept confidential, please indicate this in your email.

The closing date for submissions is 5pm Monday 12 February 2024.



# Our consultation at a glance | He karapa ki ō mātou whai tohutohu

In this consultation, the Council is seeking views on proposed updates and changes to the EN and RN competencies, and the RN scope of practice statement. Under the Health Practitioners Competence Assurance Act 2003 (**the Act**), the role of Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand (**the Council**) is to protect the health and safety of the public by ensuring that nurses are competent, safe, and fit practitioners.

Setting scopes is one of the core functions of the Nursing Council. The scopes that describe the profession are part of the foundation for that protection. The Council sets [standards for continuing competence](#) which require an annual declaration and evidence of continuing competence from each nurse. It is the professional responsibility of all practising nurses to maintain their competence to practise. Competence is the combination of skills, knowledge, behaviours, values, and abilities that underpin effective performance as a nurse.

This is the reason why, as part of setting new scopes of practice, we are reviewing the competencies: so that we can clearly describe what nurses do, what it means to do that competently, and how the key features of education programmes will create competent and safe practitioners. However, in reviewing these competencies we must take account of the context in which nursing is practised and taught. The scope and expectations of nursing have increased significantly over the last few decades and regulation, practice, and employment arrangements must keep pace with these changes.

The Council has reviewed the current competencies that describe the skills, knowledge, and behaviours expected of nurses registered in each scope of practice. We are proposing an updated set of competencies for ENs and RNs, using a framework which strengthens and supports nurses and their practice. To complement this, we are also proposing amendments to the RN scope of practice statement. Consultation on the EN scope of practice statement was completed earlier this year.

## Introduction

The Council is reviewing the competencies for ENs and RNs to stay consistent with the current health system environment and policy, and to greater reflect the context of nursing practice in Aotearoa New Zealand. We are also proposing amendments to the RN scope of practice statement, to reflect the newly developed EN scope of practice statement, and to align with the proposed RN competencies.



Aotearoa New Zealand as a whole, and specifically the context for nursing regulation, is currently undergoing considerable change. The systems in which nurses practise are experiencing considerable uncertainty, while recovering from a global pandemic. The Pae Ora<sup>1</sup> health reforms saw significant changes to the structure of the health sector, and we expect to see ongoing change over the coming years.

The Council's fundamental role is to protect the safety of the public by providing mechanisms to ensure that nurses are competent and fit to practise. This is the reason we set and review competencies: so that we can clearly describe what it means to be a competent practitioner. The Council needs to regularly review scopes of practice, standards, and competencies to ensure they reflect global and national trends and contemporary practice.

The proposed EN competencies are part of the comprehensive review of the EN scope of practice. They reflect the newly developed EN scope of practice statement and align with the proposed changes to the EN education programme standards.

The RN competencies were last updated in 2016. They have been reviewed alongside the EN competencies to ensure that they remain relevant and reflect the modern nursing profession in Aotearoa New Zealand. The proposed RN scope of practice statement reflects the changes in the EN scope.

It is important that the competencies can enable a flexible future-focused workforce to meet health needs and deliver quality health services. Any competencies we set must also have credibility with the profession and other stakeholders. This includes the international nursing community and regulators in other jurisdictions where nurses may wish to work. The Council also recognises that the implications for individual nurses, employers, educators, and policy makers of introducing new and updated competencies need to be considered.

Further, any new and updated competencies need to consider current and projected health needs of the Aotearoa New Zealand population and the current and projected workforce issues facing the health sector.

## Te Tiriti o Waitangi & equity for Māori

The Council carries out its functions within the context of its commitments, responsibilities, and obligations under Te Tiriti o Waitangi and has developed a Te Tiriti o Waitangi [policy statement](#) and framework to guide its work. The statement and framework adopt goals from [Whakamaua: Māori Health Action Plan 2020-2025](#).

