

12 February 2024

## NCNZ Proposed Enrolled Nurse Competencies – Feedback

### **Do you agree with the proposed amendments to the enrolled nurse scope of practice?**

NO

1. I get the feeling that in re-writing the EN scope of Practice and EN Education standards there are resulting discrepancies relating to the overall EN scope of practice. This point is perfectly exemplified by comparing proposed EN competencies 3.2 and 5.2: 3.3 uses “RN” language implying autonomous practice, critical thinking and decision-making whereas 5.2 implies ENs work under professional guidance of RNs. Considering ENs have a shorter, less comprehensive education (a Level 4 diploma which is achieved in 18 months) than a RN (a 3 year Degree at Level 7) surely means ENs should continue to work under the professional guidance of RNs and thus the wording of competencies throughout the document should imply this. Failure to do so results in confusion which I must say is apparent within the proposed EN scope of practice document.
2. What is meant by “... and worldviews of both tangata whenua and tangata tiriti”? I think this needs translation within the statement first line (it is currently not even in the Glossary)
3. The first 2 paragraphs are literally identical to the first two paragraphs of the EN Scope of Practice statement – why then do the RN and EN have different Domains and Competencies regarding TOW and Cultural safety? Should they not be duplicated to match the duplicated scope of practice statements first two paragraphs?
4. Is the following a typo error on line 7 of both RN & EN Scope Statements: the RN states “the right of Pacific peoples” and the EN states “the right of Māori” – shouldn’t they *both* read “the right of Māori”?

### **Do you agree with the overall structure of the proposed enrolled nurse competencies?**

No – In summary there are too many; they are repetitive and they are exaggerated out; they are aspirational – how can an EN meet competency by providing a practice example ‘in the now’ when they possibly will be able to in the future.

The language within the competency document needs to be clearer – we now have many ENs in NZ to whom English is their second language – for example, what does “that gives effect to” mean? I had difficulty understanding what is expected using this term and English is my native tongue. Also, I feel the use of Te Reo Māori throughout the competency

document without translation next to it (as opposed to needing to look in the glossary) is a barrier to understanding of what is required to meet competency for those who are not fluent in Te Reo Māori – this is the majority of EN's working in NZ.

I have detailed my feedback using tracked changes and I felt I had too much to say to use your Feedback document!

Thank you for the opportunity to provide feedback.

Kind regards

## **Teresa Fraser RN and Hannah Chittick RN**

**Teresa Fraser** MN (Distinction)

**Nurse Coordinator**

**Practice Development Unit | Wairarapa**

**Mobile:** +64 027 406 2946 | **Phone:** 06 9469 800 | **Ext:** 5782

**Email:** [teresa.fraser@wairarapa.dhb.org.nz](mailto:teresa.fraser@wairarapa.dhb.org.nz)

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**Health New Zealand**

Wairarapa

## **Hannah Chittick**

**Nurse Coordinator – Graduate Programmes | PG Funding | Student Placements**

**Practice Development Unit | Wairarapa**

**waea pūkoro:** +64 27 5378 835 | +64 946 9800 extn: 5781 | **īmēra:** [Hannah.Chittick@wairarapa.dhb.org.nz](mailto:Hannah.Chittick@wairarapa.dhb.org.nz)

Monday – Thursday

2<sup>nd</sup> Floor, CSSB Building, Blair Street, Masterton | P O Box 96, Blair Street, Masterton 5840

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## Pou One: Te Tiriti o Waitangi

This domain contains competencies that gives effect to Te Tiriti o Waitangi in everyday practice, to support the right of Māori to be Māori and exercise self-determination over their lives, to improve health and wellbeing of Māori and whānau.

**Competency 1.1** Engages in professional development that builds knowledge of the articles/principles of Te Tiriti o Waitangi and its relevance to health outcomes for all.

**Competency 1.2** Recognises the effect of colonisation and social determinants on health for Māori and their whānau.

**Competency 1.3** Establishes effective therapeutic relationships with individuals and whānau recognising the importance of whakawhanaungatanga and manaakitanga on collective wellbeing.

**Competency 1.4** Develops and uses knowledge of the appropriate pronunciation of Māori words and names and observes tikanga where appropriate.

