

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: **New Zealand Occupational Health Nurses Association (NZOHNA)**

Background information to assist with the context to our responses

NZOHNA represents 400 nurses throughout NZ who work within large companies and as independent nurse contractors to provide health services in the workplace. Occupational Health Nurses (OHNs) work in partnership with businesses across NZ to maintain and improve the health and safety of their employees.

OHN nursing practice focuses on

- *the promotion and restoration of health,*
- *the prevention of illness and injury and*
- *the protection from work-related hazards.*

We champion health and wellbeing strategies that recognise the impact of health on work and the value/ impact of work to health. OHNs use business acumen along with knowledge of health and safety to provide nursing services enabling a healthy, safe and productive work environment for workforces within businesses, organisations and sectors.

We may publish submissions on our website. Please check the box below if you would like your response to be kept confidential.

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?	Partly
Comment	<p>There still seems to be a supposition in the document that nurses don't work in isolation and have ample access to professional support.</p> <p>Like RNs, ENs practicing in occupational health may be working independently within organisations with no immediate access to other health professionals. Our organisation is concerned this puts the EN and practice in a vulnerable position. ENs may find it difficult to seek support in their practice from other health professionals. They may be working with Human Resources Managers, In-line Managers or Health and Safety Managers who have little understanding of Health and a holistic view of the client and their whānau. Developing those interprofessional relationships in occupational health can be challenging especially when the sensitivity of business information is also involved in health care. There is an assumption there is a healthcare team around the EN and within occupational health that is not always the case.</p>
Question 2. Do you agree with the overall structure of the proposed enrolled nurse competencies?	Yes
Comment	

Pou One: Te Tiriti o Waitangi	
Question 3. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi?	Yes
Question 4. What would you strengthen, change, or add to Pou One?	No further comments to make
Pou Two: Cultural Safety	
Question 5. Do you agree with the scope and focus of Pou Two: Cultural Safety?	Yes

<p>Question 6. What would you strengthen, change, or add to Pou Two?</p>	<p>No further comments to make.</p>
<p>Pou Three: Knowledge Informed Practice</p>	
<p>Question 7. Do you agree with the scope and focus of Pou Three: Knowledge Informed Practice?</p>	<p>Yes</p>
<p>Question 8. What would you strengthen, change, or add to Pou Three?</p>	<p>Competency 3.2 talks about initiating a health care plan but not evaluating it? Evaluating your plan of care is an essential part of any nurse' practice- whether an EN or RN 3.6 and 3.7- appear to be the same and would recommend they are merged. If you apply your knowledge of medications, then as part of that you will be demonstrating safe and effective administration of medication as part of that</p>
<p>Pou Four: Professional Accountability and Responsibility</p>	
<p>Question 9. Do you agree with the scope and focus of Pou Four: Professional Accountability and Responsibility?</p>	<p>Partly</p>
<p>Question 10. What would you strengthen, change, or add to Pou Four?</p>	<p>Our unease for ENs working within Occupational Health as independent practice nurses is the lack of nursing support. They may be working in an organisation (as a contractor) as the only nurse and there is not always a medical practitioner, RN, OT or Physio they can access to build a relationship with, for supporting their practice as all these occupational health professionals are independent practitioners within occupational health.</p> <p>Regarding 4.1- If an EN is working independently within a business then how does the Nursing Council determine their level of competence? How can that be assessed if they practice alone?</p> <p>Given the different specialties of nursing that are developing, the new environments health care is being delivered in (e.g. the workplace and the home becoming a workplace as evidenced by the covid pandemic) and with the increasing input of health technology that provides health outcomes, NZOHNA is concerned the Pou do not have enough checks and balances in them to unintentionally practice out of the ENs scope. A business or company in NZ could easily request this as they have little or no knowledge of an EN or RN scope of practice. They just want the job done.</p>

	<p>Members also asked the question -is it appropriate for an EN to be preceptoring or mentoring a nursing student studying to become an RN? as stated in competency 4.6</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>Partly</p>
<p>Question 12. What would you strengthen, change, or add to Pou Five?</p>	<p>NZOHNA agrees with Pou 5. Again, our nursing members questioned whether this Pou includes being able to identify and escalate action when it requires health intervention beyond EN scope?</p>
<p>Other comments</p>	
<p>Question 13. Do you have any other comments?</p>	<p>There is a strong emphasis on EN accountability for practice and to know when to seek guidance and assistance. Whilst this is a good advancement for ENs practice, it comes with the need to ensure it is balanced against the safety of our clients and specifically for OHNs- NZ businesses, their workers, whānau and communities. Several of our members felt the documents from the Nursing Council did not provide enough detail around how the Nursing Council and the EN will evaluate and monitor their accountability for decision making. What will be the checks and balances to ensure the EN has insight to determine whether they are practicing outside their scope? Particularly in a specialty like occupational health nursing where an EN (or RN) practices autonomously. There is limited or no inherent nursing monitoring in place with this type of healthcare delivery. There are very limited registered health practitioners to collaborate/partner with.</p> <p>Other feedback from members included;</p> <ul style="list-style-type: none"> • In the consultation document dated December 2023 – there is a discussion about the relationship between the RN and EN and their scope of practice. Regarding the last sentence in paragraph one (page 10) which says “This includes seeking guidance from an RN or other registered health practitioner, when appropriate” – this relies on the EN having insight. If the EN does not have insight into what they do and do not know, it is likely to put clients, whānau and communities at risk.

