

Nursing Education Programme Standards (2024)

Nursing education standards for
programmes leading to registration as
an enrolled or registered nurse



June 2024



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Introduction

Under the Health Practitioners Competence Assurance Act 2003, the Nursing Council (the Council) is responsible for accrediting nursing education providers and programmes to protect public safety. Nursing education providers are required to structure their programmes in accordance with the Council's education standards. The Council, through its quality assurance programme, accredits education providers to ensure the effective delivery of nursing programmes to support safe and competent beginning practitioners. Given the rapidly changing nature of health care and service delivery, the proposed standards are broad and flexible to allow innovation in the education of enrolled and registered nurses while at the same time being supportive of safe, quality care for the people of Aotearoa New Zealand.

The standards reflect contemporary and emerging research, policy, and best practice to ensure enrolled and registered nurses are suitably educated and qualified to practise in a culturally safe, competent, and ethical manner. The standards also incorporate changes to the new enrolled nurse (EN) and registered nurse (RN) scopes of practice and competencies related to Te Tiriti o Waitangi, Kawa Whakaruruhau, and cultural safety. Another change is the term whakapapa-centred care, that is health care focused on meeting the needs, values, and desired outcomes of individuals, whānau, and future generations.

The standards are shaped to reflect the Council's commitment to Te Tiriti o Waitangi and the role nurses play to improve health equity for Māori. This is aligned with our [Te Tiriti policy statement](#)¹ and framework.

The Council considers its role in public protection as also encouraging support for diverse learners. Enabling flexible pathways into registered nursing for learners and those with existing qualifications such as enrolled nurses, kaiāwhina, and other professions such as midwives or paramedics, is also encouraged.

1 NCNZ, Te Tiriti o Waitangi Policy Statement (2023)

Te Tiriti o Waitangi and nursing education providers and programmes

The Council carries out its functions within the context of its commitment to Te Tiriti o Waitangi.

The Council's commitment to Te Tiriti o Waitangi has underpinned the content of these standards. The Council has decided to incorporate contemporary requirements related to Te Tiriti o Waitangi, Kawa Whakaruruhau, cultural safety, and health equity as part of the standards rather than relying on individual nursing education providers to interpret the guidelines.²

The Council recognises nursing education providers and programmes provide a significant and powerful platform for ensuring high-quality nursing practice. This is evident through the acquisition and dissemination of knowledge about Te Tiriti o Waitangi and in their partnership approach to developing, delivering, and reviewing programmes. An understanding of Te Tiriti o Waitangi, Kawa Whakaruruhau, and cultural safety is fundamental to patient safety.

About these standards

This document has been structured as follows:

- Generic Nursing Council education standards for all programmes leading to registration with the Nursing Council
- Individual schedules that set out standards that must be met by nursing education providers, for the delivery of either the New Zealand Diploma in Enrolled Nurse programme, the Bachelor, or Master of Nursing for Registered Nurse programmes.

There are seven standards:

- Standard one: Te Tiriti o Waitangi partnership obligations
- Standard two: Safe care for the public
- Standard three: Academic governance, leadership, and partnership
- Standard four: Programme of study
- Standard five: Ākonga/Student experience
- Standard six: Ākonga/Student assessment
- Standard seven: Emergency events

² Nursing Council of New Zealand, Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice, 2011.



Standard one: Te Tiriti o Waitangi partnership obligations

Nursing education providers have a commitment to adhere to Te Tiriti o Waitangi principles and a responsibility to impact positively on health equity for Māori. This requires a focus on how providers demonstrate authentic partnerships and relationships that support co-design, co-delivery, and review with iwi, hapū, and Māori. This will promote the development of kaupapa Māori and mātauranga Māori nursing education programmes that include a Māori world view of health to encourage and support Māori in the nursing workforce.

Standard one recognises iwi and Māori approaches to health and te ao Māori within nursing education programmes. Criteria under other standards also specify actions that support all ākonga/students to achieve outcomes to prepare them to work effectively with Māori. This standard and the criteria support the Government's priority to lift the capability of the whole workforce, improve health equity for Māori, and increase Māori participation within the health workforce. To achieve this, nursing education providers and programmes will need to play a pivotal role.

