

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

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Enrolled nurse competencies

| Consultation questions | Your response |
|--|---------------|
| Question 1. Do you think the proposed enrolled nurse competencies are broad | Yes ⊠ |
| enough to cover all practice areas? | No □ |
| Comment | |

| Consultation questions | Your response |
|---|---------------|
| Question 2. Do you agree with the overall structure of the proposed enrolled nurse competencies? | Yes ⊠ |
| | No □ |
| Comment | |

| Pou One: Te Tiriti o Waitangi | | |
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| Question 3. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi? | Yes ⊠ | |
| <u> </u> | No □ | |
| | Partly □ | |
| Question 4. What would you strengthen, change, or add to Pou One? | Competency 1.1 is not currently worded as a competency. Should read: Displays and is able to articulate knowledge of the articles/principles of Te Tiriti o Waitangi and its relevance to culturally safe nursing practice. | |
| | Competency 1.2 is not currently worded as a competency. Should read: Incorporates knowledge of the ongoing impacts of colonization and social determinants of health on Māori and their whānau into culturally safe nursing practice | |
| | Competency 1.3 and 1.5 should be combined into one competency. ie: Displays an awareness of Māori models of health as part of establishing effective therapeutic relationships with Māori and their whānau, recognising the importance of whaka whanaungatanga and manaakitanga on collective wellbeing. | |
| | Competency 1.4 is not currently worded as a competency. Should read: <i>Demonstrates the appropriate pronunciation of Māori words and names and respects Tikanga to the greatest extent possible.</i> | |
| | Competency 1.6 is not currently worded as a competency and would sit better within Pou Two and should be moved there. Should read: <i>Incorporates the principals of Kawa Whakaruruhau into culturally safe nursing practice.</i> | |
| | Competency 2.4 would sit better within Pou One and should be moved here. | |
| Pou Two: Cultural Safety | | |

| Question 5. Do you agree with the scope and focus of Pou Two: Cultural Safety? | Yes ⊠ No □ Partly □ |
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| Question 6. What would you strengthen, change, or add to Pou Two? | Competency 2.2 is not currently worded as a competency. Should read: <i>Incorporates respect for the rights of individuals within culturally safe nursing practice, prioritizing access to early intervention and care for those at risk of inequitable health outcomes.</i> Competency 2.3 is not currently worded as a competency. Should read: <i>Contributes to building a collaborative team culture which confronts bias and incorporates differing world views, cultures, beliefs and practices within the provision of culturally safe care.</i> |
| Pou Three: Ki | nowledge 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? | Competency 3.1 Wording change: Promotes healthy behaviours and provides health education to enhance health literacy and support people in achieving their health and wellness goals. Competency 3.2 reads like an indicator, not a competency. Should read: Demonstrates comprehensive nursing assessment and knowledge in the formulation of appropriate, clearly documented care plans in collaboration with the multidisciplinary team, person and whānau. Competency 3.3 Wording change and should reference the provision of person and whānau centred care rather than whakapapa centred care to ensure consistency across competencies: Advocates for people and whānau, ensuring consideration of their physical, emotional, spiritual and cultural needs in the provision of person and whānau centred care. Competency 3.4 Wording change: Utilises nursing knowledge, assessment and health monitoring in identifying |

| | clinical deterioration or improvement then responding, escalating, documenting or reporting as appropriate and in a timely manner. | |
|---|---|--|
| | Competency 3.5 should not include reference to specific tools or technologies and needs a wording change: <i>utilizes nursing knowledge and skills to provide safe comprehensive nursing assessments and effective person and whānau centred care.</i> | |
| | Competency 3.6 and 3.7 should be combined into one competency. ie: <i>Demonstrates the principles of safe and effective administration of medicines in accordance with local and national policies, knowledge of medications, recognition of side effects and identifies potential or actual adverse reactions.</i> | |
| Pou Four: Profession | al 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? | Competency 4.4 is not currently worded as a competency but rather as an enabler to maintaining competence. Should read: Ensures evidence-based best practice through engaging in life-long learning and professional development appropriate to areas of practice. | |
| | Competency 5.2 Should be removed as it is already covered within the competencies in Pou 3. | |
| | Competency 5.5 would sit better within Pou Four and should be moved here. Wording should also read: <i>Role models appropriate response in emergencies and other challenging or unexpected situations to maintain safety, provide care and reduce risk.</i> | |
| 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?

Movement of competency 5.5 to Pou Four as described above.

Other comments

Question 13. Do you have any other comments?

Follow on review of the continuing competence requirements will need a strong focus on streamlining the requirements to the greatest extent possible.

Whilst a broadening and sharpening of competencies is a positive step as a profession, we also need to be cognizant of the potential burden being placed on individuals and organisations with onerous evidential requirements spread across a large number of competencies.

A single episode of holistic nursing assessment, care planning and the provision of clinical care can offer evidence of having met the required standards across multiple competencies. Assessing standards across multiple competencies against evidence of holistic care also better aligns with the way a professional nurse should be practicing – all competencies should be core to their practice all of the time.

Compartmentalizing competence standards and requiring separate examples for each within a recertification process supports professionals practicing in a compartmentalized, task orientated way. This is exactly the opposite of how holistic, culturally safe practitioners should be practicing.

Streamlining evidential requirements in support of continuing competence requirements will then enable follow on streamlining and maturing of organizational continuing competence programmes.

