

## FEEDBACK / ISSUES OF CONCERN

# ***Review of Enrolled Nurse and Registered Nurse Competencies***

## REMOVAL OF INDICATORS

If all indicators are to be removed, what measurable guidance will be able to be applied to each differing level of competency?

***Under the current PDRP programme, the DOMAINS are identical for competent/proficient level, but it is the INDICATORS that change to show that an individual at proficient level displays leadership and role modeling .***

The International Jurisdiction Scan shows that indicators are used to evidence practice requirements meeting competency levels, in 5 out of the 8 countries looked at ( including NZ )

***So it seems non-sensical to remove these***

## KEY SHIFTS FROM THE EXISTING COMPETENCIES

The statement in Table 2 states as a rationale, that the competency framework will be “ More measurable and assessable “

***It seems highly unlikely that this will be the case, as with no indicators to guide self and peer assessments the competence is surely more difficult to measure?***

## EN DIRECTION AND DELEGATION

Table 2 has a *shift* to “ Recognising role in the healthcare system “

***I believe that Registered Nurses have always been well aware of the valuable role in the healthcare team that our EN colleagues have played, and several staff have voiced their concerns that this has seen as rather disparaging.***

## PDRP PROGRAMMES

During yearly recertification audits ( the 5 % by NZNC ), skill level is not recognized. It seems somewhat unfair to develop an entire new range of competencies , that each area will have to now work into their existing PDRP programmes. Those individuals who manage PDRP programmes will also be left to deal with the creation of matching indicators to

guide the staff and to be able to evidence skill level – a necessity for gaining any financial remuneration.

*This step, one would imagine, must surely be lead as a nationwide standardized programme?*

## Tapiritanga 2 – RN Design Group Members

The following comment is most certainly not meant to alienate or offend any one involved, in any way. However, this comment must be included in the feedback, as the reaction to seeing the list of members involved in this process has been voiced quite loudly by a great number of people.

*Rather conspicuous by their absence, are any registered nurses currently practicing in this post-covid climate. The lack of involvement from those who will actually be attempting to meet the proposed competencies is very concerning.*

## **RESOURCING TO COMPLETE**

The process of completing a PDRP has for a lot of people, is a particularly onerous task. Given the currently acknowledged staffing vacancies, the changing health system, and increased

workloads , the proposed increase to the number of competencies to complete is rather overwhelming.

*Can we remind the group involved in looking at the feedback, that to complete a PDRP ( an unpaid task completed in our off-duty time ) is a massive undertaking - and once the participant has done so, it then requires a peer to commit to providing an equal amount of their own unpaid time to complete the evidentiary assessments*

*While there is a great amount of pride in being part of a group that holds itself to maintain standards and responsibilities, one has to question if the governing body, while looking to “future-proof” nursing , has lost a bit of perspective for what nursing is actually today.*