

12 February 2024

## NCNZ Proposed Registered Nurse Competencies – Feedback

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

Overall - yes BUT four comments

1. 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)
2. Where has the term "to develop *differential diagnoses*" come from? Is it appropriate for competent level measure of practice?
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 duplicate 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 registered nurse competencies?**

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

There are too many competencies – it is arduous enough for preceptors to assess students against 23 competencies let alone nearly double the number – the impact of this on the time it would take to complete a competency assessment is significant – time that RNs do not have! Peers/senior nurses writing 41 separate practice examples for staff being NCNZ audited against 41 competencies is unrealistic and unacceptable. I note within the Competency Review documents available there was a review completed by NCNZ on other countries competency standards etc – just because other countries have 'more' should not mean that we in NZ need to follow suit! New Zealand trained nurses have always been highly regarded across the world – more competencies does not mean better. Once again it appears that nursing is 'tripping over itself' trying to prove what we do!

The language within the competency document needs to be clearer – we now have many RNs 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 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 – this is the majority of RN’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 give feedback.

Kind regards

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## Pou One: Te Tiriti o Waitangi, Ōritetanga and social justice

This pou requires evidence of critical consciousness and nursing practice which gives effect to Te Tiriti o Waitangi and human rights advocacy. Nurses have an ethical responsibility to lead in the elimination of health inequities and the achievement of a health care system that delivers appropriate and equitable healthcare for all.

**Competency 1.1** Gives effect to Te Tiriti o Waitangi in everyday practice by demonstrating advocacy, professional and ethical responsibility to question practice and take appropriate action.

**Competency 1.2** Challenges racism, discrimination, exclusion, prejudice and stigma as barriers to equitable healthcare.

**Competency 1.3** Recognises that people are experts in their own lives and actively promotes self-determination.

**Competency 1.4** Promotes an environment that ensures health consumer safety, independence, quality of life, and health.

**Competency 1.5** Engages in continuous professional development that ensures the healthcare team gives effect to Te Tiriti o Waitangi in practice.

**Commented [TF1]:** The use of this word with no translation is a barrier to understanding RN competencies

**Commented [TF2]:** Combining these with Te Tiriti is confusing for what is required within a practice example

**Commented [TF3]:** What does "gives effect to" actually mean? Academic language is a barrier to understanding what is required especially for an increasing RN population in NZ to whom English is their second language. I have trouble interpreting what is actually required to meet competency and English is my native tongue.

**Commented [TF4]:** Is it intentional that there is no mention of Māori within this paragraph and indeed all of the competencies of Pou 1 – does this mean a RN can provide a practice examples for competencies about health inequities for a minority group that are non-Māori? Interestingly, the Proposed Competencies for EN's Pou 1 is better written - why not have the same for RN's?

**Commented [TF5]:** As above

**Commented [TF6]:** Repetitive of 1:1 as 1:2 is part of 1:1 – "Challenging" is the same as "questioning" and therefore writing a practice example for 1:1 and 1:2 could be exactly the same – remove 1:2 – you could actually add this sentence to 1:1

**Remove Competency**

**Commented [TF7]:** Again is the use of 'people' as opposed to 'Māori' mean that the RN can write a practice example about non Māori?

**Commented [TF8]:** Repetition - Remove this competency as this is covered in Competency 6.6

**Remove Competency**

## Pou Two: Kawa Whakaruruhau and Cultural Safety

This pou supports the provision of holistic care, and ensures the nurse reflects on their own values, biases and beliefs, and understands the impact of these on care provision.

**Competency 2.1** Maintains awareness and seeks to mitigate the impact of own culture and bias on care provision and accesses supports available when required.

**Competency 2.2** Practises culturally safe care (as determined by people receiving care). This supports Māori, Pacific peoples, disabled people, rainbow community and other priority groups to meet their health and wellness goals.

**Competency 2.3** Takes action to support the integration of tikanga and te ao Māori in practice where appropriate

**Commented [TF9]:** Really like these competencies! Well written and articulate as to what a practice example needs to include

## Pou Three: Pūkengatanga and excellence in Nursing Practice

This pou addresses critical thinking and analysis; use of evidence based and scientific knowledge to underpin practice; and being accountable and taking responsibility for own practice. This includes the use of a range of assessment tools appropriate to the practice environment and diverse populations.

**Competency 3.1** Undertakes comprehensive and accurate nursing assessments of people, whānau or communities to develop differential diagnoses and inform the plan of care.

**Competency 3.2** Demonstrates critical thinking and the use of scientific knowledge to provide care that is safe, well-reasoned, ethical, evidence informed, timely and based on the best available information.

**Competency 3.3** Integrates clinical and cultural expertise with evidence to plan care that incorporates people's unique values and circumstances.