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<sup>1</sup> <https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures>



This commitment is reflected in several key actions we have identified to uphold Te Tiriti o Waitangi. These include:

- Building relationships with tangata whenua: The Nursing Council is focused on identifying and building relationships with tangata whenua (Māori) partners to work collaboratively and in partnership. This collaborative approach is essential to understanding and addressing the unique needs and aspirations of Māori nurses and the Māori population in healthcare.
- Engaging and collaborating with the wider sector and stakeholders: Collaborating with strategic partners, with a focus on a commitment to working together to advance ngā mātāpono / principles of Te Tiriti o Waitangi and improve healthcare outcomes for Māori as a key strategic partner.
- Examining the data and representation: Analysing data to understand the representation of Māori nurses within enrolled nursing and registered nursing, and the healthcare workforce. This is a crucial step in addressing disparities and taking proactive measures to improve representation and healthcare outcomes for Māori.
- Historical and future aspirations: Understanding historical tangata whenua connections to enrolled nursing and registered nursing, and working in partnership to enact aspirations for the future. This involves acknowledging the past while working towards a more equitable future for Māori in nursing.
- Kawa Whakaruruhau, cultural safety and competency: The Council recognises the importance of Kawa Whakaruruhau, cultural safety and competency in nursing practice. The Council is working to ensure ENs and RNs are appropriately prepared and competent, with a strong focus on Kawa Whakaruruhau and cultural safety. This is aligned with the Council's statutory role to protect public safety, particularly in the context of Te Tiriti o Waitangi, and is essential for achieving equitable health outcomes for tangata whenua.
- Incorporating te reo Māori (Māori language) and concepts: The Council recognises the deep commitment to preserve Māori language and culture in nursing practice and education. Overall, these actions promote cultural competency, inclusivity, and respect for Māori culture and values in the nursing profession. This is essential for providing equitable healthcare for all in Aotearoa New Zealand.





# Background | Kōrero whakamuri

This section discusses the background to the EN and RN competencies review and how the proposed competencies were developed.

## Design groups have guided changes to competencies

We established EN and RN design groups with members drawn from the Council, the New Zealand Nurses Organisation (including Te Poari o Te Rūnanga o Aotearoa), Te Kaunihera o Ngā Neehi Māori, Māori and Pacific nursing leaders, Directors of Nursing, educators, and employers. For a full list of the members of these design groups, please see Appendix 1 and Appendix 2. These groups have been responsible for developing the proposed changes to the EN and RN competencies including amendments to the RN scope of practice statement. The proposed EN and RN competencies reflect the design groups kōrero and workshopping over this year.

The design groups' Māori roopu has guided the development of the pou (domains) to ensure Te Tiriti o Waitangi, Kawa Whakaruruhau, and cultural safety concepts are reflected across the competencies. This approach recognises the significance of cultural competency in the context of nursing practice.

In developing the competencies, the Council has included Māori kupu (words) and concepts within the competency pou. In consultation with our Māori roopu from the EN and RN design groups, the preference is to avoid direct translations. Therefore, pou have Māori kupu and English words, not intended to be a translation of each other, rather to add depth and meaning.

## Pou and competencies align with scope statements

ENs and RNs have distinct scopes of practice and competencies, each with their own significance and mana. Both play crucial roles in the health care system contributing to the overall effectiveness and efficiency of person/whānau centred care. Their collaboration forms a critical foundation for delivering high quality health care.

The proposed EN and RN pou and competencies have been developed from core themes that underpin and align with the recently reviewed EN and amended RN scope of practice statements:

- Positioning of Te Tiriti o Waitangi, Kawa Whakaruruhau, and cultural safety in everyday practice
- Breadth of knowledge and skills across the life span in all settings consistent with educational preparation and level of competence
- Professional accountability and responsibility to provide safe nursing care



- Collaboration and partnerships with whānau and communities across the life span, and an interprofessional healthcare team.

The proposed pou and competencies have been developed to each stand in their own right and authority. While the competencies have some shared attributes, each set of competencies reflects the different levels of educational preparation, knowledge, and skills needed to meet the full requirements of the RN or EN scope of practice statement.

Project leads and some members of each design group have been across both projects to ensure review of the competencies within each scope are aligned. Concepts have been tested through a broader sector reference group and wider sector engagement.

## **EN and RN relationship and scope of practice**

One of the features of the current EN and RN scope of practice statements, including their respective competencies, is the requirement for RNs to “delegate to and direct” ENs. This is a professional competency required by all nurses who are registered with the Nursing Council of New Zealand (NCNZ, 2011).<sup>2</sup> With the removal of this requirement from the EN scope of practice statement, the proposed EN competencies instead focus on an EN establishing a relationship with the RN and wider healthcare team. This includes seeking guidance from an RN or other registered health practitioner, when appropriate.

