

Tuhinga whai tohutohu | Consultation document

# Review of enrolled nurse and registered nurse competencies Including amendments to the registered nurse scope of practice statement

December 2023

### Ngā pātai whaitohutohu | Consultation questions

### Name of organisation/submitter:

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| confidential.  |                |                |            |           |              |           |           |            |        |      |

 $\square$  Please keep this response confidential

## **Enrolled nurse competencies**

| Consultation questions   | Your response |
|--|---------------|
| <b>Question 1.</b> Do you think the proposed enrolled nurse competencies are broad | Yes □         |
| enough to cover all practice areas?  | No □          |
| Comment  | Not answered  |

| Consultation questions   | Your response |  |  |
|--|---------------|--|--|
| <b>Question 2.</b> Do you agree with the overall structure of the proposed enrolled nurse  | Yes □         |  |  |
| competencies?  | No □          |  |  |
|  |               |  |  |
| Comment  | Not answered  |  |  |
|  |               |  |  |
| Pou One: Te Tiriti o Waitangi  |               |  |  |
| <b>Question 3.</b> Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi? | Yes □         |  |  |
|  | No □          |  |  |

| Pou One: Te Tiriti o Waitangi  |                      |  |
|--|----------------------|--|
| <b>Question 3.</b> Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi? | Yes □                |  |
| g.   | No □                 |  |
|  | Partly □             |  |
| <b>Question 4.</b> What would you strengthen, change, or add to Pou One?                   | Not answered         |  |
| Pou 1  | Two: Cultural Safety |  |
| <b>Question 5.</b> Do you agree with the scope and focus of Pou Two: Cultural Safety?      | Yes □                |  |
|  | No □                 |  |
|  | Partly □             |  |
| <b>Question 6.</b> What would you strengthen, change, or add to Pou Two?                   |                      |  |
| Pou Three: Knowledge Informed Practice   |                      |  |
| <b>Question 7.</b> Do you agree with the scope and focus of Pou Three: Knowledge Informed  | Yes □                |  |
| Practice?  | No □                 |  |
|  | Partly □             |  |
| <b>Question 8.</b> What would you strengthen, change, or add to Pou Three?                 | Not answered         |  |

| Pou Four: Professional Accountability and Responsibility  |                     |  |
|---|---------------------|--|
| <b>Question 9.</b> Do you agree with the scope and focus of Pou Four: Professional Accountability and Responsibility? | Yes □ No □ Partly □ |  |
| <b>Question 10.</b> What would you strengthen, change, or add to Pou Four?  |                     |  |
| Pou Five: Partnership and Collaboration   |                     |  |
| <b>Question 11.</b> Do you agree with the scope and focus of Pou Five: Partnership and Collaboration?                 | Yes □ No □ Partly □ |  |
| Question 12. What would you strengthen, change, or add to Pou Five?   | Not answered        |  |
| Other comments  |                     |  |
| <b>Question 13.</b> Do you have any other comments?   | Not answered        |  |

# Registered nurse competencies

| Consultation questions  | Your response   |
|---|---|
| <b>Question 14.</b> Do you think the proposed registered nurse competencies are broad enough to cover all practice areas? | Yes □ No ⊠  |
| Comment   | Nurses are now working a huge variety of areas. Some of the current competencies are very hard for RNs in specialist or narrow-focusses areas such as Operating Rooms (ORs), Post-Anaesthesia Units (PACUs) and Vaccination services to find suitable examples. In OR, for example, in many cases we have no opportunity to interact with patients or whanau; in PACUs, patients are usually present for only short periods while under the influence of medications and whanau are rarely present. The extra competencies in the proposed framework just add more areas where this is difficult. |
|   | A number of practice environments have few to any Maori<br>healthcare consumers, especially those services catering to<br>particular demographics or in areas where few people<br>identify as Maori. What are RNs in these situations to do?  |
|   | The question also needs to be asked: "Who decides if a person is Maori?" Surely it is up to each healthcare consumer to decide this for themselves. I know people with a lot of Maori heritage who want nothing to do with it, and I have also come across non-Maori who identify very strongly with Maori perspectives and have clearly embraced and are attached to that cultural framework. Furthermore, many NZ citizens and permanent residents have multicultural heritage. They should be allowed to operate culturally in the ways that best meet their needs.                            |
|   | A glaring absence in the proposed competencies is that of people who are not Maori or in a stated disadvantaged group. It would appear that healthcare provided by RNs for "everyone else" is assessed by inference only. Eg: competencies 1.3, 1.4. 1.5; 2.2 (first statement only); 3.3, 3.12   |
|   | Removal of indicators is a retrograde step. They were very useful for guiding RNs to find examples.   |
| <b>Question 15.</b> Do you agree with the overall structure of the proposed registered nurse competencies?                | Yes □ No ⊠  |

