Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Tuhinga whai tohutohu | Consultation document

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

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Ngā pātai whaitohutohu | Consultation questions

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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 ☒ No ☐
Comment	Although the competencies are broad there is some repetition of some competencies across the Pou and some

Consultation questions	Your response
	of the competencies would fit better under other Pou. We have highlighted these under each Pou.
Question 2. Do you agree with the overall structure of the proposed enrolled nurse competencies?	Yes ☐ No ☒
Comment	We have suggested some changes to the structure and detail of competencies.

Pou One: Te Tiriti o Waitangi	
Question 3. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi?	Yes ☐ No ☐ Partly ☒
Question 4. What would you strengthen, change, or add to Pou One?	Recommend rename Pou Tahi **Te Tiriti o Waitangi and Kawa Whakaruruhau (focus on Maori)** Description of Pou needs to include application of articles of Te Tiriti o Waitangi and kawa whakaruruhau (cultural safety in the context of Maori). These competencies need to be specific to working with person and whanau Maori. We have reworded and reordered the competencies as follows: 1.1 Engages in professional development that builds knowledge of the articles/principles of Te Tiriti o Waitangi and demonstrates application of learning to professional practice. 1.2 Establishes effective therapeutic relationships with individuals and whānau Māori using whakawhanaungatanga and manaakitanga to contribute to collective wellbeing. 1.3 Demonstrates integration of Te reo Māori as able and tikanga where appropriate and as determined by whānau Māori. 1.4 Recognises the ongoing impact of colonisation on health for Māori and their whānau and works with whānau to identify their needs and access to appropriate resources to meet their needs and improve health outcomes. 1.5 Demonstrates understanding of Māori models of health and applies in practice to meet holistic needs of Māori.

	1.6 Demonstrates understanding of Kawa Whakaruruhau and works with whānau Māori to evaluate the delivery of plan of care to meet their holistic needs.
Pou Two: Cultural Safety	
Question 5. Do you agree with the scope and focus of Pou Two: Cultural Safety?	Yes ☐ No ☐ Partly ☒
Question 6. What would you strengthen, change, or add to Pou Two?	Recommend rename Pou Rua is **Cultural Safety and Social Justice (**focus on culture from broad perspective and include advocacy and equity for all**)** Description needs to include advocacy and 'to enable the rights, values and preferences of culturally diverse people are met and promote inclusion and equity. Suggest rewording and reorder as follows: 2.1 Maintains awareness of own culture and biases and through reflection how this may impact on practice when engaging with people from culturally diverse backgrounds. 2.2 Recognises the impact of social determinants on health and works with person and their whānau to identify needs and access appropriate services to meet holistic needs and improve health outcomes. 2.3 Demonstrates understanding of cultural safety and works with person and whānau to evaluate delivery of holistic care to meet their needs 2.4 Unsure of the intent of this competency and how to assess
Pou Three: Knowledge Informed Practice	
Question 7. Do you agree with the scope and focus of Pou Three: Knowledge Informed Practice?	Yes ☒ No ☐ Partly ☐
Question 8. What would you strengthen, change, or add to Pou Three?	The following are suggestions for adding to competencies, combining some competencies and recognising some repetition:

	3.1 Change wording......plan of care in partnership with person and whānau and collaborates with healthcare team where appropriate. 3.2 Engages in conversations and discussion with person and whānau to improve health literacy and achieve their health and wellness goals. 3.3 Competency in relation to advocacy is already addressed in Pou Tahi and Pou Rua, delete to avoid repetition. 3.4 Happy with this competency 3.5 Not clear of the intent of this competency in relation to future proofing for 'digital health and artificial intelligence technologies' 3.6 & 3.7 Combine as one competency – knowledge and application that can then be assessed 3.8 Same wording as RN 3.6 'Maintain infection prevention and control principles to ensure safety'
Pou Four: Professional Accountability and Responsibility	
Question 9. Do you agree with the scope and focus of Pou Four: Professional Accountability and Responsibility?	Yes ☒ No ☐ Partly ☐
Question 10. What would you strengthen, change, or add to Pou Four?	Our suggestions and comments on competencies are as follows: 4.1 & 4.2 Combine these competencies but remove 'effective communication, practises within therapeutic relationships' as these are covered in Pou tahi and Pou rua. 4.3 Not sure about intent of this and what nurses would need to provide to meet this. Is this competency more about engagement in reflection on own practice with other nurses, debriefing, mentorship? 4.4 Engages in ongoing professional development to meet continuing competence requirements and applies learning to practice. 4.5 This competency is asking for multiple things in relation to promoting QI and reporting unsafe practice. Perhaps these should be separate competencies. 'Responds appropriately in situations where individual safety, rights, privacy or dignity is compromised'- this also relates to Pou rua. 4.6 How would you assess if someone is an 'effective role model etc' –what is meant by effective?
Pou Five: Partnership and Collaboration	