As part of the new EN scope of practice statement, the new competencies are intended to enable a more optimal scope of practice than in the past. They intend to recognise that the EN works in partnership and collaboration with individuals, their whānau, communities, and the wider healthcare team that may include a leadership or coordination role within the team. They take into account the differences in role expectations between an EN and a RN.

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<sup>2</sup> The current Registered Nurse Scope Statement states that registered nurses “delegate to and direct Enrolled Nurses” (among other groups of health workers), and Registered Nurse Competency 1.3 refers to “directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others”.



## Focus on competencies rather than indicators, tasks, or guidelines

By focusing on core competencies, the Council has sought to clarify expectations while reducing the number of requirements for ENs and RNs to meet. Feedback received by the design groups indicates that the list of indicators was often interchanged with competencies, creating confusion and additional work for nurses when demonstrating competence. There is little international evidence to support the use of indicators, tasks, or guidelines.

As an example, the Registered Practical Nurses Association of Ontario (RPNAO, 2014) argues the reduction of scope of practice to a description of tasks or functions is problematic, in that it contributes to role confusion. This is due to the significant degree of overlapping patient care-related functions performed by different categories of nurses. More importantly, this reduction of scope of practice unintentionally devalues the depth and breadth of knowledge required by nurses. The Association argues the focus should change from tasks to focusing on competencies to reflect the complexity of knowledge, judgement, and critical thinking required of nurses to support clinical decision making.

The EN and RN design groups worked to a similar set of principles to guide the competencies review, these were:

- The current competencies need to be broad enough to apply across nursing environments, but also need to be clearer as to how nurses apply them
- There should be fewer competencies
- The current competencies are cluttered, and measurability can be a problem
- The current competencies are repetitive
- There is a tendency for the competencies to be a tick-box exercise
- There are lots of indicators which can create confusion and repetition
- There were mixed feelings about the domains, however, it was agreed that there had to be some way of organising the competencies
- The implementation of the competencies will be key to nurses understanding how to apply the new competencies and how to complete their competency assessments
- Consulting widely will be important.



## Standards, strategies, research, and views we considered

When developing these competencies, the Council has considered [NZS 8134:2021 Ngā paerewa Health and disability services standard](#), and the [six Strategies under Pae Ora \(Healthy Futures Act 2022\)](#):

- [The New Zealand Health Strategy](#)
- [Pae Tū: Hauora Māori Strategy](#)
- [Te Mana Ola: The Pacific Health Strategy](#)
- [The Health of Disabled People Strategy](#)
- [The Rural Health Strategy](#)
- [The Women's Health Strategy](#)

For both reviews, the design groups:

- performed extensive EN and RN environmental scans, with comparative international jurisdictions [\[available here\]](#)
- completed substantial technical and relational analyses of international competencies
- researched broadly within the realms of current and relevant academic literature and attended hui and wānanga both kanohi ki te kanohi (in person) and ipurangi (online).

More detail can be found on the individual review sections below. Our environmental scans can be found at the links above. Our full reference list is at the end of this document.

## What are our next steps?

The feedback and advice we received during consultation will be considered by the Council, and the competencies and scope of practice statement may be revised in response to feedback where appropriate. We will then make recommendations to the Council's Board for their consideration and approval. The analysis of the results and final competencies will be published on the Nursing Council website in 2024.

Depending on the themes and issues that are raised, we may seek some additional expert advice or carry out some more targeted consultation with specific organisations or groups of stakeholders before the Council decides on any final changes.



## When and how will these changes take place?

The Council is aware that changes to nursing competencies will have an impact on current and prospective ENs and RNs, the health sector, and nursing education providers and programmes. In recognition of this, we will work alongside the sector to develop a plan to implement the competencies, including any changes that come as a result of this consultation.

The Council will take time to consider the consultation response and sector feedback. We expect to introduce the new competencies late 2024. We will give plenty of advance notice to all affected organisations before we implement any changes.

The new competencies and scope of practice statement will be published in the New Zealand Gazette mid-2024, and available on the Council website thereafter.