Criteria

Nursing education providers will:

- 1.1** work in partnership with iwi, hapu, and Māori to meet Te Tiriti o Waitangi obligations.
- 1.2** demonstrate a bicultural approach to design, delivery, and review of nursing education programmes.
- 1.3** have policies and procedures that assist and enable cultural responsiveness to iwi, hapu, and Māori.
- 1.4** have policies and procedures in relation to addressing decolonisation, institutional racism, and bias within their institutions.
- 1.5** have processes to ensure inclusion and protection of te ao Māori (a Māori worldview) and mātauranga Māori (Māori knowledge) within nursing education programmes.
- 1.6** ensure ākonga/students reflect on their experiences of establishing relationships, working in partnership with Māori, and providing culturally responsive care to improve health outcomes and equity.
- 1.7** provide opportunities for educational and clinical learning experiences to support ākonga/students integrate Kawa Whakaruruhau and cultural safety when working with Māori.

Standard two: Safe care for the public

Nursing education providers prepare nurses to meet the needs of individuals, whānau, communities, and society through a focus on Te Tiriti o Waitangi, equity, professionalism, and the attitudes and skills needed to ensure public safety.

Standard two outlines the requirement for nursing education programmes that prepare nurses to meet the needs of individuals, communities, and society. It also focuses on the development of professionalism and the attitudes and skills needed to keep the public safe. This standard includes criteria related to the safety of the public during clinical learning experiences.

Criteria

Nursing education providers will:

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- 2.1** integrate the following throughout:
- Te Tiriti o Waitangi, its constitutional settings, and what it means for nursing in Aotearoa New Zealand
 - The role that nursing practice has in achieving equity of health outcomes for Māori
 - Kawa Whakaruruhau, cultural safety, and its implications for nurses and nursing practice when working alongside Māori and their whānau
 - Te ao Māori (the Māori world, history, and models of health) and the importance of tikanga me te reo Māori.
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- 2.2** ensure ākonga/students' development of knowledge, skills, behaviours, values, and attitudes are congruent with:
- Te Tiriti o Waitangi
 - a commitment to social justice
 - public safety
 - current scientific research
 - evidence informed practice
 - Kawa Whakaruruhau framework
 - cultural safety and responsiveness
 - equity, diversity, and inclusiveness
 - respect as determined by the recipient of care
 - person and whānau-centred care
 - whakapapa-centred care
 - social determinants of health
 - community aspirations for health.
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- 2.3** ensure the programme curriculum incorporates professionalism and ethical practice that protects public safety, informed by, for example, the Code of Conduct for Nurses³, Guideline: Professional Boundaries⁴, NZNO Code of Ethics⁵, Health and Disability Code of Rights⁶, and Guidelines: Social Media and Electronic Communication⁷).
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3 Nursing Council of New Zealand, Code of Conduct for Nurses, 2012

4 Nursing Council of New Zealand, Guideline: Professional Boundaries, 2012

5 New Zealand Nurses Organisation Guideline Code of Ethics, 2019

6 The Code of Health and Disability Services Consumer rights, 2004

7 Nursing Council of New Zealand, Guidelines: Social Media and Electronic Communication, 2012.



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- 2.4** ensure admission requirements are fair, equitable, and transparent. All candidates are informed they have to meet the requirements for:
- the programme of study
 - the clinical learning environment, for example, ākonga/students' health checks (including vaccination requirements), and rostered and rotating shift work
 - registration as an enrolled or registered nurse on conclusion of the programme.
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- 2.5** ensure there are strategies to reflect national workforce development initiatives which include processes to support priority learners.
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- 2.6** ensure there are strategies to prioritise increasing a Māori nursing workforce that culturally represents and matches the needs of the Māori population.
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- 2.7** ensure there are strategies to prioritise increasing a Pacific nursing workforce that culturally represents and matches the needs of the Pacific population.
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- 2.8** have a strategy to support a category of alternative admission to the nursing education programme for priority learners and those learners who might not meet standard entry criteria. This may be at the discretion of the head of nursing or programme leader/s.
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- 2.9** have foundation programmes that enable future ākonga/students to meet entry requirements for nursing education programmes.
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- 2.10** ensure all ākonga/students have undertaken Ministry of Justice criminal convictions checks, safety checks under the Children's Act 2014, and any other legislative requirements.
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- 2.11** have a policy to assess and support ākonga/students with identified impairments or disabilities to practise safely.
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- 2.12** have a policy for exiting ākonga/students who are not achieving academic, clinical learning or professional outcomes, or who would not meet the requirements of section 16 of the Health Practitioners Competence Assurance Act 2003 (the Act).
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- 2.13** have a process for ensuring all ākonga/students have demonstrated appropriate pre-requisite knowledge, skills, and attitudes before undertaking clinical learning experiences.
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- 2.14** have policies and processes to prevent or remove ākonga/students from clinical learning experiences if the ākonga/students have been deemed a risk to public safety.
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- 2.15** ensure ākonga/students are not given more than two opportunities to enroll in a clinical learning course. Exemptions are made on a case-by-case basis approved by the Nursing Council.
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- 2.16** ensure candidates put forward to sit the State Final Examination for enrolled or registered nurses:
- have successfully completed all the requirements for a Council-accredited pre-registration degree in nursing for registered nurses or a diploma in nursing for enrolled nurses
 - have been assessed as meeting the competencies⁸ for enrolled or registered nurses
 - are recommended as fit for registration as an enrolled or registered nurse under section 16 of the Act by the head of nursing
 - have disclosed to the Council if they are the subject of any investigation, disciplinary or criminal proceedings that would prevent the ākonga/student from gaining registration with the Nursing Council of New Zealand.
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- 2.17** ensure under the HPCA Act (2003) (section 45), the head/lead of nursing notifies the Chief Executive/Registrar of the Council in writing if they have reason to believe that an ākonga/student who is completing a nursing education programme would be unable to perform the functions required for the practice of nursing because of a mental or physical condition. This includes a condition or impairment caused by substance or alcohol use disorders.
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⁸ Proposed new standards of nursing competence will be in place January 2025.

