

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: Ellie Jessop

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Please keep this response confidential

Enrolled nurse competencies

Consultation questions	Your response
Question 1. Do you think the proposed enrolled nurse competencies are broad enough to cover all practice areas?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comment	
Question 2. Do you agree with the overall structure of the proposed enrolled nurse competencies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Consultation questions	Your response
Comment	I think pou should be aligned across EN and RN as far as practical, e.g. POU 1 and 2 should be same across both . Also, if you are using Te Reo terms in the RN competencies, same should be applied to EN. Same approach should be used on both.

Pou One: Te Tiriti o Waitangi

Question 3. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/>
Question 4. What would you strengthen, change, or add to Pou One?	1.1 – clear and assessable 1.2 Good 1.3 – belongs in pou 5 as this surely should be applied to everyone. 1.4 good 1.5 Ambiguous phrasing, you are asking nurses to demonstrate this every year do they need to keep developing awareness should we ask instead ‘Demonstrates an awareness of Māori health models’ or even ‘Applies Māori health models’ 1.6 Duplicates 1.5. Suggest have this one instead of 1.5 or vice versa as there are multiple models of health.

Pou Two: Cultural Safety

Question 5. Do you agree with the scope and focus of Pou Two: Cultural Safety?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/>
Question 6. What would you strengthen, change, or add to Pou Two?	2.1 <i>should not define specific groups because cultural safe care should apply to all individuals. For example the competency suggests that a nurse looking after me (a white heterosexual woman) would not have to give me culturally safe care because I do not belong to any of the groups you have named.</i> 2.2 good but will all nurses be in a position to do this? 2.3 but there are two components here, maintaining awareness of own culture and biases should be on its own because even if you are aware of your own culture and biases this does not naturally lead to building a team

	<p>culture. You can't be responsible for other nurses being aware of their own biases.</p> <p>2.4 good. Could be applied to RNs too.</p>
Pou Three: Knowledge Informed Practice	
Question 7. Do you agree with the scope and focus of Pou Three: Knowledge Informed Practice?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
Question 8. What would you strengthen, change, or add to Pou Three?	<p>I recognise that the scope is changing but does the new scope allow for the 'clinical decision making' that you mention in Pou 3's description?</p> <p>3.2 there are two separate competencies crammed into 1 here.</p> <p>3.3 - 'whakapapa-centred care'. Has NCNZ made up this term or is it coming from govt etc. I'm mindful that if a nurse looks this up - would she be able to find its meaning other than in your glossary.</p> <p>3.4 a little repetitive of 3.2 as this would involve demonstrating assessment skills as well as the 'documenting and reporting findings'</p> <p>3.5 you've used whanau -centred care in this competency but whakapapa centred care in 3.3 Be consistent.</p> <p>3.6 good</p> <p>3.7 good</p> <p>3.8 good</p>
Pou Four: Professional Accountability and Responsibility	
Question 9. Do you agree with the scope and focus of Pou Four: Professional Accountability and Responsibility?	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input type="checkbox"/></p>
Question 10. What would you strengthen, change, or add to Pou Four?	<p>4.1 good</p> <p>4.2 remove effective communication from this competency</p> <p>4.3 remove - this is not appropriate. What happens if you have a nurse who smokes, drinks alcohol, or enjoys takeaways, does that mean they are not meeting this competency? I'd be worried that a nurse could be reported to council for depression, with the suggestion that if they looked after their wellbeing they would not be depressed. Is that message NCNZ wishes to send?</p> <p>4.4 good</p>