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 | |
| Question 15. Do you agree with the overall structure of the proposed registered nurse competencies? | Yes ⊠ No □ |
| Comment | |

| 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, Öritetanga and Social Justice? | Yes ⊠ No □ Partly □ | |
| Question 17. What would you strengthen, change, or add to Pou One? | None of these competencies as currently worded sit well with me. Recommend the following alternative wording for all competencies: Competency 1.1: Gives effect to Te Tiriti o Waitangi articles/principles in everyday practice by demonstrating advocacy, culturally safe nursing practice and promoting an environment that ensures person and whānau safety, independence, quality of life and wellbeing. Competency 1.2: Role models and promotes self-determination within the formulation and application of plans of care. Competency 1.3 Identifies barriers to equitable health care and demonstrates the ability to constructively address barriers as appropriate. | |
| 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? | Change wording to: This pou supports the provision of care within the context of a holistic model of Māori health care, ensuring the nurse reflects on the impact of their own values, biases and beliefs on achieving Kawa Whakaruruhau and cultural safety for the people receiving care and their whānau. Competency 2.1 Should read: Demonstrates awareness and mitigation of the impact of own cultural and personal bias on care provision. Competency 5.4 should be moved here to pou two. | |
| 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? | Competency 3.1 should not refer to differential diagnoses – this is too specific for a competency relating to overall nursing practice and should be combined with 3.4. Should read: Demonstrates comprehensive nursing assessments of people, whānau or communities within the formulation of evidence-based best practice informed person and whānau centred plans of care. Competency 3.3 should be moved to pou two and the wording adjusted. Should read: Integrates clinical and cultural knowledge to plan care that incorporates people's unique values and circumstances. Competency 3.5 should be combined with 3.6. Neither of these currently reads as a competency. Should read: Demonstrates compliance with legislation and policies in the administration of medications, interventions and safe application of infection prevention and control principles. Competency 3.8 should be combined with 3.10. Should read: Evaluates the effectiveness of care interventions and recognizes unexpected or changing situations, modifying plans and taking appropriate action. | |

| | Competency 3.13 should be moved to pou 6. | |
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| Pou Four: Manaa | kitanga 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? | Competency 4.2 should be combined with 4.3. Should read: Practises with professionalism, compassion and empathy to build mutual trust and respect within a therapeutic caring relationship that includes whānau where appropriate. | |
| 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? | Competency 5.1 and 5.2 should be combined. Should read: Establishes effective professional and therapeutic relationships with colleagues, people and whānau characterized by calmness, compassion, empathy, respect, sensitivity and tact. Competency 5.3 and 5.5 should be combined. Should read: Builds shared understanding and promotes health literacy by assessing language and communication needs then using appropriate professional and cultural communication strategies in all interaction and contexts. Competency 5.4 should be moved to pou two. Competency 5.6 should not be restricted to 'designated health records' as there are many forms of documentation which nurses use. Should read: Ensures all documentation is relevant, accurate, professional and timely. Competency 5.7 and 5.8 should be combined. Should read: Maintains privacy and confidentiality in accessing information or providing information to others while complying with ethical, legal and organizational requirements for obtaining, | |

recording, sharing, retaining or destroying information acquired in practice. Competency 5.9 and 5.10 should be combined. Should read: Provides and receives professional, constructive, timely and respectful feedback, acting with integrity and positively addressing conflict and tension as they arise. Pou Six: Rangatiratanga and Leadership **Question 26.** Do you agree with the scope Yes □ and focus of Pou Six: Rangatiratanga and Leadership? No □ Partly ⊠ Question 27. What would you strengthen, Second sentence of overarching pou statement needs change or add to Pou Six? adjusting. Should read: Rangatiratanga in the context of nursing practice refers to the expectation of all nurses to advocate for people and whānau and act as change agents within all nursing roles. Competency 6.1 and 6.3 should be combined. Should read: Contributes to a collaborative team culture built on respect, support, inclusion, advocacy and trust, undertaking a leadership role whenever possible. Competency 6.2 is currently slightly vague. Should read: Influences the development of healthcare systems through proactive contribution to quality improvement, care pathway development and nursing support to service delivery models. Competency 6.4 and 6.5 should be combined. Should read: Demonstrates awareness of national and global trends in health care, environmental factors and sustainability practices and advocates to minimise health, wellbeing and te taiao impacts. Competency 6.7 needs to be adjusted. Should read: Responds in emergencies and other challenging or unexpected situations to maintain care, ensure the safety of people and whānau and reduce risk. Other comments Question 13. Do you have any other Follow on review of the continuing competence requirements will need a strong focus on streamlining the comments? requirements to the greatest extent possible. Whilst a broadening and sharpening of competencies is a positive step as a profession, we also need to be cognizant of the potential burden being placed on individuals and

| organisations with onerous evidential requirements spread across a large number of competencies. A single episode of holistic nursing assessment, care planning and the provision of clinical care can offer evidence of having met the required standards across multiple competencies. Assessing standards across multiple competencies against evidence of holistic care also better aligns with the way a professional nurse should be practicing – all competencies should be core to their practice all of the time. |
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| Compartmentalizing competence standards and requiring separate examples for each within a recertification process supports professionals practicing in a compartmentalized, task orientated way. This is exactly the opposite of how holistic, culturally safe practitioners should be practicing. Streamlining evidential requirements in support of continuing competence requirements will then enable follow on streamlining and maturing of organizational continuing competence programmes. |

Registered nurse scope of practice statement amendments

| Consultation questions | Your response |
|---|-----------------|
| Question 28. Do you agree with the proposed amendments to the registered | Yes ⊠ |
| nurse scope of practice? | No □ |
| Do you have any comments? | |
| Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice | |
| Do you have any other comments? | Nothing to add. |