# Our Proposals | Ō Mātou Marohi

## Proposed updates to the EN competencies

### How have the proposed EN competencies been developed?

The proposed new EN competencies have been developed as part of the review of the EN scope of practice. This collaborative project started in mid-2022, and is being undertaken in partnership between the Nursing Council, and the EN section of Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation (NZNO). This review respects both the Council's functions, and the integrity and potential of EN practice. The Council has also sought guidance from Te Poari o Te Rūnanga o Aotearoa (Te Poari) to ensure that the voice of Māori has been present in the foundation of this review.

Several hui and wānanga involving the Council and the EN competency design group were held to develop and draft the competencies. Additionally, an environmental scan (including literature from overseas jurisdictions) was undertaken so we could understand the approaches these jurisdictions took with their EN competencies in regard to structure, domains, competencies, and evidence of competence requirements. Also, an extensive background research by individual members of the design group was completed. A full list of references can be found at Appendix 3. A full list of the EN design group members can be found at Appendix 1.

### Review of international regulators

To assist the EN competency design group to review the EN competencies, we analysed seven international regulators: Australia, the United Kingdom, Singapore, the United States of America (where we focused on the Board of Registered Nurses in Texas), and Canada (where we looked at both the Alberta and Ontario regulators).

We wanted to understand the approaches these jurisdictions took with their EN competencies in regard to technical and relational competency standards and any trends that emerged across these two categories. We noted where there was any specific reference to cultural safety or cultural competency.

We grouped these competencies into two categories:

1. *technical competency* – as one that focused on the technical detail of practice (e.g. evaluating health care plans), and
2. *relational competency* – as one that focused on the context of practice (e.g. collaboration in interdisciplinary healthcare teams)



Forty seven percent of the standards across the international jurisdictions were classified as technical competencies that focused on the technical details of practice. There were five themes across the technical competencies: assessment, health / care plans, promoting health and health literacy, infection prevention, and medicines management.

Fifty three percent of the standards across the international jurisdictions were classified as relational competencies that focused on the context of practice. There were seven themes across the relational competencies: communication, collaboration, leadership, professional development, advocacy, culturally safe practice, and relationships.

### **Proposed EN competency assessment framework**

The EN competencies are not intended to be exhaustive; but reflect activities that demonstrate the specific competency. The design group has recommended a competency assessment framework be developed to support assessment of evidence across the five pou. In this way a narrative or exemplar of practice could provide evidence for a number of competencies. This would mean that evidence would not need to be provided against each competency (which can be time consuming and does not always reflect the overall context of practice).

## **Why are we reviewing the EN competencies?**

In this consultation, the Council is seeking views on proposed new competencies for the new scope of practice for ENs. The Council has completed consultation on the [new enrolled nurse scope of practice statement](#) and is now seeking to align the competencies with the new scope. The current competencies can be found [here](#).

Nursing competencies are one of three elements of a scope of practice and define what makes competent practitioners in that scope. The competencies sit alongside the scope of practice statement, which describes the nature of the role, and the education standards for programmes that develop competent practitioners.

These competencies represent the standard of knowledge, skills, and behaviours expected of ENs to be considered by the Council as capable of safe and effective nursing practice. They set out for health consumers and the public what ENs know and can do when they join the Nursing Council's register [[available here](#)]. These competencies have been designed to apply across all health and disability settings.

The competencies will support employers to understand what ENs can contribute to the health and wellbeing of patients and whānau, and can enable them to make effective decisions about whether and how to use the role.



## Better role clarity for ENs

The competencies will help ENs by providing clarity about their role, as they demonstrate the synergies and differences between nursing roles.

The proposed EN competencies are intended to reflect a breadth of practice across the life span while recognising the enrolled nurse's level of educational preparation and practice experience. There is extensive discussion in the international literature [\[available here\]](#) on lack of clarity and confusion with the EN scope of practice, particularly regarding its distinction from the RN scope of practice. While there are areas of overlap between nursing scopes, there are differences that are based on entry-level and ongoing nursing knowledge and competencies (RPNAO, 2018).

Some of the confusion with the EN scope of practice relates to a lack of a clear distinction of practice for the different categories of nurses, a lack of clearly stated broad parameters, and a lack of definition of the minimum competencies required for the scope of practice for each category of nurses (RPNAO, 2018).