	<p>4.5 remove 'promotes' – I don't think you can expect new nurses to 'promote' anything. You could say "participates' instead.</p> <p>4.6 Good to see this included but I'm wondering whether this is required at this basic/competent level. I'm not sure all ENs have opportunity to preceptor and mentor. 9Also, preceptoring and mentoring have different definitions, they are not synonymous. Suggest adding to glossary fi you are going to keep both.</p>
<p>Pou Five: Partnership and Collaboration</p>	
<p>Question 11. Do you agree with the scope and focus of Pou Five: Partnership and Collaboration?</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 12. What would you strengthen, change, or add to Pou Five?</p>	<p>Should it be called relationships or communication instead, as partnership is already mentioned in Pou 1 &2.</p> <p>5.1 is this competency about relationships or communication? Too much in one competency</p> <p>5.2 good</p> <p>5.3 good</p> <p>5.4 good</p> <p>5.5 good but doesn't really fit in this pou – suggest move to pou 3.</p>
<p>Other comments</p>	
<p>Question 13. Do you have any other comments?</p>	<p>It would be good to see the same/similar pou titles used across RN and En competecnies, I think that way it would help nurses understand the different scopes because they could compare.</p>

Registered nurse competencies

Consultation questions	Your response
Question 14. Do you think the proposed registered nurse competencies are broad enough to cover all practice areas?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comment	
Question 15. Do you agree with the overall structure of the proposed registered nurse competencies?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comment	The Pou are a good idea but there is too much repetition within the competencies. Also your pou descriptions for 4 and 5 are both discussing relationships – why do we need two pou discussing relationship? Again this is reflecting the volume of repetition.

Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice	
Question 16. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/>
Question 17. What would you strengthen, change, or add to Pou One?	<p>Having Te Tirit as Pou one is a great way to show NCNZ and nursing's dedication, but many of the competencies in POU 1 apply to all cultural practice. How are you expecting nurses to demonstrate that they 'recognise that people are experts in their own lives...'? Competencies need to be assessable. I would suggest a revision of POU 1 and 2 with possible combination.</p> <p>Please can you put more words in the glossary, e.g. Oritetanga, and also keep language simple, e.g. why have you put "gives effect to" instead of "put into practice" for 1.1. I'm first language English with 2 degrees and even I had to look up that one!</p> <p>Suggest "lead" in pou description is asking to much. 'Contribute to would be more realistic'</p> <p>Competency 1.5 – oddly written, and you have to account that some nurses currently don't have access to Te Tiriti training.</p>

Pou Two: Kawa Whakaruruhau and Cultural Safety

Question 18. Do you agree with the scope and focus of Pou Two: Kawa Whakaruruhau and Cultural Safety?

Yes
 No
 Partly

Question 19. What would you strengthen, change, or add to Pou Two?

See above comments for comment re pou 1 and 2.

2.1 good

2.2 should not define specific groups because cultural safe care should apply to all individuals. For example the competency suggests that a nurse looking after me (a white heterosexual woman) would not have to give me culturally safe care because I do not belong to any of the groups you have named.

2.3 belongs in pou 1 if you're going to separate Te Tiriti from cultural safety.

Pou Three: Pūkengatanga and Excellence in Nursing Practice

Question 20. Do you agree with the scope and focus of Pou Three: Pūkengatanga and Excellence in Nursing Practice?

Yes
 No
 Partly

Question 21. What would you strengthen, change, or add to Pou Three?

Remove last sentence of pou description. Great to see critical analysis and evidence-based practice featuring.

3.1 I'm wondering whether "differential diagnoses" are applicable to all nurses across all areas. I can't answer it as a non-clinical nurse, and what about nurses working in regional public health or things like the well kiwis study – it is not within their role to offer differential diagnoses – there is no opportunity to do so.

3.2 The challenge to this is that nurses often don't have access to the most up to date scientific knowledge, even with time available, access to journals is usually only if you are enrolled to study.

3.3 could equally come under pou 2.

3.4 digital health and AI? What about nurses in rural areas? How are you expecting a nurse demonstrate this?