**Competency 1.5** Develops an awareness of Māori models of health.

**Competency 1.6** Develops an understanding of Kawa Whakaruruhau ensuring nursing colleagues are supported in practice as appropriate.

## Pou Two: Cultural Safety

This domain contains competencies to ensure cultural safety in practice. This requires enrolled nurses to reflect on own values, biases and beliefs, to ensure the rights of Māori, Pacific and diverse population groups to promote equity and inclusion.

**Competency 2.1** Practises culturally safe care (as determined by people receiving care), including supporting Māori, Pacific peoples, disabled people, rainbow community and other priority groups to meet their health and wellness goals.

**Competency 2.2** Acknowledges the rights of individuals and prioritises access to early intervention and care to those at risk of inequitable health outcomes.

**Competency 2.3** Maintains awareness of own culture and biases, that contributes to building a collaborative team culture recognising different world views, beliefs and practices, to provide safe care.

**Competency 2.4** Demonstrates sustainability practices and understand the importance of responsibility to te taiao.

**Commented [TF1]:** Why are Pou 1 and Pou 2 different for EN and RN? They should be identical to match the identical statements of the first two paragraphs of the RN AND EN Scope of Practice Statements.

**Commented [TF2]:** What does "gives effect" actually mean

**Commented [TF3]:** In general this introduction reads much better that written for the RN competencies for Domain 1

**Commented [TF4]:** For All? Should this be "for Māori"?

**Commented [TF5]:** This does not need to be a competency. It belongs in undergrad education

**Remove competency**

**Commented [TF6]:** Should not need to refer to a glossary for understanding of what is required to meet competency. Requires 'in text' translation

**Commented [TF7]:** What is meant by "collective wellbeing" – needs to be reworded so meaning behind what is required to meet competency is clear

**Commented [TF8]:** This does not need to be a competency. It belongs in undergrad education

**Remove competency**

**Commented [TF9]:** Poorly written and as a result unsure of how an EN meets this competency. Unsure of what this is referring to – What does "...ensuring nursing colleagues are supported in practice" mean?

**Commented [TF10]:** Why should this Pou be different to RN? They both need to be the same.

**Commented [TF11]:** Identical to RN competency – as it should be. Like this competency!

**Commented [TF12]:** Poorly written and inappropriate - How do ENs prioritise access to care? This is a 'service' level function. EN's (and RN's) are powerless to override service expectations/targets. The way this is written invites 'out of scope' comment, racism and bias.

**Remove competency**

**Commented [TF13]:** This is better written that the RN one and should be included in RN

**Commented [TF14]:** Do not like this competency. ENs are constrained by employer policy in regards to sustainability practices. I do not think this competency is appropriate and invites subjective and insensitive comment by assessors

**Remove competency**

## Pou Three: Knowledge Informed Practice

This domain contains competencies related to the knowledge and expertise to enable assessment, clinical decision-making, and provision of safe nursing care for individuals, whānau and communities.

**Competency 3.1** Promotes appropriate health behaviours and provides health education to support people achieve their health and wellness goals.

**Commented [TF[15]:** good

**Competency 3.2** Undertakes a comprehensive nursing assessment incorporating scientific and nursing knowledge, clearly documents and initiates a plan of care, where appropriate, with the healthcare team.

**Commented [TF[16]:** how does the EN curriculum support this higher level of practice? This is the language included in RN competencies – surely ENs “contribute to” a comprehensive plan of care?? This needs to be rewritten

**Competency 3.3** Advocates for people and whānau, by considering their physical, emotional, spiritual, and cultural needs to provide whakapapa centred care.

**Commented [TF[17]:** this is confusing and poorly written – if it is not appropriate does the EN not have to meet this competency?  
What about EN’s that are practicing now who have not been exposed to change in curriculum who have up until now worked under D & D of RN?

**Competency 3.4** Demonstrates nursing knowledge and experience to recognise when a person’s condition has deteriorated or improved by undertaking assessment and health monitoring, interpreting promptly, documenting, and reporting findings.

