



# Registered Nurse Competencies International jurisdiction environmental scan

To assist the Registered Nurse (RN) competencies design group in the review of their RN Competencies, an analysis of 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) was undertaken. This scan looked at each jurisdiction’s RN competencies, focusing on the audience, the standards’ content, the use of domains, competencies and indicators.

Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>Nursing Council of New Zealand – (NCNZ)</b></p> <p>The Nursing Council’s <i>registered nurse competencies</i> describe the skills, knowledge and activities of RNs.</p> <p>Nurses involved in management, education, policy and research who are not practising in direct care, are exempt from those competencies in domain two (management of nursing care) and domain three (interpersonal relationships) that only apply to clinical practice.</p>	<p>Assessment for entry to RN scope of practice at the end of the Bachelor of nursing degree.</p> <p>Assist assessors when using their professional judgement in assessing the attainment of the competencies.</p> <p>Assist curriculum development for the RN programme.</p> <p>Evidence of safety to practise as a RN.</p>	<p>There are four domains of competence for the RN scope of practice:</p> <p><b>Domain one:</b> Professional responsibility</p> <p><b>Domain two:</b> Provision of nursing care</p> <p><b>Domain three:</b> Interpersonal relationships</p> <p><b>Domain four:</b> Interprofessional health care &amp; quality improvement</p>	<p>Five competencies relate to professional, legal and ethical responsibilities and cultural safety. These include being accountable for one’s own actions and decisions within the RN scope of practice (23 indicators).</p> <p>Nine competencies related to assessment and provision of nursing care for health consumers when working under the direction of a registered nurse (33 indicators).</p> <p>Three competencies related to interpersonal communication with health consumers, their families/whānau and other nursing and healthcare staff (15 indicators).</p> <p>Three competencies related to working within the interprofessional health care team and contributing to quality improvement (12 indicators).</p>	<p>The competencies in each domain have a number of key generic examples of competent performance called indicators.</p> <p>These are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence.</p> <p>Evidence of safety to practise as an RN is demonstrated when the applicant meets the competencies.</p>

Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>Nursing Midwifery Board Australia – (NMBA)</b></p> <p>Nurses and midwives must be registered with the Nursing and Midwifery Board of Australia (NMBA), and meet the NMBA's <i>professional standards</i> in order to practise in Australia.</p> <p>Professional standards define the practice and behaviour of nurses and midwives.</p>	<p>The RN standards of practice are the core practice standards that provide the framework for assessing RN practice. They communicate to the general public the standards that can be expected from RNs and can be used in a number of ways including:</p> <ul style="list-style-type: none"> <li>• development of nursing curricula by education providers.</li> <li>• assessment of students and new graduates.</li> <li>• to assess nurses educated overseas seeking to work in Australia.</li> <li>• to assess RNs returning to work after breaks in service.</li> </ul> <p>In addition, they may also be used by the Nursing and Midwifery Board of Australia (NMBA) and relevant tribunals or courts to assess professional conduct or matters relating to notifications.</p>	<p>The RN standards for practice are for all RNs across all areas of practice. They are to be read in conjunction with the applicable NMBA companion documents such as the standards, codes and guidelines, including the Code of conduct for nurses, National framework for the development of decision-making tools for nursing and midwifery practice, Supervision guidelines for nursing and midwifery, and Guidelines for mandatory notifications. The glossary is also important for understanding how key terms are used in these standards.</p>	<p>The RN standards for practice consist of the following seven standards:</p> <ol style="list-style-type: none"> <li><b>1.</b> Thinks critically and analyses nursing practice (7 criteria)</li> <li><b>2.</b> Engages in therapeutic and professional relationships (9 criteria)</li> <li><b>3.</b> Maintains the capability for practice (7 criteria)</li> <li><b>4.</b> Comprehensively conducts assessments (4 criteria)</li> <li><b>5.</b> Develops a plan for nursing practice (5 criteria)</li> <li><b>6.</b> Provides safe, appropriate and responsive quality nursing practice (6 criteria)</li> <li><b>7.</b> Evaluates outcomes to inform nursing practice (7 criteria)</li> </ol>	<p>The RN standards of practice are all <i>interconnected</i>.</p> <p>Standards one, two and three relate to each other, as well as to each dimension of practice in standards four, five, six and seven.</p> <p>Each standard has criteria that specify how that standard is demonstrated. The criteria are to be interpreted in the context of each RN's practice. For example, all RNs will, at various times, work in partnerships and delegate responsibilities, however, not every RN will delegate clinical practice to enrolled nurses.</p> <p>The criteria are not exhaustive and enable rather than limit the development of individual RN scopes of practice.</p>



Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>Nursing Midwifery Board Ireland – (NMBI)</b></p> <p>The scope of <i>nursing and midwifery framework</i> provides guidance to all nurses and midwives in determining their roles and responsibilities in relation to the provision of safe, quality patient care.</p> <p>It encourages nurses and midwives to critically examine their scope of practice and expand it, where appropriate.</p>	<p>The Framework fulfils several functions in that it:</p> <ul style="list-style-type: none"> <li>• Acts as a framework to underpin decision-making related to nurses' and midwives' everyday practice.</li> <li>• Helps nurses and midwives to identify professional development needs.</li> <li>• Provides a basis for the expansion of nursing and midwifery roles.</li> <li>• Encourages reflective practice to improve learning and the provision of safe, quality patient care.</li> </ul>	<p>Decisions about a nurse's and midwife's scope of practice are complex. A number of important determining factors need to be considered. These include:</p> <ul style="list-style-type: none"> <li>• Core definitions and values that underpin nursing and midwifery practice.</li> <li>• Levels of competence.</li> <li>• Channels of responsibility and accountability.</li> <li>• The supports and resources available.</li> </ul>	<p>Scope of Practice: the range of roles, functions, responsibilities and activities which a RN or registered midwife is educated, competent and has authority to perform.</p> <p>The scope of practice of the individual nurse is influenced by a number of factors including:</p> <ul style="list-style-type: none"> <li>• the nurse's educational preparation, professional practice and competence.</li> <li>• local, national and international guidelines, policies and evidence.</li> <li>• the practice setting.</li> <li>• collaborative practice.</li> <li>• other factors, such as patient safety, patient needs and care outcomes.</li> </ul>	<p>Since competence is not constant, the individual practitioner is expected to continually re-evaluate their competence when faced with new practice situations.</p> <p>Each nurse and midwife is accountable for their professional actions and, as such, they should refuse delegated or assigned roles or activities if they judge their competence to be limited. If they identify a competence deficit, they should take appropriate measures to gain competence.</p>



Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>Nursing Midwifery Council United Kingdom – (NMCUK)</b></p> <p>The UKCC have <i>standards of proficiency</i> for registered nurses.</p> <p>These standards of proficiency set out the knowledge and skills that a registered nurse needs to meet.</p>	<p>These standards of proficiency apply to all NMC RNs. They should be read with realising professionalism: Standards for education and training which set out our expectations regarding delivery of all pre-registration and post-registration NMC approved nursing and midwifery education programmes.</p> <p>These standards of proficiency provide clarity to the public and the professions about the core knowledge and skills that they can expect every registered nurse to demonstrate.</p>	<p>The proficiencies are grouped under seven platforms, followed by two annexes. Together, these reflect what a newly RN is expected to know and be capable of doing safely and proficiently at the start of their career.</p> <p>Key components of the roles, responsibilities and accountabilities of registered nurses are described under each of the seven platforms.</p> <p>The <i>annexes</i> provide a description of what RNs should be able to demonstrate they can do at the point of registration in order to provide safe nursing care.</p>	<p>The seven platforms have been designed to apply across all health and care settings.</p> <ol style="list-style-type: none"> <li>1. Being an accountable professional</li> <li>2. Promoting health and preventing ill health</li> <li>3. Assessing needs and planning care</li> <li>4. Providing and evaluating care</li> <li>5. Leading and managing nursing care and working in teams</li> <li>6. Improving safety and quality of care</li> <li>7. Coordinating care</li> </ol>	<p>The outcomes reflect the proficiencies for accountable practice that must be applied across all standards of proficiency for RNs, as described in each platform.</p> <p>20 outcome statements</p> <p>12 outcome statements</p> <p>16 outcome statements</p> <p>18 outcome statements</p> <p>12 outcome statements</p> <p>12 outcome statements</p> <p>13 outcome statements</p>



Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>College of Nurses Ontario (CNO)</b></p> <p><i>Entry to practice competencies for registered nurses</i></p> <p>Entry-to-practice competencies are the foundation for nursing practice. They outline the competencies measured for entry-level RNs upon initial registration with CNO and entry to practice in Ontario.</p> <p>The competencies also guide the assessment of members' continuing competence for maintaining registration with CNO.</p>	<p>The competencies for entry-level RN practice are established for the following purposes:</p> <ul style="list-style-type: none"> <li>• Protection of the public</li> <li>• Practice reference</li> <li>• Approval of nursing education programs</li> <li>• Registration and membership requirements.</li> </ul>	<p>Competency framework</p> <p>The model represents the multiple roles nurses assume when providing, safe, competent, ethical, compassionate and evidence-informed nursing care in any practice setting. Some concepts are relevant to multiple roles.</p> <p>For the sake of clarity, and to avoid unnecessary repetition, certain key concepts (for example, client-centred) are mentioned once and applied to all competencies.</p>	<p>There is a total of 101 competencies organised thematically under nine roles:</p> <ol style="list-style-type: none"> <li><b>1.</b> Clinician</li> <li><b>2.</b> Professional</li> <li><b>3.</b> Communicator</li> <li><b>4.</b> Collaborator</li> <li><b>5.</b> Coordinator</li> <li><b>6.</b> Leader</li> <li><b>7.</b> Advocate</li> <li><b>8.</b> Educator</li> <li><b>9.</b> Scholar</li> </ol>	<p>27 competencies</p> <p>14 competencies</p> <p>8 competencies</p> <p>5 competencies</p> <p>9 competencies</p> <p>11 competencies</p> <p>14 competencies</p> <p>5 competencies</p> <p>8 competencies</p>



Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>British Columbia College of Nurses and Midwives (BCCNM)</b></p> <p>BCCNM is responsible under the Health Professions Act for setting standards of practice for its registrants. BCCNM <i>professional standards</i> include:</p> <ul style="list-style-type: none"> <li>• Professional Standards</li> <li>• Practice Standards</li> <li>• Scope of Practice Standards, Limits and Conditions</li> </ul>	<p>BCCNM's mandate is to ensure that all individuals seeking entry to practice and maintaining registration are competent and ethical professionals. The college does this by setting standards, supporting nurses to meet standards and acting if standards are not met.</p> <p>The Professional Standards, which are one set of standards under the umbrella of BCCNM Standards of Practice, are statements about levels of performance that nurses are required to achieve in their practice.</p>	<p>BCCNM's four Professional Standards for RNs and nurse practitioners fall under the umbrella of all BCCNM RN and NP Standards of Practice.</p>	<p><b>Standard 1:</b> Professional Responsibility and Accountability (24 indicators across *four main areas of practice)</p> <p><b>Standard 2:</b> Knowledge-Based Practice (52 indicators across *four main areas of practice)</p> <p><b>Standard 3:</b> Client-Focused Provision of Service (37 indicators across *four main areas of practice)</p> <p><b>Standard 4:</b> Ethical Practice (51 indicators across *four main areas of practice)</p>	<p>Indicators are used to illustrate how each Professional Standard is applied in *four main areas of practice:</p> <p>Clinical</p> <p>Education</p> <p>Administration</p> <p>Research</p>



Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>California Board of Registered Nursing (BRN)</b></p> <p>Board of Registered Nursing requires RNs to meet their <i>standards of competence performance</i>.</p>	<p>Nursing practice information, advisories, and guidelines are provided by the BRN to ensure ongoing communication of competency standards to consumers, registered nurses, employers, educators, and other regulators. As the scope of registered nursing practice changes and grows, so does this information.</p>	<p>A RN shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process.</p>	<p><b>Standard 1:</b> formulates a nursing diagnosis</p> <p><b>Standard 2:</b> formulates a care plan</p> <p><b>Standard 3:</b> performs skills</p> <p><b>Standard 4:</b> delegates tasks</p> <p><b>Standard 5:</b> evaluates the effectiveness of the care plan</p> <p><b>Standard 6:</b> acts as the clients advocate</p>	<p><i>Continuing education for license renewal:</i></p> <p>Courses must have been taken within the two years prior to the renewal date on the license and must meet the Board's requirements.</p> <p>Course content must be relevant to the practice of nursing and must be:</p> <ul style="list-style-type: none"> <li>• related to the scientific knowledge and/or technical skills required for the practice of nursing, or</li> <li>• related to direct and/or indirect patient/client care</li> <li>• at a level above that required for licensure.</li> </ul>





Jurisdiction	Audience	Domains	RN Competencies/ standards/proficiencies	Indicators/ outcomes/criteria
<p><b>Singapore Nursing Board</b></p> <p>Singapore's <i>core competencies and generic skills of registered nurses</i> are a set of minimum standards of performance that define the requisite qualities, attributes and skills for an RN to practise in Singapore.</p> <p><i>Generic Skills</i> refer to a set of nursing skills that a registered nurse (RN) is expected to perform upon graduation and entry to practice across all settings in Singapore.</p>	<p>Purpose of Core Competencies:</p> <ul style="list-style-type: none"> <li>• Inform nurses on the minimum competencies required for RN practice.</li> <li>• Direct pre-registration and post-registration nursing curriculum development and review.</li> <li>• Guide the competency development and assessment of nursing students and newly graduated RNs.</li> <li>• Assess the competencies of internationally qualified nurses seeking employment in Singapore. Assess nurses seeking re-registration.</li> <li>• Evaluate nurses involved in professional disciplinary cases.</li> </ul>	<p>These Core Competencies supplement the Code for Nurses and Midwives to define the minimum level of performance of a RN and is set at the entry to practice level.</p> <p>A domain is an organised cluster of competencies. Each domain has associated competency standards, with each standard representing a major function/functional area to be performed by an RN.</p> <p><b>Competence Domain 1:</b> legal and ethical practice</p> <p><b>Competence Domain 2:</b> Professional nursing practice</p> <p><b>Competence Domain 3:</b> collaborative practice and teamwork</p> <p><b>Competence Domain 4:</b> continuing professional education and development.</p>	<p>The Core Competencies are organised into the 4 domains.</p> <p>The Core Competencies are not setting specific; they are applicable to any practice setting.</p> <p>3 competency standards</p> <p>4 competency standards</p> <p>3 competency standards</p> <p>3 competency standards</p>	<p>Competency indicators represent sub-functions of a competency standard.</p> <p>10 competency indicators</p> <p>19 competency indicators</p> <p>8 competency indicators</p> <p>8 competency indicators</p>