Standard three: Academic governance, leadership, and partnership

The quality of nursing education is dependent on strong professional governance, leadership, strong relationships with clinical partners and appropriate resourcing.

The Council recognises nursing education providers and programmes provide a significant and powerful platform for ensuring high-quality nursing practice. This is evident through the acquisition and dissemination of knowledge about Te Tiriti o Waitangi and in their partnership approach to developing, delivering, and reviewing programmes. An understanding of Te Tiriti o Waitangi, Kawa Whakaruruhau, and cultural safety is fundamental to patient safety.

An education institution must be accredited by the Council, as per section 12(2)(a) of the HPCA Act (2003), to provide a programme leading to registration as an enrolled or registered nurse. To deliver the New Zealand Diploma of Enrolled Nursing programme there must be a formal relationship with a New Zealand institution which offers a Bachelor of Nursing programme. This enables the sharing of knowledge, expertise, and academic resources. This relationship also has the potential to prepare enrolled and registered nurses to work collegially within a healthcare team. The opportunities for strengthened relationships with practice and for articulation between qualifications and staircasing of learning is also enhanced for both the EN and RN programme providers.

The Council considers simulation a fundamental element of teaching and learning in programmes leading to registration as an enrolled or registered nurse. Simulation is now used throughout the programme of study to underpin theoretical learning and prepare students for clinical learning. Therefore, the Council expects that simulation facilities and teaching will be appropriately resourced.

The Council accepts the definition of simulation developed by the International Nursing Association for Clinical Simulation and Learning (INACSL)⁹, “any education strategy that creates learning conditions designed to resemble a real-world situation that students may encounter.” The fidelity of each simulation teaching and learning occurrence needs to reflect relevant learning objectives.

Criteria

3.1 The educational institution must be accredited by the Council, as per section 12(2)(a) of the HPCA Act (2003), to provide a programme leading to registration as an enrolled or registered nurse.

To deliver the New Zealand Diploma of Enrolled Nursing programme, there must be a formal relationship with a New Zealand institution which offers a Bachelor of Nursing programme. This relationship is demonstrated through mechanisms such as a memorandum of understanding.

3.2 The nursing education programme is led by a Nursing Council-approved head or lead of nursing who is a nurse in good standing with the Council, holds an annual practising certificate, a relevant degree at master’s level or above, is knowledgeable in tikanga, and ensures consistency with the principles of Te Tiriti o Waitangi. The nursing head or lead maintains strong functional relationships with colleagues nationally.

The head or lead of nursing programmes has designated authority, autonomy, and responsibility for:

- professional and academic leadership and staffing of the programmes
- ensuring high-quality teaching and learning for ākongā/students
- managing the design, implementation, evaluation, and resourcing of the programme
- decisions on ākongā/students’ entry to the programme
- attending all ākongā/students appeal panels and having authority over professional practice, conduct, fitness for registration requirements, and decisions concerning public safety.

⁹ INACLS Standards Committee et al. (2021). Healthcare simulation standards of best practice™facilitation. Clinical simulation in nursing.