| Consultation questions | Your response   |
|------------------------|---|
|                        |   |
| Comment                | Too much. Too detailed. RNs are currently very stressed completing the existing requirements. A number of older RNs are choosing to retire early rather than complete another portfolio. Immigrant nurses are leaving New Zealand to work elsewhere due to both the current and proposed competency requirements. Immigrant nurses from Canada, the UK and the Philippines are generally regarded as being highly qualified. Competency maintenance in their home countries is far more simple and streamlined. Processes for registering and maintaining competence in NZ are considerably more difficult in comparison. |

| Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice                                |   |  |
|---|---|--|
| <b>Question 16.</b> Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi, | Yes □   |  |
| Ōritetanga and Social Justice?  | No □  |  |
|   | Partly ⊠  |  |
| <b>Question 17.</b> What would you strengthen, change, or add to Pou One?                   | 1.5 Why is an RN responsible to ensure that the healthcare <b>TEAM</b> give effect to the Treaty in practice? |  |
| Pou Two: Kawa Wi  | hakaruruhau and Cultural Safety   |  |
| <b>Question 18.</b> Do you agree with the scope and focus of Pou Two: Kawa Whakaruruhau     | Yes □   |  |
| and Cultural Safety?  | No □  |  |
|   | Partly ⊠  |  |
| <b>Question 19.</b> What would you strengthen, change, or add to Pou Two?                   | No need to state "priority groups" unless this becomes an indicator.  |  |
| Pou Three: Pūkengatanga and Excellence in Nursing Practice                                  |   |  |
| <b>Question 20.</b> Do you agree with the scope and focus of Pou Three: Pūkengatanga and    | Yes □   |  |
| Excellence in Nursing Practice?   | No □  |  |
|   |   |  |

|  | Partly ⊠   |  |  |
|--|--|--|--|
| <b>Question 21.</b> What would you strengthen, change, or add to Pou Three?                                | 3.4 "Digital health and artificial intelligence technologies" are site specific and should not be included in the general scope of practice. These could be indicators if they contribute to RN care in the area of practice.  |  |  |
| Pou Four: Manaal   | kitanga and People Centredness   |  |  |
| <b>Question 22.</b> Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness | Yes □ No □ Partly ⊠  |  |  |
| Question 23. What would you strengthen, change, or add to Pou Four?  | "Collective wellbeing" is relevant to a number of cultural groups in NZ, but <b>not all.</b> Decisions re involvement of whanau should remain with the healthcare consumer. It is patronizing, offensive and, in some cases, downright dangerous, to assume that a healthcare consumer will want certain things or act in certain ways on the basis of their physical appearance or name.  4.3 "that includes the whanau" when appropriate – according to the healthcare consumer. |  |  |
| Pou Five: Whakawha   | anaungatanga and Communication   |  |  |
| Question 24. Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?     | Yes □ No □ Partly ⊠  |  |  |
| <b>Question 25.</b> What would you strengthen, change, or add to Pou Five?                                 | 5.2 See comment on "collective wellbeing" above.   |  |  |
| Pou Six: Rangatiratanga and Leadership   |  |  |  |
| <b>Question 26.</b> Do you agree with the scope and focus of Pou Six: Rangatiratanga and Leadership?       | Yes □ No □   |  |  |

|  | Partly ⊠  |
|--|---|
| <b>Question 27.</b> What would you strengthen, change or add to Pou Six? | 6.2 What does "healthcare systems" mean? This competency gives no clues as to what it is trying to assess. Why does an RN have to do this? Is it not reflected in many of the others?   |
|  | 6.4 "te taiao": use of Maori should be followed immediately by the English meaning in brackets. "Sustainability practices" can be really hard to influence if the organisation is not supportive. RNs have only so much time and energy during a shift and the focus should be on patient care. Sustainability is a "nice to have", not a need to have. Those who are interested could include it as an example as they want to. ie: it could be an indicator.  |
|  | 6.5 Why? How will this be accomplished and assessed? Definitely a "nice to have". Maybe use it as an indicator.   |
| C  | Other comments  |
| <b>Question 13.</b> Do you have any other comments?                      | Nursing care provided to the many other groups not specifically mentioned in the proposed updated document needs to be featured more overtly.   |
|  | 2.The fact that an RN can supply one example of meeting a competency and a peer can supply another, in no way ensures their competency. For example, there are plenty of RNs who are not collegial to work with plus those who do not do their part in teaching and supporting others, yet they still have their portfolios assessed as being competent. Serious thought needs to be out into why the domains and competencies are so critical to assessing RN competence and hat they are trying to achieve. |
|  | 3.Please see separate submission that accompanies this template which explains why the portfolio process is so problematic at present, let alone the challenges posed for RNs if the proposed changes go ahead.   |

# Registered nurse scope of practice statement amendments

| Consultation questions  | Your response |
|---|---------------|
| <b>Question 28.</b> Do you agree with the proposed amendments to the registered                           | Yes □         |
| nurse scope of practice?  | No ⊠          |
| Do you have any comments?   |               |
| Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice |               |
| Do you have any other comments?   |               |