Question 11. 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?	Working in partnership with individual, whānau etc is inherent in Pou tahi, rua, toru, so suggest this Pou should be about the healthcare team 5.1 Covered in Pou tahi and rua 5.2 Support this competency 5.3 covered in Pou tahi, rua and toru 5.4 Support this competency 5.5 Support this competency
Other comments	
Question 13. Do you have any other comments?	Agree with the intent to be more person and whanau centred and holistic in approach to care. Competencies provide some clarity to what the change in scope will look like in practice and the clear difference between EN and RN practice. Important to ensure that meeting the needs of Maori (TOW and kawa whakaruruhau) are explicit rather than implied, particularly in Pou tahi. Important that competencies can be clearly measured and assessed. Consistent use of Pou rather than domain with number in te reo Maori. Simplify wording of competencies so that everyone can understand them and what is expected in practice. Consistent use of language and extend glossary to include all terms that will make it easy for nurses to understand. Remove words in glossary that are not included in the document. Great to see use of te reo Maori terms but when they are used generically for everyone the relevance of these for Maori is not specific e.g. whanau and whakapapa centred care. Important that we also don't other people e.g. other population groups.

EN Scope

Would suggest that with feedback on Pou and competencies that the scope needs to also be reviewed to ensure it aligns with the Pou and competencies.

The scope does not clearly distinguish between nursing requirements when caring for Maori and caring for all people.

Ensure requirement to be culturally safe and culturally responsive are reflected in Pou and competencies.

Consistency in describing consumers of health and disability support.

Some rewording so that EN accountability and responsibility is clear to EN and RN.

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 ☐ No ☒
Comment	The overall competencies seem to be very clinically and more specifically hospital focused. Nurses working in management, education, quality, and research roles will not be able to meet all of the competencies as they are. This will also impact on nurses where they may be working in practice contexts that don't include some of the micro tasks that have been identified in pou toru (e.g. theatre or tele health nurse meeting competency 3.5).
	While the competencies are broad some are highly specific almost micro credentialing nursing practice. The language and terminology are not such that nurses would be familiar with. There appears to be new language and phrasing used (e.g. "general nursing functions" and "substantial scientific…" in the scope statement, "integrated relational holistic care" [4.1]) but these terms and phrases are not well defined and some are not included in the glossary. The glossary also has words listed that are not included in the document.
	We agree with the elevated practice expectations set out within the scope and competencies. We feel it is important to note that the proposed competencies are significantly elevated practice expectations that will require dedicated and skillful ongoing professional development for nurses to be able to meet the requirements.
	There are some competencies scattered through the pou of the RN that would align really well under professional accountability and responsibility (e.g. 3.7, 3.9, 3.11,3.12, 5.6, 5.7, 5.8). It is noted that as a pou "professional accountability and responsibility" is clear for ENs but not so for RNs.
	It is unfortunate that the review of the Guidelines for Te Tiriti o Waitangi, Kawa Whakaruruhau and Cultural Safety has not been completed as this would provide the foundation for on which to build scope, Pou and competencies.

Consultation questions	Your response
Question 15. Do you agree with the overall structure of the proposed registered nurse competencies?	Yes ☐ No ☒
Comment	Suggested changes to structure of the competencies:

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 ☐ No ☐ Partly ☒
Question 17. What would you strengthen, change, or add to Pou One?	Recommend that this Pou be reframed as 'Te Tiriti o Waitangi and Kawa Whakaruruhau' to reflect practice in the care of Maori whanau, hapu, iwi and hapori. Oritetanga is one of the articles of Te Tiriti so is inherent in the pou that focuses on Te Tiriti o Waitangi and is about equity for Maori specifically. Equity for others is addressed as part of cultural safety and social justice (Pou rua). This pou should reflect all of the articles of Te Tiriti o Waitangi as it applies to nursing practice. This includes developing relationships and working in partnership with Maori (we suggest moving these relationship elements from Pou wha and rima to be included here). Social justice is a key principle of cultural safety which we recommend be more clearly defined in Pou Rua (see further notes below).
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?	Recommend this pou be reframed to be 'Cultural Safety and Social justice'.

	Agree with the inclusion of nurses reflecting on self and biases but recommend adding to the description of this pou explicit inclusion of meeting the individual rights beliefs and preferences of diverse peoples. It also needs to include advocacy and social justice.
	Critical to cultural safety is understanding the power dynamics in relationships. This needs to be reflected in the pou description and competencies.

| **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?	The description for this pou needs to be more reflective of the expectation as seen in the numerous and detailed competencies.
	The description of this pou needs to include practice related to Aotearoa, New Zealand nursing context. This will support practice that reflects pou tahi and rua.
	This pou is very clinically focused so what would be the expectations for nurses in management, education, research, and quality roles? Will there be specific competencies for nurses in these roles where they are not providing direct person centered care?
	Reframing these clinically specific competencies to ensure that the expectations are realistic to all contexts of practice where time with person and whanau may be more limited compared with those in acute hospital settings. (e.g. not all nurses administer medication so this level of specificity and micro credentialing may not be suitable).
	The order of the competencies doesn't seem to flow. Suggest that nurses should demonstrate having knowledge and critical thinking before undertaking assessment and developing differential diagnoses (3.1).
	The expectation that students demonstrate ability to develop differential diagnosis skills prior to registration is unrealistic as it is for graduate nurses in their first year of practice. Suggest provisional registration of 1-2 years for these groups as well as IQN's. This would allow time to develop knowledge and skills that will enable them to carry out differential diagnoses.

