

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: Te Ao Māramatanga: College of Mental Health Nursing

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#### **Enrolled nurse competencies**

| Consultation questions   | Your response  |
|--|--|
| <b>Question 1.</b> Do you think the proposed enrolled nurse competencies are broad enough to cover all practice areas? | Yes ⊠<br>No □  |
| Comment  | Each Pou begins with the same phrase– This domain contains competencies. The RN set starts "This Pou" – be good to align structure of how Pou are described. |

| Consultation questions  | Your response  |
|---|--|
|   | The competencies are broad enough that all specialties should be able to demonstrate contemporary safe practice in each area. There potentially could be strength in adding strongly in the introduction of the Pou a statement around holistic health care. |
| <b>Question 2.</b> Do you agree with the overall structure of the proposed enrolled nurse competencies? | Yes ⊠<br>No □  |
| Comment   | The 'Pou' as metaphor for strength and support, you may want to consider giving Pou or Te Pou that recognition rather than 'Domain Competencies,' for example Te Pou tahi (one) and so on to begin the korero. Do not be shy, embrace our Māori kupu.        |

| Pou One: Te Tiriti o Waitangi  |   |
|--|---|
| <b>Question 3.</b> Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi? | Yes □   |
|  | No □  |
|  | Partly ⊠  |
| <b>Question 4.</b> What would you strengthen, change, or add to Pou One?                   | 1.1 strengthen the language to ensure demonstration of the knowledge within practice. This competency could be expanded to include 1.2, 1.5 and 1.6. We would like to see how the nurse makes a difference with the knowledge and implementation of Tiriti. This is about the Enrolled nurse being competent to practice Te Tiriti in Safe care of the people we serve. |
|  | Using Develop in a role that requires training to undertake is not strong enough – language should be "demonstrates."   |
|  | 1.3 ls core to Pou 5 – it is not just relevant to Te Tiriti.  |
|  | 1.4 Strengthen by stating "Uses appropriate pronunciation of Te Reo and observes tikanga"   |
|  | 1.5 – awareness can mean nurses are never considering implementation in practice. Strengthen these kupu with practical practice language.   |
| Pou Two: Cultural Safety   |   |

| <b>Question 5.</b> Do you agree with the scope and focus of Pou Two: Cultural Safety?     | Yes □   |
|---|---|
|   | No □  |
|   | Partly ⊠  |
| Question 6. What would you strengthen,  | 2.4 seems out of place in this Pou.   |
| change, or add to Pou Two?  | Maybe replace demonstrates to 'demonstrates and grows sustainability' – this would indicate movement and expansion.   |
| Pou Three: Ki   | nowledge Informed Practice  |
| <b>Question 7.</b> Do you agree with the scope and focus of Pou Three: Knowledge Informed | Yes □   |
| Practice?   | No □  |
|   | Partly ⊠  |
| change, or add to Pou Three?  | Easy to understand but needs to align with RN scope so practice level and expectations are easily understood by nurses and their employers.  3.2 Does not provide enough differentiation between the assessment, formulation and planning of the RN, and the assessment that contributes to formulation and diagnosis undertaken by the EN (Enrolled Nurse).  There is a lack of clarity around evaluation of the effectiveness of implemented care.  3.3 This might be a place to utilize the Māori models of health, so this korero aligns to 1.5  3.4 "reporting findings" Strengthen language to articulate escalation of identified findings.  Could reword to 'has deteriorated or improved by undertaking assessment, monitoring of treatment, timely evaluation, documentation and responding with appropriate treatment.  3.6 and 3.7 could be combined – but should also reference complying with relevant legislation. |

| 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?  | Easy to understand. 4.2 Needs to be expanded to include MDT and other stakeholders.  Regarding amalgamating this Pou, Pou four talks about Accountability within own nursing practice and to the nursing you provide to tangata (kanohi to kanohi)  4.4 Should include reflection on practice.  4.6 implies they support RN students — needs to be clarified level of expectations — support EN students  This is a perfect opportunity to utilize Māori kupu and Tiriti korero — in particular, professional accountability. The Enrolled nurse is not causing harm or in breach of her practice.  This competency does not give recognition to Tiriti relationships with the [people we serve. Also recognizing what inequity looks like in your practice with a blend of Māori models.  This should be in the RNs competencies too. |
| Pou Five: Partnership and Collaboration  |  |
| Question 11. Do you agree with the scope and focus of Pou Five: Partnership and Collaboration?                 | Yes □ No □ Partly ⊠  |
| <b>Question 12.</b> What would you strengthen, change, or add to Pou Five?                                     | 5.1, 5.2, 5.3 are all similar – could they be combined without loss of competence.   |

| Other comments                               |  |
|--|--|
| Question 13. Do you have any other comments? | In terms of how EN or RNs work with Māori and uphold Te<br>Tiriti the language used should be similar in both scope<br>statements  |
|  | The EN scope defines the population they work with as health and disability support consumers – unlike the RN scope describers which work with individuals, whanau, communities etc. |