**Competency 3.4** Demonstrates the knowledge, skills, ability and understanding 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.

**Competency 3.5** Administers interventions and medications within legislation, policy and scope of practice.

**Competency 3.6** Maintains infection prevention and control principles to ensure safety.

**Competency 3.7** Makes appropriate decisions when assigning care, delegating activities and providing direction to others.

**Competency 3.8** Evaluates effectiveness of care interventions and modifies the plan accordingly.

**Competency 3.9** Promotes a culture of safety and continuous quality improvement to achieve equitable safe healthcare.

**Competency 3.10** Recognises and responds to unexpected or changing situations, adjusts priorities and takes appropriate action.

**Competency 3.11** Demonstrates understanding of professional responsibilities and adheres to the code of conduct, relevant legislation and organisational policies and procedures in the area of practice.

**Competency 3.12** Reflects on own practice, seeks feedback to identify learning needs, and takes responsibility for professional development to maintain and enhance competence.

**Competency 3.13** Manages self-care to maintain and promote own health and wellbeing.

**Commented [TF[10]:** What does this mean? Not in glossary – needs 'in text' translation for clarity

**Commented [TF[11]:** Aspirational language – how can a new grad provide a practice example in the 'now' when they are developing this skill???

**Commented [TF[12]:** This term is NOT included in the recent BN education standards review. Also aspirational – see above

Suggest using "...or communities using critical reasoning/thinking to inform the plan of care"

**Commented [TF[13]:** This is 3:1 rewritten! Repetitive

Remove Competency

**Commented [TF[14]:** Repetitive and included in 3.1 AND 2.2 – this is about culturally safe care that is already addressed in Pou 2

Remove Competency

**Commented [TF[15]:** Do not like this competency at all and suggest removing  
What is the term 'artificial intelligence' (AI) doing in RN Competencies?

How does a RN prove competency when does not use AI? Is this aspirational and future protecting? How do RN's meet it now if they are not using any form of digital health in their practice???

Remove Competency

**Commented [TF[16]:** Repetitive - remove as this is part of 3:11 Writing about "administering interventions and medications" is all about legislation and policy etc

Remove Competency

**Commented [TF[17]:** Repetitive - remove as this is part of 3:11 Writing about "maintaining IPC to ensure safety" is all about legislation and organisational policy etc

Remove Competency

**Commented [TF[18]:** All good competencies – clear about what is expected and not repetitive

**Commented [TF[19]:** This competency needs to be removed – it invites subjective (and potentially culturally unsafe) comment by assessors. How does one measure that an individual RN 'meets competency' for this? Also, how does an RN provide examples for this competency at varying levels, and same for the senior RN example?

Remove Competency

## Pou Four: Manaakitanga and People Centredness

This pou refers to building trusting, compassionate, collaborative relationships with people and whānau facilitating holistic care focused on collective wellbeing. This includes caring for others to uphold the mana of all concerned (nurse, service, profession, organisation).

**Competency 4.1** Places people and whānau at the centre of practice and ensures integrated relational holistic care to meet the needs of people and whānau.

**Competency 4.2** Adopts a compassionate and empathetic approach to practice.

**Competency 4.3** Practises with professionalism, trust, and respect for the other person which leads to a therapeutic caring relationship that includes the whānau.

## Pou Five: Whakawhanaungatanga and Communication

This pou focuses on establishing relationships through the use of effective and appropriate interpersonal skills and communication strategies.

**Competency 5.1** Maintains an approach to communication characterised by calmness, compassion, empathy, respect, sensitivity, and tact.

**Competency 5.2** Establishes effective therapeutic relationships with people and whānau, recognising the importance of collective wellbeing.

**Competency 5.3** Assesses language and communication needs (verbal and non-verbal) and uses appropriate professional and cultural communication strategies in all interactions and contexts.

**Competency 5.4** Develops and uses knowledge of the appropriate pronunciation of Māori words and names and observes tikanga where appropriate.

**Competency 5.5** Uses plain language to communicate in a professional way that builds shared understanding and promotes health literacy.

**Competency 5.6** Ensures documentation is relevant, accurate, professional and timely (using the designated health record as determined by the health care service).

**Competency 5.7** Maintains privacy and confidentiality while accessing or providing information to others.

**Competency 5.8** Complies with ethical, legal and organisational requirements for obtaining, recording, sharing, retaining and destroying information acquired in practice.

