

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: Perioperative Nurses College- New Zealand and the Enrolled Nurses Section- New Zealand.

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Please keep this response confidential

Enrolled nurse competencies

| Consultation questions | Your response |
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| 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 | <ul style="list-style-type: none"> The competencies are clear and well written each Pou has specific clear competencies that are to be met. |

| Consultation questions | Your response |
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| | <ul style="list-style-type: none"> Overall, the feedback that we have received has been very positive. Competencies are looking good but there are questions around not understanding what it is NCNZ are asking/ and how do they explain how they are to meet some of the competencies. A matrix/template of examples would have been good to see how it was going to work. |
| <p>Question 2. Do you agree with the overall structure of the proposed enrolled nurse competencies?</p> | <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>Comment</p> | <ul style="list-style-type: none"> Flows well and is easy to follow, we agree with the changes. We support that enrolled nurses are responsible and accountable for their practice. The glossary of terms needs to be alphabetized correctly. Overall structure is good, we are happy with the 5 Pou. It is great that Te Tiriti O Waitangi and Cultural Safety has been separated. There has been feedback around too many competencies within the 5 Pou, and that people struggled with the amount beforehand. Also, some feedback about not having indicators is going to make it harder to explain how we meet competency. |

| Pou One: Te Tiriti o Waitangi | |
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| <p>Question 3. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi?</p> | <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input type="checkbox"/></p> |
| <p>Question 4. What would you strengthen, change, or add to Pou One?</p> | <ul style="list-style-type: none"> Could it be possible to incorporate 1.5 into 1.3. 1.1- Agree 1.2- Change the word 'Recognises' to 'Understands'. 1.3- Agree 1.4- Agree 1.5- Change wording in the competency to 'Develops an awareness and the ability to use Māori Models of Health'. |

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| | <ul style="list-style-type: none"> 1.6 may be challenging to demonstrate “ensuring colleagues are supported in practice as appropriate”. May need to be moved into Pou 2 and listed in 2.5. |
| Pou Two: Cultural Safety | |
| Question 5. Do you agree with the scope and focus of Pou Two: Cultural Safety? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/> |
| Question 6. What would you strengthen, change, or add to Pou Two? | <ul style="list-style-type: none"> The Pou statement: How is it measured – What is a diverse population/ what, who is priority. Reword statement to read: This domain contains competencies to ensure Cultural Safety In practice. This requires Enrolled Nurses to reflect on their own values, biases and beliefs, to deliver care to everyone of all cultures, beliefs and backgrounds. 2.1- What are the other priority groups? The definition in the glossary needs to be expanded to include/name the other priority groups i.e. young and old – if not any other priority groups other than those already in the definition then other priority groups needs to be removed out of 2.1. 2.2- Agree 2.3- Agree 2.4- Move this to Pou Four. All Te Reo phrases are explained in the glossary which is good. |
| Pou Three: Knowledge Informed Practice | |
| Question 7. Do you agree with the scope and focus of Pou Three: Knowledge Informed Practice? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/> |
| Question 8. What would you strengthen, change, or add to Pou Three? | <ul style="list-style-type: none"> * 3.1- Agree * 3.2- Remove words “where appropriate” this is restrictive. * 3.3- Agree |

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| | <ul style="list-style-type: none"> * 3.4- Agree * 3.5- Change Whanau and replace with Whakapapa. * 3.6- Combine with 3.7 to read “Applies knowledge of medications, recognizing side effects, adverse reactions and demonstrates the principles of safe and effective administration of medicine in accordance with legal obligations”. * 3.7- Delete this competency as combined with 3.6. • 3.8 becomes 3.7 and reword to read, “Applies infection prevention and control principles in accordance with evidence-based practice. • We recommend that there be a change to whakapapa centered care instead of whanau for all domain 3. • We recommend the Nursing Council consider re-wording 3.5 as it is too long and loses it’s meaning. |
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Pou Four: Professional Accountability and Responsibility

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| <p>Question 9. Do you agree with the scope and focus of Pou Four: Professional Accountability and Responsibility?</p> | <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input type="checkbox"/></p> |
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| <p>Question 10. What would you strengthen, change, or add to Pou Four?</p> | <ul style="list-style-type: none"> • 4.1- Agree • 4.2- Add in NCNZ before words – ‘code of conduct’. • 4.3- Delete this competency as this is a breach of Nurses privacy, is subjective and open to discrimination. • 4.4- Agree • 4.5- Remove words ‘a culture of safety and’. • 4.6- Agree • Add competency 2.4 here. • Add competency 5.5 here. |
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Pou Five: Partnership and Collaboration