- Regarding the term *guidance* on page 10 of your document- this has not been defined in your glossary and is a loose term open to various interpretations. It would be helpful for all in the nursing profession if the Nursing Council would define what they mean by this and their expectation.
- The last paragraph under the same heading, also talks about the EN taking leadership or coordination roles within the team – again, does this mean that although the RN will be doing higher level tasks e.g. medications, for the patients, the EN is able to make other decisions around the patient care, and if the RN disagrees with those decisions then what happens to the patient? While it is ideal that ENs work in collaboration with others, our members are concerned NZ Nursing Council is expecting the EN to do more than what they have been trained for, and suspect if it all goes horribly wrong, the RN working with the EN will still be the one to shoulder the responsibility for poor decisions made by the EN.
- Members also commented on the wording- *when appropriate* - It is a very hard decision when an EN is new as what the EN considers appropriate and RN/ Medical Practitioner/ Physio/ OT considers appropriate may well be different.

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?	No
Comment	Many of our members can see an underlying assumption that the competencies are directed at nursing practice with an individual patient/client. They don't consider and are difficult to apply to nurses whose clients are a business, agency, corporation, or community.
Question 15. Do you agree with the overall structure of the proposed registered nurse competencies?	Partly
Comment	<p>Feedback from members comments that while the removal of indicators creates less confusion, the significant increase in the number of competencies means when submitting for validation of practice there is going to need to be a large volume of work to be submitted. Particularly in Pou's 3 and 5.</p> <p>Members have also asked for education from the Nursing Council around their criteria and evidence expected for evaluation. We are all on a journey for Te Ao Māori and we are all at different points on the pathway- there seems to be a supposition that NZ nurses are all at the same point and can demonstrate a significant knowledge of Te Ao Māori and the concepts presented in each Pou. That is not the case, for nurses from other countries.</p>

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?	Partly
Question 17. What would you strengthen, change, or add to Pou One?	With an increasing international workforce in our profession. Members have raised how nurses from different cultural backgrounds will be able to achieve this on arrival in NZ. If they work outside the main hospitals, there appears to be very limited resources available to support the development of this NZ concept of health care delivery in the community setting.

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
Question 19. What would you strengthen, change, or add to Pou Two?	No further comments to make
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?	Partly
Question 21. What would you strengthen, change, or add to Pou Three?	<p>Pou three appears congested as all the practical/ technical clinical competencies have been squashed into one Pou whilst the relational competencies are spread over 5 other Pou. This structure makes the competencies appear unbalanced.</p> <p>Too many competencies and some replication- e.g. 3.9 is covered in Pou 1 and Pou 2</p>
Pou Four: Manaakitanga and People Centredness	
Question 22. Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness	Yes
Question 23. What would you strengthen, change, or add to Pou Four?	We recommend the competencies reflect an understanding of nursing practice delivering healthcare to not only an individual but also an organisation or community that the individual belongs to.
Pou Five: Whakawhanaungatanga and Communication	
Question 24. Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?	Yes
Question 25. What would you strengthen, change, or add to Pou Five?	No further comments to make

Pou Six: Rangitiratanga and Leadership	
Question 26. Do you agree with the scope and focus of Pou Six: Rangitiratanga and Leadership?	Yes
Question 27. What would you strengthen, change or add to Pou Six?	Competency 6.7 appears to replicate 3.10. It appears the Nursing Council is using a broader concept of Rangitiratanga than our members are familiar with (self-determination), the wider concept of Rangitiratanga and its relationship to leadership used in this Pou may need further development so nurses understand the expectation. It is not entirely clear for Pou 6.
Other comments	
Question 13. Do you have any other comments?	No further comments to make

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
Do you have any comments?	Nice to see the acknowledgment of the breadth of practice settings RNs work in within the scope, thank you
Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice	Acknowledgement that sometimes the nurse is caring for a community, not just an individual patient. It is difficult to determine the difference between the RN & EN scope of practice. Further clarification and precise wording is needed. Its too similar to the EN one.
Do you have any other comments?	Other comments from members included: <ul style="list-style-type: none"> ● There appears to be no acknowledgement in the RN proposed competencies which reflect the Health Practitioners (replacement of statutory references to medical practitioners) Bill 2020. Was this legislation considered as part of the context of considering nursing practice' scope of practice? ● Concerns have been raised about our high migrant workforce and their lack of cultural understanding and

Consultation questions	Your response
	<p>communication. Nursing in NZ needs a lot more education support and mentoring for these people to ensure our Māori peoples are being cared for in a safe appropriate manner for them.</p> <ul style="list-style-type: none"> ● Occupational Health Nurses see a lot of inequity of access to health services at the coalface of the workplace. We are constrained by NZ business and other barriers to health care as to what we can do to improve this access. We rely a great deal on referrals to GPs to then refer on to the other specialist health professionals; no pathways exist for us to refer directly. This can delay health care being provided. Approximately 30% of the clients we see do not have GPs and cannot afford to utilise them. This is one of the biggest barriers. Working around these barriers is something we must contend with and are not always successful. How does these competencies incorporate these barriers to nursing practice without labelling the nurse a failure if they are not successful? ● OHNs perspective of people centredness involves the whānau, workplace and community. This does not appear to be reflected in the Pou's or has not been made explicit enough. ● Because of wording it is difficult to see the difference between the EN scope of practice and the RN. If RNs cannot see the difference how will health providers and employers see the difference? ● Loose wording opens to too much interpretation and especially makes the new EN or RN vulnerable in their practice. ● How are these competencies going to be measured? <p>Finally, a short time frame for feedback (not taking into account the summer holiday period) means you have missed out on a lot of RN wisdom.</p>