## Registered nurse competencies

| Consultation questions   | Your response  |
|--|--|
| <b>Question 14.</b> Do you think the proposed registered nurse competencies are broad        | Yes ⊠  |
| enough to cover all practice areas?  | No ⊠   |
| Comment  | Pou- Domains of competence – Think these are broad enough but one and two need amending see below The competencies related to that domain – these do require further work There are no competencies that describe: |
|  | Supporting and contributing to the learning of others- This is noted in the EN competencies. Suggest this is included in the statement about the RN scope of practice  |
| <b>Question 15.</b> Do you agree with the overall structure of the proposed registered nurse | Yes ⊠  |
| competencies?  | No □   |
| Comment  | Many of the competencies seem to be quite repetitive despite being under different Pou – and Pou 4 and 5 both talk to building or establishing relationships – can both be combined                                |

| Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice   |   |
|--|---|
| <b>Question 16.</b> Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice? | Yes □   |
|  | No □  |
|  | Partly ⊠  |
| <b>Question 17.</b> What would you strengthen, change, or add to Pou One?  | 1.1 Gives effect to is vague language – Demonstrates is more specific language.   |
|  | This Pou could be reworded to explicitly focus on competence related to Māori i.e.: Te Tiriti, Oritetanga and Kawa Whakaruruhau |

|  | And then Pou two reworded to focus on Cultural Safety and Social Justice   |
|--|--|
|  | The competencies would then be changed to align  |
|  | Partly   |
|  | 1.3 Why would we not use Tino Rangatiratanga   |
|  | 1.2, 1.4 being able to recognize inequities and challenge the system causing harm to the people and communities we serve.  |
|  | 1.5 Are we asking RNs to teach the rest of the health care team?   |
| Pou Two: Kawa W  | hakaruruhau and Cultural Safety  |
| <b>Question 18.</b> Do you agree with the scope and focus of Pou Two: Kawa Whakaruruhau  | Yes □  |
| and Cultural Safety?   | No □   |
|  | Partly □   |
| <b>Question 19.</b> What would you strengthen, change, or add to Pou Two?                |  |
| Pou Three: Pūkengatar  | nga and Excellence in Nursing Practice   |
| <b>Question 20.</b> Do you agree with the scope and focus of Pou Three: Pūkengatanga and | Yes 🗆  |
| Excellence in Nursing Practice?  | No □   |
|  | Partly □   |
| <b>Question 21.</b> What would you strengthen, change, or add to Pou Three?              | This Pou has the most competencies, but the domain describer falls short- for example assessment tools – mental health, addictions and intellectual disability nurses use assessment processes and tools that are tailored to the individual and their whanau. |
|  | There is no mention of the range of approaches and interventions including brief interventions, taking therapies that RNs can provide which are tailored to the individual and their whanau.   |
| Pou Four: Manaa  | kitanga and People Centredness   |

| <b>Question 22.</b> Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness | Yes □ No □   |
|--|--|
|  | Partly □   |
|  |  |
| Question 23. What would you strengthen,  | I would suggest this Pou comes earlier.  |
| change, or add to Pou Four?  | Include Implement Māori models of health   |
| Pou Five: Whakawha   | anaungatanga and Communication   |
| <b>Question 24.</b> Do you agree with the scope and focus of Pou Five:                                     | Yes □  |
| Whakawhanaungatanga and Communication?   | No □   |
|  | Partly □   |
|  |  |
| <b>Question 25.</b> What would you strengthen, change, or add to Pou Five?                                 | This Pou is like Pou four in that it is about how we communicate, interact with individuals and whanau   |
|  | (It is like People centeredness and Whakawhanaungatanga should be one pou and Manaakitanga and communication should be another. People centeredness and whakawhanautangata are the relationship that we have with the individual / whanau and Manaakitanga and communication are the relationship with have with individual / whanau / environmental relationship with services that we work within) |
| Pou Six: Rang  | gatiratanga and Leadership   |
| <b>Question 26.</b> Do you agree with the scope and focus of Pou Six: Rangatiratanga and                   | Yes □  |
| Leadership?  | No □   |
|  | Partly □   |
|  |  |
| <b>Question 27.</b> What would you strengthen, change, or add to Pou Six?                                  | Good to see leadership   |
|  | Change agents – could be taken as drivers of change.  Nurses should work collaboratively and respectfully with people – colleagues and individuals and their whanau.   |
|  | Demonstrating being a good Tiriti partner in this leadership role to eliminate the inequities weave it into the  |

|  | competencies or do a bold statement to whakamana our practice as Nurse Leader |
|--|---|
| Other comments                               |   |
| Question 13. Do you have any other comments? |   |

### 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  |
| Do you have any comments?   |  |
| Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice | <ul> <li>Proposed RN scope statement</li> <li>Document refers to enact Tiriti and give effect to –</li> <li>Content should align to EN</li> <li>RNs practice not only with health professionals –         i.e.: cultural workers, etc. and social agency – could be reworded to people and services involved with an individual's health and wellbeing</li> <li>Remove the word general form general nursing functions</li> <li>RNs provide evidenced based practice that is tailored to people living in New Zealand</li> <li>Supporting and contributing to the learning of others- This is noted in the EN competencies.</li> <li>Suggest this is included in the statement about the RN scope of practice</li> </ul> |
| Do you have any other comments?   | The design groups had limited to no representation by nurses from the Mental Health, Addiction, or intellectual disability sector. It is noted that the EN scope was reviewed with the NZNO EN section – many who are employed in MHAID (Mental Health, Addiction & Intellectual Disability) services are not NZNO members and there was not direct consultation with Te Ao  |

| Consultation questions | Your response  |
|------------------------|--|
|                        | Māramatanga – the college of Mental Health nurses which is the professional voice of MH nursing in NZ. The 6 strategies under Pae Ora have been considered, however there would have been merit in noting and considering Kia Manawanui Aotearoa – the whole of government long-term pathway for transforming NZ approach to mental wellbeing. While this may have been considered there is a lack of clarity in the fact that this was considered a key informing document. |
|                        | There is room for improvement in the language which can lead to othering certain groups of people, clinical language that reinforces western clinical approaches, power-based words le empower could be replaced with enabling   |
|                        | The RN s code of practice is being reviewed in a context where the health system is being designed. The RN scope is being lifted and potentially signals that there will be a growth in the EN workforce and a reconfiguring of the nursing skill mix.  The uplift of the RN scope will impact on pre- registration training, and process for IQNs to gain a NZ APC (Annual Practicing Certificate).   |