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- 3.3** There are clearly defined and effective mechanisms by which the head or lead of nursing secures the financial and other resources necessary to ensure operation of the nursing education programme.
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- 3.4** There are clearly defined and effective mechanisms by which the head or lead of nursing advises and consults with the nursing education provider's senior leadership/management team.
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- 3.5** The nursing education provider's academic governance and leadership structures support the curriculum development, implementation, evaluation, and quality assurance of the nursing education programme.
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- 3.6** The nursing education provider has processes to support and develop the head or lead of nursing in their leadership and management roles.
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- 3.7** The nursing education provider has strategic and functioning partnerships with iwi, hapū, and Māori, clinical learning providers, external representatives of the nursing profession, consumers of healthcare, and other relevant stakeholders.
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- 3.8** A nursing education programme offered across multiple geographical sites has a Nursing Council-approved programme leader at each site.
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- 3.9** The nursing education provider ensures lecturers/teachers of kaupapa and mātauranga Māori are supported in their own development and the delivery of their subject matter.
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- 3.10** The nursing education programme is resourced to ensure ākonga/students achieve competencies for enrolled or registered nurses by supporting all teaching and learning environments including simulated practice and clinical learning.
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- 3.11** The nursing education provider maintains a leadership and staff complement of appropriately qualified, experienced nursing, academic, scientific, administrative, and technical staff.

Academic staff:

- will hold a relevant master's degree in nursing or a related discipline, or have a professional development plan in place to complete a master's degree
- will complete a programme in adult teaching and learning within two years of appointment
- newly appointed staff must have a structured orientation to teaching and learning in the simulation environment and ongoing professional development as required
- will be involved in research and scholarly activities as appropriate
- have continued development in kaupapa Māori, mātauranga Māori, te reo Māori, tikanga, and Te Tiriti o Waitangi.

Clinical teaching staff will:

- be an enrolled or registered nurse who holds a current annual practising certificate
 - holds a post-registration/post-graduate qualification in nursing or a related discipline
 - be well prepared and oriented to the clinical teaching role
 - have current theoretical and clinical knowledge relevant to the clinical setting
 - have knowledge of the curriculum including the theory component related to the clinical learning experience and the expected learning outcomes
 - have an annual performance appraisal, including continued development in kaupapa Māori, mātauranga Māori, te reo Māori, tikanga, and Te Tiriti o Waitangi.
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3.12 The nursing education programme's quality assurance mechanisms incorporate evaluation from a variety of sources and include:

- risk assessments of ākongā/students' learning environments
- ākongā/students experience evaluations across all teaching and learning environments
- internal moderation and external moderation from another nursing education provider
- clinical learning providers
- evidence-based developments in health professional education
- evidence-based developments in health and health care.

3.13 The nursing education provider provides information required by the Council, including an annual report.

3.14 The simulation facility:

- reflects the learning needs of the students throughout the programme
 - has appropriate equipment for all simulation occurrences
 - has a dedicated technician to maintain the simulation facility, ensure learning scenarios are appropriately resourced and support nursing staff as required.
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Standard four: Programme of study

The quality of nursing education programmes is dependent on a number of factors, including curriculum design which incorporates mātauranga Māori health and the role nurses play to improve health equity for Māori. The Council recognises nursing education providers and programmes provide a significant and powerful platform for ensuring high-quality nursing practice based on research, policy, and best practice which is fundamental to patient safety.

The quality of nursing education programmes is important to the health and safety of the public. Quality is dependent on a number of factors, including curriculum design, and a strong theme from sector engagement was that stakeholders wanted more consistency between nursing education programmes. This would facilitate preceptor understanding, employer expectations of graduates, and allow easier transfer for students between programmes, and staircasing for enrolled nurses and others e.g. kaiāwhina, international nurses etc.

The Council considers quality clinical learning to be positive, diverse, and well-planned educational experiences and opportunities for the student in the provision of nursing care across healthcare settings. This requires well-prepared preceptors who work consistently with a student where possible, to achieve incremental knowledge development through reflective practice, constructive feedback, and active supported participation in person-centred care across a range of clinical experiences. This incremental acquisition of knowledge and skills is robustly assessed at the appropriate level by the education provider, in collaboration with the preceptor and the student.

The Council is also specifying greater consistency and integration of themes within the curricular to ensure graduates have the required scientific knowledge, take a holistic approach to health and wellbeing, and are prepared to practise in a culturally safe way through nursing education programmes that are developed and structured to support student learning.