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| <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 type="checkbox"/></p> |
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| <p>Question 12. What would you strengthen, change, or add to Pou Five?</p> | <ul style="list-style-type: none"> • 5.1- Change to 'safe and effective care' from 'safe care'. • 5.2- Agree • 5.3- Reword to read- 'collaborates with individuals, carers and multidisciplinary team alongside Whanau to build and maintain trusted partnerships to meet health goals'. • 5.4- Agree • 5.5- Important competency to have, does it belong in Pou Five? Remove 'to maintain care and reduce risk as appropriate' Move competency to Pou Four. |
| <p>Other comments</p> | |
| <p>Question 13. Do you have any other comments?</p> | <ul style="list-style-type: none"> • The Perioperative Nurses College and the Enrolled Nurses Section agree with the changes made to the Enrolled Nurses scope of practice. All Te_Reo phrases are explained in the glossary, which is positive, just needs correct alphabetizing. • The Enrolled Nurse competencies are clear and to the point. • The Glossary needs to include a definition for partnership. • Looking at the RN Scope Statement, this seems to be a mirror of the EN Scope Statement which we have no problem with, we feel honored that they have used our wording, but we are concerned that nowhere in their Scope Statement does it mention working with Enrolled Nurses. • Enrolled Nurses that work in Theatre are concerned and not sure how they are going to meet some of the competencies. • Has there been any discussion about some "Management" competencies for Enrolled Nurses who are working in areas that are non-patient contact. An EN struggles to answer the competencies currently when doing their PDRP and has been using the RN management competencies to complete their PDRP. • Given the number of registered nurses working in New Zealand who have English as a second language it can be confusing to have the Te Reo and English headings side by side when it is not a literal translation from one to the other, but an aspect of Māori culture that does not translate into English without explanation, and once explained relates to all patients. (again the wording in the Enrolled nurse competencies is clearer). This should be fully explained in an introduction along with an |

explanation that the Te Reo titles do not apply only to Māori patients / clients, but to all our patients / clients.

Registered nurse competencies

| Consultation questions | Your response |
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| <p>Question 14. Do you think the proposed registered nurse competencies are broad enough to cover all practice areas?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> |
| <p>Comment</p> | <ul style="list-style-type: none"> • The leadership and educational aspects of the previous Registered Nurses competencies does not seem to be included throughout this proposal. These need to be added and may need their own Pou, indicators and set of competencies. • There is no reference to infection control, preceptorship, or responsibilities regarding mentoring students. The Enrolled Nurse competencies are clear and concise in this regard. There is no comment of the relationship between Registered Nurses and Enrolled Nurse and how they work together- this needs to be included in the Registered Nurse Scope of Practice. • The Registered Nurse Competencies are overly wordy- this can lead to misinterpretation of the point of the scope and profession, leading to confusion. |
| <p>Question 15. Do you agree with the overall structure of the proposed registered nurse competencies?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> |
| <p>Comment</p> | <ul style="list-style-type: none"> • There is an opportunity here to condense all six Pou, as there seems to be a lot of duplication across the Registered Nurse competencies. • We think it is great to keep the Tiriti O Waitangi and Cultural Safety separate, there are a few competencies that need to be moved into Pou One. |

Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice

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| <p>Question 16. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
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| | Partly <input checked="" type="checkbox"/> |
| Question 17. What would you strengthen, change, or add to Pou One? | <ul style="list-style-type: none"> • The Pou One descriptor needs to be re-examined and re-written. • 'Critical consciousness' what is it? This needs to be re-worded or added into the glossary. • The 'Ethical Responsibility' is already documented and written into the code of conduct- this may not be necessary to have in here. • 1.1- We recommend a change from 'gives effect to' to 'directly apply' as this is more direct and not open to interpretation. • 1.4- This is consistent throughout the Pou, it may not need its own competency- we recommend this be removed. • 1.5- We recommend that the wording 'That ensures the healthcare team gives effect to Te Tiriti O Waitangi in practice' to just In Te Tiriti Practice. |
| 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? | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p> |
| Question 19. What would you strengthen, change, or add to Pou Two? | <p>We believe the Pou Two descriptor needs to be re written, this is open to subjective assessment by assessor.</p> <p>* 2.1-Why only when required? This is not as required practice and needs to be deleted.</p> <p>* 2.2 - Needs to be re written</p> <p>* 2.3 - May be better fitted in Pou 1 as Kawa Whakaruruhau can only be performed by Māori.</p> |
| 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? | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p> |

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| <p>Question 21. What would you strengthen, change, or add to Pou Three?</p> | <ul style="list-style-type: none"> * Reflects clinical rather than technical- needs to be changed. * 3.3- This is more suited to Pou 2 * 3.4- Very similar to 4.3- needs to be re-written or moved. • 3.5 to 3.10 very similar and more like indicators rather than competencies. These could be merged together to make one competency. • 3.9 – Word change from ‘culture’ to ‘environment’. This is the only competency that relates to quality improvement needs to stay. • 3.11- Delete ‘Organisational policies and procedures in the area of practice’- Organisational policies and standards are local to the Organisation, not the New Zealand Nursing Council. • 3.13- needs to be removed, this is unnecessary to the competency of a nurse and can leave the nurse open to discrimination. • Add a definition of Pukengatanga to glossary. |
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Pou Four: Manaakitanga and People Centredness