Jacob et al (2017) suggest despite similarities in graduate role expectations, differences remain in the expected level of practice, with graduate registered nurses expected to be prepared to care for patients of higher acuity and undertake higher levels of responsibility than graduate enrolled nurses. They recommend nurse managers need to take into account the differences in educational preparation and role expectations when allocating patients for nursing care and determining skill mix for patient care. Mackenzie (2020) suggests the EN as a health professional makes a valuable contribution to health care delivery through supporting the whole health team. She proposes the notion "in collaboration with the RN or other health professionals" would provide more clarity for the EN. Further, if ENs were able to work at the top of their scope of practice consistently, then this confusion would be reduced.

## What are we proposing?

The proposed new competencies can be found in full [here](#). A summary of the key changes from the current competencies to the proposed competencies is [here](#). In brief, the new EN competencies are divided into five pou or domains:

### **Pou One: Te Tiriti O Waitangi**

This domain contains competencies that gives effect to Te Tiriti o Waitangi in everyday practice, to support the right of Māori to be Māori and exercise self-determination over their lives, to improve health and wellbeing of Māori and whānau.





## **Pou Two: Cultural Safety**

This domain contains competencies to ensure cultural safety in practice. This requires ENs to reflect on their own values, biases, and beliefs, to ensure the rights of Māori, Pacific and diverse population groups to promote equity and inclusion.

## **Pou Three: Knowledge Informed Practice**

This domain contains competencies related to the knowledge and expertise to enable assessment, clinical decision-making, and provision of safe nursing care for individuals, whānau, and communities.

## **Pou Four: Professional Accountability and Responsibility**

This domain contains competencies that relate to the provision of nursing care within professional, ethical, and legal boundaries, that promote safe nursing practice by ensuring the rights, confidentiality, dignity, and respect for people are upheld.

## **Pou Five: Partnership and Collaboration**

This domain contains competencies related to working in partnership and collaboration with individuals, their whānau, communities, and the interprofessional health care team across the life span in all settings.



# Proposed updates to the RN competencies

## Why are we reviewing the RN competencies?

In this consultation, the Council is seeking views on proposed new competencies for the RN scope of practice.

Nursing competencies are one of three elements of a scope of practice and define what makes competent practitioners in that scope. They sit alongside the scope of practice statement, which describes the nature of the role, and the education standards for programmes that develop competent practitioners.

These competencies represent the standard of knowledge, skills, and behaviours expected of registered nurses to be considered by the Council as to provide safe and effective nursing practice. They set out for health consumers and the public what registered nurses know and can do when they join the Nursing Council's register [\[available here\]](#). These competencies have been designed to apply across all health and disability settings and to all RNs including those that are internationally qualified.

The competencies will support employers to understand how RNs can contribute to the health and wellbeing of individuals and whānau, and can enable them to make effective decisions about whether and how to use the role.

The competencies will help RNs by providing clarity about their role, as they demonstrate the synergies and differences between nursing roles. For RNs and other health and care professionals, the competencies provide clarity about the knowledge, skills, and behaviours they can reasonably expect RNs to have, and this will help inform safe decisions within the healthcare team.

One of the distinguishing features of the current EN and RN scopes of practice, including their respective competencies, is that the direction and delegation relationship is a professional competency required by all nurses who are registered with the Council.<sup>3</sup> The EN scope of practice statement has been updated to remove the requirement for registered nurse "directing and delegating" to the enrolled nurse, so the proposed registered nurse competencies, and amended RN scope of practice statement, have been reviewed to align with the new EN scope of practice. This is also reflected in the proposed RN scope of practice statement.

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<sup>3</sup> The current Registered Nurse Scope Statement states that registered nurses "delegate to and direct Enrolled Nurses" (among other groups of health workers), and Registered Nurse Competency 1.3 refers to "directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others".



# How have the proposed RN competencies been developed?

The RN competency review began in 2021. The Nursing Council prioritised holding a series of wānanga (initial engagement) both kanohi ke ti kanohi (face to face) and ipurangi (online) to discuss the registered nurse competencies and Kawa Whakaruruhau and cultural safety. A design group was established with balanced representation of Māori, Pacific peoples, and others. This group has contributed their knowledge and consulted with their networks during the development of the new competencies, in order to honour the Council's commitment to Te Tiriti o Waitangi partnership and to meet the Council's strategic priorities.