Enrolled nurse schedule

This schedule accompanies the Generic Nursing Education Programme Standards that distinguishes standards specific to the enrolled nurse programme.

Criteria

- 4.1** The qualification is a level 5 diploma on the New Zealand Qualifications Framework, comprised of 180 credits, of which 30 credits must be at level 6. The programme is delivered by an educational institution accredited by the Council and approved by the New Zealand Qualifications Authority.
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- 4.2** The nursing education programme's structure incorporates an integrated mātauranga Māori health component that includes learning experiences shaped by Māori cultural knowledge and addresses competencies related to Te Tiriti o Waitangi, working effectively with Māori, te ao Māori, te reo and Māori health equity. Educational and clinical learning experiences are provided to support ākonga/students to integrate kawa whakaruruhau and cultural safety into practice when working with Māori.
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- 4.3** The curriculum document articulates nursing and educational philosophies, including concepts from te ao Māori, and their integration into the programme of study. The curriculum is mapped against the competencies for enrolled nurses.
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- 4.4** Teaching and learning reflects contemporary practices in nursing, health, and education, including communications technology, digital healthcare delivery, the use of data, e-documentation, technologies, and social media.
-
- 4.5** The nursing education programme's content and learning outcomes include:
- achievement of the competencies for enrolled nurse
 - te ao Māori health concepts and Te Tiriti o Waitangi
 - regional, national, and global health priorities
 - safety and quality standards as they relate to health care
 - care across the lifespan, including mental health and wellbeing, and across contexts of nursing practice (including primary, secondary, and tertiary care)
 - Māori health priorities
 - Pacific peoples' health priorities
 - Code of Conduct for nurses
 - principles of intra and interprofessional learning and practice
 - clinical assessment and clinical decision-making skills
 - incorporation of pathophysiology knowledge
 - safe use of medicines and their management
 - knowledge of rongoā Māori
 - respect for diversity, inclusiveness, and cultural safety.
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- 4.6** The nursing education programme's content and learning outcomes support the development of skills that include searching for, reviewing, and assessing knowledge to inform practice and clinical decision-making.
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- 4.7** The nursing education programme includes:
- simulated learning to enable ākonga/students to develop clinical skills and professional capabilities prior to entering the clinical context
 - clinical learning experiences undertaken as soon as possible in the first six months of study
 - all ākonga/students require a minimum of 700 hours of quality clinical learning in a variety of settings, this does not include simulation hours. Additional hours must be available if required to support ākonga/student success
 - all ākonga/students completing a 240-hour (6 weeks) continuous transition to practice course in the final semester of the programme during which they are assessed against the competencies for enrolled nurses
 - all ākonga/students in clinical learning placements are supernumerary to existing staff. Clinical learning experiences cannot be undertaken in a clinical area where they are employed. Ākonga/students on clinical learning placements cannot be included in the service provider's staffing establishment
 - ākonga/students having clinical learning experiences across a variety of settings such as te ao Māori, community health, acute care, aged care, mental health, and disability
 - ākonga/students must be in a mentoring/preceptorship relationship with an enrolled or registered nurse for all clinical learning experiences
 - equivalence in all delivery modes in which the programme is offered and all sites where it is delivered.
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4.8 The nursing education programme has an evidence-based clinical teaching and learning model which includes staff preparation and resourcing (e.g. a dedicated education unit, community of practice, and/or clinical teaching associate model).

4.9 Preceptors have undertaken formal, structured preparation that includes the content of the curriculum, clinical assessment processes, and formal and informal communication with education providers.

Newly employed enrolled and registered nurses must be appropriately orientated and prepared before undertaking a preceptor/mentoring role, and receive ongoing support in practice. This must include cultural safety in practice as required.

Education providers must maintain regular communication with Clinical Managers who provide clinical learning placements for ākonga/students.

4.10 The nursing education provider has contractual arrangements with all clinical learning providers.

4.11 All clinical assessments are undertaken collaboratively between the nursing education provider, clinical learning provider, and ākonga/students. Roles and responsibilities are clearly articulated, and the education provider maintains ultimate responsibility for the assessment process in the clinical learning environment.

4.12 The nursing education provider has sustainability policies and processes which recognises the interdependence of human health and the health of the environment.

The role and responsibilities of nurses as change agents and advocates for environmentally sustainable healthcare practices is explored.

Registered nurse schedule

This schedule accompanies the Generic Nursing Education Programme Standards that distinguishes standards specific to the registered nurse programme.