**Competency needs removing as covered in 3.4**

**Competency 3.5** Demonstrates the knowledge and skills, and the place of digital health and artificial intelligence technologies, to perform a range of nursing procedures, including undertaking health assessments, to provide safe effective person and whānau centred care.

**Commented [TF[18]:** Repetitive – duplication of 2.1 and 2.3

Remove competency

**Competency 3.6** Applies knowledge of medications, recognising side effects and adverse reactions.

**Commented [TF[19]:** This is essentially covering the poorly written 3.2

**Competency 3.7** Demonstrates the principles of safe and effective administration of medicines in accordance with local and national policies.

**Commented [TF[20]:** Nearly identical to 3.4 in RN competencies  
Do not like this competency at all and suggest removing  
What is the term ‘artificial intelligence’ (AI) doing in EN Competencies?  
How does a EN prove competency when does not use AI? Is this aspirational and future protecting? How do EN’s meet it now if they are not using any form of digital health in their practice???

Remove Competency

**Competency 3.8** Applies infection prevention and control principles in accordance with local and national policies.

**Commented [TF[21]:** These are exaggerated out and repetitive – all three could be written in to one competency regarding practice in accordance with local and national policy/guidelines as practice examples to meet competency could include meds, IPC etc

Remove 3 and rewrite into One!

## Pou Four: Professional Accountability and Responsibility

This domain contains competencies that relate to the provision of nursing care within professional, ethical and legal boundaries, that promote safe nursing practice by ensuring the rights, confidentiality, dignity and respect for people are upheld.

**Competency 4.1** Consistently works within legal and ethical requirements and accepts responsibility for actions and decision-making in accordance with level of competence.

**Competency 4.2** Demonstrates effective communication, practises within therapeutic relationships and professional boundaries, adhering to the code of conduct.

**Competency 4.3** Manages self-care to maintain and promote own health and wellbeing.

**Competency 4.4** Engages in ongoing professional development and learning to meet continuing competence requirements.

**Competency 4.5** Promotes a culture of safety and continuous quality improvement, challenges and reports practices that compromise the safety, rights, privacy or dignity of individuals and whānau as appropriate.

**Competency 4.6** Demonstrates being an effective role model, preceptor and mentor for nursing students and colleagues.

## Pou Five: Partnership and Collaboration

This domain contains competencies related to working in partnership and collaboration with individuals, their whānau, communities, and the interprofessional health care team across the life span in all settings.

**Competency 5.1** Establishes and maintains respectful relationships with people, whānau and the healthcare team by using a range of communication strategies to ensure safe care.

**Competency 5.2** Demonstrates an understanding of when to seek guidance and assistance from the healthcare team to inform decision making and provision of care.

**Competency 5.3** Collaborates with individuals, carers, and whānau to build and maintain trusted partnerships to meet health goals.

**Competency 5.4** Demonstrates leadership, direction, and coordination, as appropriate, to health care assistants and kaiāwhina providing care.

**Competency 5.5** Demonstrates own role in emergencies and other challenging or unexpected situations to maintain care and reduce risk as appropriate.

**Commented [TF[22]]:** Overall I agree with all of this Pou and competencies except 4.3

**Commented [TF[23]]:** This competency needs to be removed – it invites subjective (and potentially culturally unsafe) comment by assessors. How does one measure that an individual EN ‘meets competency’ for this?

**Remove Competency**

**Commented [TF[24]]:**

**Commented [TF[25]]:** good

**Commented [TF[26]]:** As mentioned in opening comment this is a good competency but it is confusing when compare this to 3.2 which indicates autonomous practice! I believe this competency is appropriate but 3.2 is not

**Commented [TF[27]]:** Repetitive of 3.1 and 5.1

**Remove competency**

**Commented [TF[28]]:** Confusing Aspirational – how does an EN meet this competency “in the now” if they are not yet leading, directing etc The use of “as appropriate” is confusing – does this mean that an EN can essentially choose not to meet this competency? In most NZ healthcare settings are ENs leading, coordinating and directing? Should they? Is this just ‘future proofing’ language catering to the current climate of RN shortage and lack of RNs in specific areas of Healthcare i.e. Aged Care

**Commented [TF[29]]:** good