3.5 Good

3.6 good

3.7 good

3.8 good

3.9 I'm wondering how a nurse in their first year would demonstrate this? Perhaps remove word continuous?

	<p>3.10 good</p> <p>3.11 Consider this one: currently people try and meet it by saying they renew their APC which shows a lack of understanding of what the competency is looking for.</p> <p>3.12 there are three elements to this competency, reflection, seeking feedback and takes responsibility for professional development. Should it be divided into 2 separate competencies.</p> <p>3.13 Remove! People would have to share personal information about how they meet this. Also, as a mum of 2 preschoolers, working 0.8FTE and studying there is little time for anything that I could put down here ad 'self-care'!</p>
Pou Four: Manaakitanga and People Centredness	
Question 22. Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
Question 23. What would you strengthen, change, or add to Pou Four?	<p>Pou 4 & 5 both talk about relationships and crossover – perhaps combine?</p> <p>4.1 'integrated relational holistic care' use language that nurses will understand. This is too academic/highbrow.</p> <p>4.2 Essentials repeats what you are looking for in 4.1, its a tick box competency.</p> <p>4.3 repeats 4.1 in its meaning. Also you're assuming nurses will have a chance to nurse people where whanau are involved. I don't think we can assume that all nurses have opportunity to work with whanau as well as the health consumer. Also, not all patients want whanau involved you're making a cultural assumption by saying this.</p>
Pou Five: Whakawhanaungatanga and Communication	
Question 24. Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
Question 25. What would you strengthen, change, or add to Pou Five?	Cross over with pou 4.

	<p>5.1 good – outlines exactly what type of communication is expected.</p> <p>5.2 cross over with pou 4</p> <p>5.3 good</p> <p>5.4 good but please be aware – access to training is mixed. Most of my te reo has come from my own children learning it. Also, I would separate tikanga from this competency, as tikanga is not just about language or communication.</p> <p>5.5 What is priority here, ensuring nurses use plain language OR promotes health literacy? Suggest a rephrase, e.g. Promotes health literacy using plain language.</p> <p>5.6 good</p> <p>5.7 good</p> <p>5.8 Have this instead of 5.7 but not both</p> <p>5.9 It's a good skill to be able to give and receive feedback but nurses aren't often trained on how to do this, therefore how are you expecting nurses to demonstrate it.</p> <p>5.10 I can see what you're getting at- you want nurses to demonstrate that they are acting with integrity, but this doesn't naturally associate with addressing conflict. Acts with integrity would suit pou 6 better, or possible pou 3. This competency also assumes that all nurses will experience conflict at least once every year.</p>
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Pou Six: Rangatiratanga and Leadership

Question 26. Do you agree with the scope and focus of Pou Six: Rangatiratanga and Leadership?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
Question 27. What would you strengthen, change or add to Pou Six?	<p>Good to see leadership starting to feature in competencies but POU six 6.1-6.5 would be challenging for new nurses to meet. Perhaps these should form the competencies for senior non-clinical nurses. Your explanation of rangatiratanga in the pou description would almost make a better competency for clinical nurses. Also, you use Rangatiratanga in the Pou description but no explanation given in glossary, this will be new terminology for many nurses so I think thought about ensuring understanding would be great.</p> <p>6.1 Who decides whether 'leading' rather than 'contributing to' a collaborative team culture is appropriate for that nurse in that situation?</p> <p>6.2 Not achievable by junior nurses.</p>

	<p>6.3 I can see junior nurses being able to demonstrate some sustainability practices but not necessarily advocating for them.</p> <p>6.4 How are nurses going to demonstrate this: e.g. write a summary of what's in the news? Also how do they demonstrating that they are 'maintaining' this awareness?</p> <p>6.6 good – this competency is a way for a nurse to actually demonstrate leadership. Hooray!</p> <p>6.7 As above, this is a clear competency that helps nurses demonstrate leadership, however it is also repetitive of 3.10.</p>
Other comments	
Question 13. Do you have any other comments?	Would the change to competencies also affect a change of the Code of conduct? You're asking nurses to meet the competencies AND code of conduct I think you need to make sure the code reflects the competencies.

Registered nurse scope of practice statement amendments

Consultation questions	Your response
Question 28. Do you agree with the proposed amendments to the registered nurse scope of practice?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you have any comments?	Does the change to EN and RN scope affect the NP scope at all?
Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice	Perhaps change 'teaching' to education. Teaching implies teacher-centred 'chalk and talk' type learning which isn't the case in nurse education whether working in Tertiary education or clinical education.
Do you have any other comments?	I hope you have considered how RNs will be taught their new scope (and that of ENs). Working as a PDRP coordinator shows me how often nurses don't have a full understanding of these two scopes and how they interact.