Criteria

- 4.1** The qualification is a minimum of a bachelor degree comprising 360 credits, or a master's degree of no less than 240 credits, delivered by a Wānanga, Te Pūkenga Institute of Skills and Technology or a university approved by the New Zealand Qualifications Authority or the Committee on University Academic Programmes, and is eligible for Tertiary Education Commission funding.
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- 4.2** The nursing education programme's structure incorporates an integrated mātauranga Māori health component that includes learning experiences shaped by Māori cultural knowledge and addresses competencies related to Te Tiriti o Waitangi, working effectively with Māori, te ao Māori, te reo, and Māori health equity. Educational and clinical learning experiences are provided to support ākonga/students to integrate Kawa Whakaruruhau and cultural safety into practice when working with Māori.
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- 4.3** The curriculum document articulates nursing and educational philosophies, including concepts from te ao Māori, and their integration into the programme of study. The curriculum is mapped against the competencies for registered nurses.
-
- 4.4** Teaching and learning reflects contemporary practices in nursing, health, and education, including communications technology, digital healthcare delivery, the use of data, e-documentation, artificial intelligence, and social media.
-
- 4.5** The nursing education programme's content and learning outcomes include:
- achievement of the competencies for registered nurses
 - te ao Māori health concepts and Te Tiriti o Waitangi
 - regional, national, and global health priorities
 - integrated knowledge of safety and quality standards as they relate to health care
 - care across the lifespan, including mental health and wellbeing, and across contexts of nursing practice (including primary, secondary, and tertiary care)
 - Māori health priorities
 - Pacific peoples' health priorities
 - Code of Conduct for nurses
 - principles of intra and interprofessional learning and practice
 - introduces ākonga/students to research to support clinical decision making
 - comprehensive clinical assessment and clinical decision-making skills supported by evidence
 - application of pathophysiology knowledge
 - safe use of medicines and their management
 - knowledge of rongoā Māori
 - respect for diversity, inclusiveness, and cultural safety.
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- 4.6** The nursing education programme's content and learning outcomes support the development of skills that include searching for and reviewing evidence to inform practice and clinical decision-making.
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4.7 The nursing education programme includes:

- simulated learning to enable ākonga/students to develop clinical skills and professional capabilities prior to entering the clinical context
- all ākonga/students require a minimum of 1000 hours of quality clinical learning in a variety of settings, this does not include simulation hours. Additional hours must be available if required to support ākonga/students success
- clinical learning experiences undertaken as soon as practicably possible in the first year of study
- all ākonga/students completing 150 hours of clinical learning in the first semester of their final year of study
- all ākonga/students completing a 360-hour continuous transition to practice course in the final semester of the programme during which they are assessed against the competencies for registered nurses
- all ākonga/students in clinical learning placements, are supernumerary to existing staff. Clinical learning experiences cannot be undertaken in a clinical area where they are employed. Ākonga/students on clinical learning placements cannot be included in the service provider's staffing establishment
- ākonga/students having clinical learning experiences across a variety of settings such as te ao Māori, community health, acute care, aged care, mental health, and disability
- ākonga/students must be in a mentoring/preceptorship relationship with a registered nurse for all clinical learning experiences
- equivalence in all delivery modes in which the programme is offered and all sites where it is delivered.

4.8 The nursing education programme has an evidence-based clinical teaching and learning model which includes staff preparation and resourcing (e.g., a dedicated education unit, a community of practice, and/or clinical teaching associate model).

4.9 Preceptors have undertaken formal, structured preparation that includes the content of the curriculum, clinical assessment processes, and formal and informal communication with education providers.

Newly employed registered nurses must be appropriately orientated and prepared before undertaking a preceptor/mentoring role and receive ongoing support in practice. This must include cultural safety in practice as required.

Education providers must maintain regular communication with Clinical Managers who provide clinical learning placements for ākonga/students.

4.10 The nursing education provider has contractual arrangements with all clinical learning providers.

4.11 All clinical assessment is undertaken collaboratively between the nursing education provider, clinical learning provider, and ākonga/students. Roles and responsibilities are clearly articulated, and the education provider maintains ultimate responsibility for the assessment process in the clinical learning environment.

4.12 The nursing education provider has sustainability policies and processes which recognises the interdependence of human health and the health of the environment.

The role and responsibilities of nurses as change agents and advocates for environmentally sustainable healthcare practices is explored.