Over the course of 2023, several hui and wānanga involving the Council and the RN Design Group were held to develop and draft the competencies. Additionally, an environmental scan (including literature from overseas jurisdictions) was undertaken so we could understand the approaches these jurisdictions took with their RN competencies in regard to structure, domains, competencies, and evidence of competence requirements. An extensive background research by individual members of the design group was also completed. A full list of references can be found at the end of this document. A full list of the RN design group members can be found in Appendix 2.

## Review of international regulators

We also analysed seven international regulators; Australia, Ireland, the UK, Singapore, the USA (where we focused on the Board of Registered Nurses in California), and Canada (where we looked at both the British Columbia and Ontario regulators).

We wanted to understand the approaches these jurisdictions took with their RN competencies in regard to technical and relational competency standards and any trends that emerged across these two categories. We noted where there was any specific reference to cultural safety or competency.

We grouped these competencies into two categories:

1. *technical competency* – as one that focused on the technical detail of practice (e.g. evaluating health care plans), and
2. *relational competency* – as one that focused on the context of practice (e.g. collaboration in interdisciplinary healthcare teams)

Forty three per cent of the standards across the international jurisdictions were classified as technical competencies that focused on the technical details of practice. There were five main themes across the technical competencies: assessing, implementing and evaluating health/care plans, promoting health and health literacy, infection care, and prescribing. Infection care and prescribing across the technical competencies were not a focal point for any standard, however, as it was represented across the majority of the jurisdictions they have been included.



Fifty seven per cent of the standards across the international jurisdictions were classified as relational competencies that focused on the context of practice. There were seven main themes across the relational competencies, these were communication, collaboration, leadership, professional development, advocacy, culturally safe practice, and relationships.

## What are we proposing?

The current competencies can be found on the Nursing Council of New Zealand website [here](#). The proposed new competencies can be found in full [here](#). A summary of the key changes from the current competencies to the proposed competencies is [here](#). In brief, the new registered nurse competencies are divided into six pou or domains:

### **Pou One: Te Tiriti o Waitangi, Ōritetanga and social justice**

This pou requires evidence of critical consciousness and nursing practice which gives effect to Te Tiriti o Waitangi and human rights advocacy. Nurses have an ethical responsibility to lead in the elimination of health inequities and the achievement of a health care system that delivers appropriate and equitable healthcare for all.

### **Pou Two: Kawa Whakaruruhau and Cultural Safety**

This pou supports the provision of holistic care, and ensures the nurse reflects on their own values, biases, and beliefs, and understands the impact of these on care provision.

### **Pou Three: Pūkengatanga and excellence in nursing practice**

This pou addresses critical thinking and analysis; use of evidence based and scientific knowledge to underpin practice; and being accountable and taking responsibility for own practice. This includes the use of a range of assessment tools appropriate to the practice environment and diverse populations.

### **Pou Four: Manaakitanga and People Centredness**

This pou refers to building trusting, compassionate, collaborative relationships with people and whānau, facilitating holistic care focused on collective wellbeing. This includes caring for others to uphold the mana of all concerned (nurse, service, profession, organisation).

### **Pou Five: Whakawhanaungatanga and Communication**

This pou focuses on establishing relationships through the use of effective and appropriate interpersonal skills and communication strategies.



## **Pou Six: Rangatiratanga and leadership**

This pou focuses on leadership, professionalism, advocacy, teamwork, and nurses as change agents. Rangatiratanga in the context of nursing practice refers to the inherent potential of all nurses to act as change agents, regardless of seniority or formal leadership positions.

Rangatiratanga is exercised when nurses act as independent thinkers, intervene, speak out, advocate, and follow processes to escalate concerns. Rangatiratanga is further demonstrated when nurses are proactive in offering solutions and leading innovative change for improvement.



# Proposed amendments to the RN scope of practice statement

## Why are we amending the RN scope of practice statement?

As discussed previously, the EN scope of practice statement has recently been updated, which has included the removal of the requirement for the RN “directing and delegating” to the EN. The new EN scope of practice statement instead focuses on an EN seeking guidance and establishing a relationship with the RN and wider healthcare team. This is reflected in the proposed EN competencies. Due to the review of the EN scope of practice, we recognised there would need to be some modifications to the RN scope of practice.