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| <p>Question 22. Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness</p> | <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p> |
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| <p>Question 23. What would you strengthen, change, or add to Pou Four?</p> | <ul style="list-style-type: none"> • 4.1- This seems repetitive from Pou 1 and 2 • 4.2- Care and respect sits in the code of conduct- nurses are also experiencing compassion fatigue, this should be considered. 4.2 is not objectively assessable • This Pou is not going deep enough to align with Manaakitanga. |
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Pou Five: Whakawhanaungatanga and Communication

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| <p>Question 24. Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p> |
| <p>Question 25. What would you strengthen, change, or add to Pou Five?</p> | <ul style="list-style-type: none"> • 5.1 and 5.3 - Very similar to each other- this seems like common sense and not related to the competency of the nurse. This sounds more like an indicator rather than a competency. • 5.4- Could be moved to Pou One or be re-worded to include all languages. • 5.5- What is 'plain language'- this could be changed to 'medical jargon' to include professional language and the understanding of the patient. • 5.6&5.7 condensed into one as it is essentially the same. • 5.8- Could be removed- this sits more with the code of conduct and is covered in 5.7. • 5.9- This could be removed- it is covered in Pou 3. This is also an Organisational and employer conduct. • 5.10- This could be removed- covered in the Code of Conduct and is also an employer and Organisational requirement. |
| <p>Pou Six: Rangatiratanga and Leadership</p> | |
| <p>Question 26. Do you agree with the scope and focus of Pou Six: Rangatiratanga and Leadership?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p> |
| <p>Question 27. What would you strengthen, change or add to Pou Six?</p> | <p>We recommend that Rangatiratanga be added to the glossary- this does not need to be explained in the Pou descriptor. The Pou descriptor is too long.</p> <p>The competencies in Pou six read like indicators and need to be re-written.</p> <ul style="list-style-type: none"> • 6.2- Not relevant for all nurses including new graduates- this is more aligned to step 6 and 7 Registered Nurses. |

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| | <ul style="list-style-type: none"> • 6.5- not necessary for all nurse levels and difficult to demonstrate. • 6.6- Very similar to 3.1. Consider removing • 6.7-very similar to 3.1, therefore repetitive, consider removing. |
| Other comments | |
| Question 13. Do you have any other comments? | Overall, these competencies and scope statement are not Registered Nurse focused. What does the consumer need from the nurses? |

Registered nurse scope of practice statement amendments

| Consultation questions | Your response |
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| Question 28. Do you agree with the proposed amendments to the registered nurse scope of practice? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Do you have any comments? | <ul style="list-style-type: none"> • Very different from existing Registered Nurses scope of practice and too similar (directly copied and pasted) to the Enrolled Nurses scope. Suggest keep our original scope of practice descriptor and add in more about the extended Pou. • Scope statement needs to be different from the Enrolled Nurses as we are two different professional groups. The Registered Nurse scope does not mention direction delegation to other health care assistant groups etc. or any relationship towards the Enrolled Nurses. • Too wordy and duplicating statements. Paragraph three needs to be re-written. • It talks of the scope of practice but does not relate back to or mention the Pou and the nurses' competencies. |

| Consultation questions | Your response |
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| | <ul style="list-style-type: none"> • Conditions don't need to be in the scope of practice but the nurses who have gained additional experience and qualification can be included. • The scope needs to specify section 11 of the Health Competency Assurance act. • The scope of practice should also mention the qualification in which the Nurse should have obtained to be practicing in the field. • The Registered Nurse scope is the Enrolled Nurse scope of practice. This seems to be copied, a different scope of practice is required for the Registered Nurse to reflect the responsibility and the profession. • There needs to be more reference to role modelling of the Nurse to other staff members. |
| <p>Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice</p> | <p>See comments above</p> |
| <p>Do you have any other comments?</p> | <ul style="list-style-type: none"> • There appears to be a hasty and unorganized approach to the creation or lack thereof of a Registered Nurse scope statement, it is not acceptable to replicate the Enrolled Nurse scope and add on an extra paragraph. It would be good to explain the relationship that Registered Nurses have with Enrolled Nurses. Overall, the creation of so many competencies will hinder the competence assessment process for RNs for those performing the senior nurse assessment process and for nursing training institutions. When the long-awaited rewriting of the competencies arrived, it was disappointing to see that they had indeed more than doubled in size. • Given the number of registered nurses working in New Zealand who have English as a second language it can be confusing to have the Te Reo and English headings side by side when it is not a literal translation from one to the other, but an aspect of Māori culture that does not translate into English without explanation ,and once explained relates to all patients. (again the wording in the Enrolled nurse competencies is clearer.) This should be fully explained in an |

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| | introduction along with an explanation that the Te Reo titles do not apply only to Māori patients / clients, but to all our patients / clients. |