Standard five: Ākonga/Student experience

To provide high-quality ākonga/student experiences, ākonga/students should have mentors and role models who reflect their diversity, be supported to achieve in ways that are culturally safe, and be exposed to a range of learning opportunities. Ākonga/student cohorts should be representative of the Aotearoa New Zealand population.

This standard is aimed at supporting positive ākonga/student learning experiences and to see policies and support for diverse ākonga/students. It aligns with health sector goals to increase the Māori health workforce, including cultural safety for Māori students.

Criteria

- 5.1** Nursing education programme information provided to ākonga/students is relevant, timely, transparent, and accessible.

- 5.2** Ākonga/student academic learning needs are identified and supported by the nursing education programme. Academic learning needs for Māori and Pacific peoples' ākonga/students are identified and targeted support is provided.

- 5.3** Nursing education providers have processes to ensure cultural safety for all ākonga/students, including culturally appropriate support, engagement, and processes for Māori and Pacific peoples' ākonga/students to enable success.

- 5.4** Nursing education providers have processes and procedures to ensure ākonga/students can raise and report any issues in relation to clinical learning experiences.

- 5.5** Ākonga/students are informed of, and have access to, grievance and appeals processes.

- 5.6** Ākonga/students are informed of, and have access to, pastoral, cultural, and/or personal wellbeing support services.

- 5.7** Ākonga/students are represented on nursing education programme advisory and decision-making committees.

- 5.8** Equity, diversity, and inclusion principles are observed and promoted in all learning experiences, including clinical learning.

- 5.9** Each nursing education provider has a recognition of prior learning (RPL) policy:
 - Enrolled nursing programme - RPL is not granted for the 240-hour continuous transition to practice course in the final semester
 - Registered nursing programme - RPL is not granted for the 360-hour continuous transition to practice course in the final semester
 - The Council retains the right to seek justification for any credit granted through RPL.



Standard six: Ākonga/Student assessment

The public should expect that nursing education programmes have an overall assessment system that is valid and reliable, and provides evidence of student competency and safety.

Competence is defined by the Council as the “combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance as a nurse”. Achieving competence is essential to ensure that safe, professional, and ethically competent enrolled or registered nurse graduates are entered on the register.

Criteria

- 6.1** The nursing education programme’s learning outcomes and assessment strategies are aligned.

- 6.2** The nursing education programme’s learning outcomes, with associated assessments, are clearly mapped to the competencies for enrolled or registered nurses.¹⁰

- 6.3** The integrity of the nursing education programme’s theoretical and clinical learning assessments is ensured through the use of contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.

- 6.4** Providers of nursing education must allow opportunities for Māori ākonga to undertake clinical learning experiences in te ao Māori settings, and, where possible, be preceptored by a Māori enrolled or registered nurse.

- 6.5** The nursing education programme has formative and summative assessments that enhance learning and inform ākonga/student progression. The summative assessment assesses ākonga/students against the competencies for enrolled or registered nurses before successful completion of the programme.

The enrolled nurse formative and summative assessments can be signed off as appropriate, by either an enrolled or registered nurse.

- 6.6** The nursing education programme assesses competence in pharmacotherapeutics and the safe use of medicines.

10 NCNZ (2023) Competencies for enrolled and registered nurses <https://www.nursingcouncil.org.nz>

Standard seven: Emergency events

This standard will be initiated by the Nursing Council during an emergency of national significance, for example, a natural disaster or a pandemic. The standard allows nursing ākonga/students to contribute during such emergencies to support communities, particularly Māori and Pacific peoples, who are at substantial risk due to existing social and health inequities.

In the event of a state of an enduring emergency, where the Nursing Council accredited schedule of clinical learning have been significantly disrupted by restrictions imposed by the emergency, employed (paid) clinical learning experiences may be undertaken related to the event and a reduction in clinical hours may be considered. All other standards must continue to be met.

This standard may be initiated when an emergency, such as pandemic restrictions, has prevented an ākonga/student from completing the required clinical placement hours.