The proposed RN scope of practice statement and competencies will support design and delivery of education programmes leading to RN registration, and will guide curriculum content and learning outcomes to equip nurses with the skills, knowledge, and behaviours needed to meet these competencies when they qualify. It is proposed that the RN scope of practice statement is amended to reflect the new EN scope of practice statement, and to align with the new proposed registered nurse competencies.

## How have the proposed registered nurse scope of practice statement amendments been developed?

The registered nurse scope of practice statement amendments has been developed alongside the new proposed registered nurse competencies, and reflect changes to the new EN scope of practice statement. You can find more information on that process in section: [Proposed updates to the registered nurse competencies](#) above.

## What are we proposing?

To align with the changes to the new enrolled nurse scope of practice statement and to reflect the updated registered nurse competencies, the registered nurse scope of practice statement has had minor amendments such as the removal of the requirement for registered nurse “direction and delegation” to enrolled nurses. It also places more emphasis on our Te Tiriti o Waitangi partnership as reflected in the new enrolled nurse scope of practice statement. You can find the proposed RN scope of practice statement [here](#).



# Appendix 1 | Tāpiritanga 1– Enrolled nurse design group members

- Project Leads: Waikura Kamo (NCNZ Kaiwhakahere), Jane MacGeorge (NCNZ Projects Leader)
- Council members: Catherine Byrne (Nursing Council Chief Executive), Angela Joseph (Nursing Council Director, Professional Standards)
- Michelle Prattley (NZNO EN Section Chair)
- Robyn Hewlett (NZNO EN Section Scope review Lead)
- Suzanne Rolls (NZNO Professional Nurse Advisor)
- Coral Wiapo (Te Tai Tokerau NP & En Regional Coordinator, Professional teaching Fellow, Auckland University)
- Kerri Nuku (NZNO Kaiwhakahaere, Te Poari)
- Mairi Lucas (NZNO Nursing & Professional Services Manager)
- Caroline McCullough (Nursing Director Older Persons Health Te Whatu Ora Waitaha Canterbury)
- Sue Hayward (Director of Nursing & Midwifery, Te Whatu Ora Waikato)
- Margaret Pearce (Manager, Ross Home and Hospital)
- Johanna Rhodes (Assessment Design & Development Adviser Nursing Council)
- Lorna Davies (Senior Lecturer, Ara Institute, Te Pūkenga Canterbury)



# Appendix 2 | Tāpiritanga 2 – Registered nurse design group members

- Project Lead: Jan Dewar (Head of Nursing, Auckland University of Technology (AUT))
- Council members: Catherine Byrne (Nursing Council Chief Executive / Registrar), Waikura Kamo (NCNZ Kaiwhakahaere), Jane MacGeorge (NCNZ Projects Leader)
- Kerri Nuku (NZNO Kaiwhakahaere, Te Poari)
- Mairi Lucas (NZNO Nursing & Professional Services Manager)
- Evelyn Hikuroa (Director of Nursing Māori Health, Te Whatu Ora Toka Tumai Auckland)
- Tracy Black (Tapuhi mo ngā Tamariki, Te Whatu Ora Hauora a Toi Bay of Plenty, student nurse educator Te Whare Wananga o Awanuiārangi)
- Jenny Parr (Chief Nurse & Director of Patient and Whānau Experience, Te Whatu Ora Counties Manukau)
- Abel Smith (interim Director Pacific Health, Te Whatu Ora Te Toka Tumai Auckland)
- Valerie Williams (Interim Chief Executive Officer, Te Rau Ora)
- Becky Hickmott (Executive Director of Nursing, Te Whatu Ora Waitaha Canterbury & Te Tai o Poutini West Coast)
- Cathy Andrew (Associate Professor, Director of Postgraduate Nursing, University of Canterbury)
- Ioana Mulipola (Lecturer, Department of Nursing AUT)
- Catherine Montgomery (NZNO Professional Nurse Adviser)
- Hemaima Hughes (Independent Nurse Consultant, Māori Liaison Nurse, Nurse Educator)





# Appendix 3 | Tāpiritanga 3 – References

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