**Competency 5.9** Provides and receives professional, constructive, timely and respectful feedback.

**Competency 5.10** Acts with integrity and addresses conflict and tension as they arise.

**Commented [TF20]:** I feel this is an additional Pou plus 3 additional Competencies that would be repetitive and therefore not needed. The concept of 'people centredness' is about culturally appropriate care and would be woven throughout practice examples when writing about all the other competencies\

**I suggest removing this Pou and three competencies altogether**

**Commented [TF21]:** Already covered in 1:3, 2.2, 6.6

**Commented [TF22]:** Exactly the same as 5.1

**Commented [TF23]:** Covered within Pou 2 AND 5.2

**Commented [TF24]:** Barrier to understanding – should not need to look up the Glossary to understand this term when reading  
Interesting that the EN competency headings do not have te reo Māori included

**Commented [TF25]:** Well written competency

**Commented [TF26]:** What is meant by this term "collective wellbeing" – I had to look it up to make sure I understood – surely this could be re-worded so it is clearer of what the expectation is of meeting competency

**Commented [TF27]:** Well written and articulate competency

**Commented [TF28]:** Repetitive from Competency 2.3

**Remove competency**

**Commented [TF29]:** This is repetitive and part of 5.3 – surely 5.3 & 5.5 could written better to combined both into one competency?

**Remove Competency**

**Commented [TF30]:** Clear expectation

**Commented [TF31]:** These two competencies are asking exactly the same thing as 'privacy & confidentiality' which are part of 5.8 – surely 5.7 & 5.8 could written better to combined both into one competency?

**Remove 5.7 Competency**

**Commented [TF32]:** Like this new competency!

**Commented [TF33]:** Do not like this competency – it displays 'deficit thinking'. It is assuming that ALL RN's within ALL workplaces across NZ at any one time are experiencing conflict and tension which is just not true!  
Also invites subjective and culturally insensitive, if not culturally unsafe, comment by assessors

**Remove Competency**

## Pou Six: Rangatiratanga and Leadership

This pou focuses on leadership, professionalism, advocacy, teamwork and nurses as change agents. Rangatiratanga in the context of nursing practice refers to the inherent potential of all nurses to act as change agents, regardless of seniority or formal leadership positions. Rangatiratanga is exercised when nurses act as independent thinkers, intervene, speak out, advocate and follow processes to escalate concerns. Rangatiratanga is further demonstrated when nurses are proactive in offering solutions and leading innovative change for improvement.

Competency 6.1 Contributes to, and leads where appropriate, a collaborative team culture of respect, support, inclusion, advocacy and trust to achieve safe care.

Competency 6.2 Influences the development of healthcare systems, valuing all roles and their importance within the healthcare system.

Competency 6.3 Identifies opportunities and undertakes a leadership role whenever possible.

Competency 6.4 Demonstrates sustainability practices and advocates to minimise impact on te taiao.

Competency 6.5 Maintains awareness of national and global trends impacting health and wellbeing.

Competency 6.6 Advocates and escalates appropriately to ensure people's safety and upholds people's right to excellence in care.

Competency 6.7 Responds in emergencies and other challenging or unexpected situations to maintain care and reduce risk.

**Commented [TF[34]:** Barrier to understanding – should not need to look up the Glossary to understand this term when reading  
Interesting that the EN competency headings do not have te reo included

**Commented [TF[35]:** Aspirational yes BUT difficult for a RN to meet these competencies 'in the now' i.e. in the context of being a new grad, an IQN very new to an area of practice etc

**Commented [TF[36]:** This is contradictory and confusing This is better suited to the PDRP language as 'leading' is appropriate at proficient level and above.

So a RN when writing a practice example can 'ignore "and leads where appropriate" ???

I think you need to remove 'and leads where appropriate' so it is "Contributes to a collaborative team culture..."

**Commented [TF[37]:** Aspirational - I am sure MANY RN's, particularly new grads, IQNs would struggle with practice example of 'influencing development of a healthcare system'!

I think this competency needs to be re-written

**Commented [TF[38]:** This is 6.1 rewritten but badly. 6.1 & 6.3 need to be one competency that achieve the ability for RNs to demonstrate competency 'in the now' and not in the future

**Remove competency**

**Commented [TF[39]:** Do not like this competency. RNs are constrained by employer policy in regards to sustainability practices. I do not think this competency is appropriate and again invites subjective and insensitive comment by assessors

**Remove competency**

**Commented [TF[40]:** Use of te reo Māori is a barrier to understanding this competency

**Commented [TF[41]:** This is more appropriate to education/curriculum of RN's rather than a competency. A RN could simply write "I read Kai Tiaki" and that would meet competency therefore it is really not appropriate to have as an individual competency

**Remove competency**

**Commented [TF[42]:** Like this competency but it is repetitive of 4.1 & 1.4 – I have suggested removing those two and keeping this one!

**Commented [TF[43]:** Repetitive - Same as 3.10

**Remove competency**