	3.3 Cultural safety does not support or encourage being a cultural expert because it is all based around the person and their needs and preferences therefore, requiring nurses to integrate "cultural expertise" is not congruent with culturally safe care so what is meant and expected here? 3.4 This competency is asking for multiple different things and digital health and artificial technologies are not well defined. Clarity around this would help to future proof this as an expectation for practice. 3.7, 3.9, 3.11 (See comments in Q.14) 3.12 "enhance competence" suggest rewording this to "enhance ongoing practice" (See comments in Q.14) 3.13 This competency is aspirational and the intention is good however, how would this be demonstrated and then also assessed? From a professional perspective this can be interpreted in many ways and ultimately "self-care" is very subjective. This may be better expressed as nurses accessing supervision (?peer supervision), debriefing etc – Safety to practice maybe reflected better in the nurses ability and being supported to access mentor/supervisor to talk about their practice. Particularly if they are working on their own.

Pou Four: Manaakitanga and People Centredness

Question 22. 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?	The focus and competencies of pou wha would better align to capture the relational/relationship aspects of pou tahi and rua.

Pou Five: Whakawhanaungatanga and Communication

Question 24. Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?	Yes ☐ No ☒ Partly ☐

Question 25. What would you strengthen, change, or add to Pou Five?	Recommend that these competencies are integrated appropriately into pou tahi, pou rua, and some better align into the suggested new pou of professional accountability and responsibility.
	5.4 move to pou tahi. "observes tikanga as appropriate" to be reworded to "applies tikanga Maori as determined by and in order to meet the needs and preferences of person and whanau"
	5.6, 5.7, & 5.8 (See comments in Q.14)
	5.10 It is not clear the intent of this competency and how it would be met.
Pou Six: Rangatiratanga and Leadership	
Question 26. Do you agree with the scope and focus of Pou Six: Rangatiratanga and Leadership?	Yes ☐ No ☐ Partly ☒
Question 27. What would you strengthen, change or add to Pou Six?	There are aspects of these competencies which align with levels of practice in relation to PDRP. (e.g. 6.2, 6.3, 6.5) 6.4 The intent of this competency is not quite clear. Does this fit under Te Tiriti o Waitangi and respecting and preserving te taiao as a taonga (article 2 of te Tiriti). How would this be measured? Te Taiao also needs to be clearly defined as there are different uses (living world, natural environmental, surrounding environment ie home/workplace etc). 6.6 This could be clarified and then may fit better in pou rua or pou toru. 6.7 This better fits in pou toru.
Other comments	
Question 13. Do you have any other comments?	If referring to domains as "pou" use the numbers in Te Reo Maori.

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 ☐ No ☐ Partly
Do you have any comments?	The first paragraph should relate to Te Tiriti o Waitangi and kawa whakaruruhau and the difference this makes specifically for Maori. The second paragraph should then be about cultural safety and social justice and how this applies to everybody. These two paragraphs being more explicitly clear about the population groups to which they apply will serve to improve the clarity for nurses around the expectations of their practice and the distinct differences between kawa whakaruruhau and cultural safety. We acknowledge the importance that Pacific people have and their special relationship and place in Aotearoa as well as recognizing their unique health needs. The second paragraph that mentions Pacific people but no other marginalized groups may be better reworded to refer to diversity and inclusion overall and not single out any particular population group. This promotes thinking of cultural safety and social justice as something related solely to ethnicity and may therefore narrow thinking. Suggest to frame the scope statement to more explicitly align with the Pou. We like paragraph three and agree that it captures nursing practice well and also acknowledges those who work in roles without direct client care.
Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice	
Do you have any other comments?	Paragraph four, some of the wording and phrases used should be better clarified (e.g. "general nursing functions" What is meant by this? And "Substantial scientific and professional knowledge" This could be clarified and we also suggest reframing as the current wording strongly reflects a biomedical approach and reads in a way that privileges physical science over critical

Consultation questions	Your response
	aspects of nursing care such as social sciences, holistic, relationship focused practice. When referring to assessing "health needs" (para 4, line 1), this further supports a biomedical focus. We suggest rewording to reflect a wellness model and care within a cultural context. In regards to "developing differential diagnosis", although we agree that this fits within the RN scope, however, the development of knowledge and skills to be able to make differential diagnoses is something that takes time, education, and experience. We support the introduction of a provisional APC for new graduates and IQN's to allow them to practice while developing the knowledge and skills required for this. The use of the term "empower people" (para 4, line 2), this alludes to the nurse being the 'giver of power' as if people are powerless without us doing so. Suggest rewording to say "…provide care, and work with people to manage their health." This simple wording removes the power dynamic. Paragraph 5 of the scope, inclusion of condition for provisional APC as mentioned above.