Criteria

- 7.1** Paramount is the safety of ākonga/students. Undertaking a clinical placement in an emergency-related setting cannot be mandatory and is the choice of the individual ākonga/student who cannot be penalised for exercising their right to decline such a placement. An ākonga/student's risk assessment must be jointly undertaken by the education provider and the employer. A process for managing situations such as the ākonga/students becoming unwell must be established and agreed to by relevant parties: ākonga/students, education provider, and clinical partner.
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- 7.2** The heads or leads of nursing programmes, in consultation with clinical providers, submit a paid or alternative employment clinical placement plan for approval by the Nursing Council. The plan outlines the disruption to clinical placement, how these placements align with the graduate profile, learning outcomes, and prescribed Nursing Council competencies.
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- 7.3** Paid clinical learning cannot exceed:
- Registered nursing programme: 200 hours of clinical learning overall.
- Enrolled nursing programme: 100 hours of clinical learning overall.
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- 7.4** Clinical learning hours:
- Ākonga/students in the Bachelor of Registered Nursing degree who have clinical learning hours to complete but have been prevented from finalising these hours due to pandemic or emergency-related circumstances, a reduction of 150 clinical hours in overall learning is acceptable and can be replaced by 150 hours of simulation.
- Ākonga/students in the Diploma of Enrolled Nursing who have clinical learning hours to complete but have been prevented from finalising these hours due to pandemic or emergency-related circumstances, a reduction of 100 clinical hours in overall learning is acceptable and can be replaced by 100 hours of simulation.
- The substitution remains at the discretion of the heads or leads of nursing who confirm overall that the ākonga/student has achieved the competencies for safe practice as an enrolled or registered nurse.
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Glossary of terms

Alternative category: this is to attract a range of suitable applicants with broad life experiences, skills, and perspectives to the nursing education programme. This increased diversity will help ensure that each graduating cohort will better mirror and understand contemporary Aotearoa New Zealand society, and be best placed to contribute across the full spectrum of health needs in Aotearoa New Zealand– adapted from University of Otago degree admission guidelines for the Bachelor of Medicine and Bachelor of Surgery.

Clinical teaching associate model: the clinical teaching associate model is one of the methods for improving the outcomes of clinical nursing education. In this model, a hospital nurse who is responsible for care delivery to people assists clinical instructors in providing clinical education to students.¹¹

Cultural safety: cultural safety relates to the experience of the recipient of nursing service and extends beyond cultural awareness and cultural sensitivity. It provides consumers of nursing services with the power to comment on practices and contribute to the achievement of positive health outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service. The Council's definition of cultural safety is: the effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.¹²

Dedicated education unit: a dedicated education unit is one floor or unit of a health facility devoted entirely to nursing students from a single nursing programme and staffed by a consistent group of nurses who are providing professional development as educators.¹³

Kawa Whakaruruhau: is primarily focused on the importance of cultural safety, and at its heart are Māori people, their whānau, hapū, and iwi. At its best, Kawa Whakaruruhau provides for a holistic model of Māori health care that moves beyond an individual patient's treatment and acknowledges the interaction between physical, mental, spiritual, and whānau wellbeing. It reinforces that Māori concepts and epistemologies of health care matter and have a place in today's health system.

Mātauranga Māori: Māori knowledge - the body of knowledge originating from tūpuna Māori (ancestors), including the Māori worldview and perspectives, Māori creativity, and cultural practices.¹⁴

Nursing education programme: refers to the programme of study including the head of nursing and other staff that lead, manage, and deliver the programme.

Nursing education provider: refers to the educational institution within which the nursing education programme is located.

Preceptor: Preceptors have undertaken formal, structured preparation that include the content of the curriculum, clinical assessment processes, and formal and informal communication with education providers. A nurse preceptor is an experienced and competent nurse formally assigned to guide the professional journey of a student, graduate nurse or new staff member joining a workplace. Preceptorship

11 [Effectiveness of the clinical teaching associate model](#)

12 Nursing Council of New Zealand. 2011. Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice

13 [A Practical Guide to developing a dedicated education unit](#)

14 <https://www.takai.nz/find-resources/articles/matauranga-maori/>

offers the structured support needed to transition knowledge into everyday practice successfully.¹⁵

Te ao Māori: Te ao Māori denotes the Māori World. While simple in definition, it is rich in meaning, and vast in breadth and depth, referring to Māori language, Tikanga Māori, and Te Tiriti o Waitangi.¹⁶

Whakapapa-centred care: in the scopes' use of this term, it is derived from whānau-centred - person, whānau. Whakapapa-centred care is collaborative health care focused on meeting the needs, values, and desired outcomes of individuals, whānau, and future generations. It describes how this is referred to and acknowledges the longer-term, multi-generational impacts, and outcomes (positive and negative) of nursing care and support (Families Commission, 2010; Whānau Strategic Framework, 2009–2012).

15 <https://anmj.org.au/what-is-a-preceptor/>

16 <https://www.otago.ac.nz/maori/world>





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