

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 Whatu Ora Health New Zealand Waitaha Canterbury: Nursing Workforce Development Team

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Introduction

Thank you for the opportunity to review the proposed Enrolled and Registered Nurse Competencies. Overall, the group is supportive of most of the Pou and competencies, however, there is extensive further work to be completed for the Pou and competencies to be practical, workable, and understood across the nursing workforce across the entire health system and within senior nursing groups.

Summary of Contents

When the new Enrolled Nurse (EN) scope statement was released, we were informed that the competencies would clearly illustrate the differences between the two scopes EN and Registered Nurse (RN) allowing for better understanding of the revised EN scope of practice. The number of Pou and the large number of competencies come from two different design groups viewpoints and philosophy which has been demonstrated in the writing of Pou One and Pou Two of the EN and RN competencies. To effectively understand, comprehend, and appreciate the differences between the two nursing scopes measuring like for like may assist in understanding and differentiation of the two scopes. i.e if all Pou and equivalent competencies are similar, this may allow the nursing profession to go forward understanding the difference between the two scopes, and practically see the difference between these nursing roles.

As the proposed competencies currently stand, they are ambiguous and repetitive in places making interpretation challenging. There is a requirement to standardised language across the Pou and competencies e.g., Pou vs Domain, patient vs client should be utilised to clarify the differences between the EN and RN scope. As a starting point, competencies should align, e.g., RN 2.1 and EN 2.3; these are the same and therefore should align numerically.

Furthermore, consistency is required when translating Te Reo within both documents (i.e., beside the word itself). For instance, in the background for the proposals in the EN competencies, “kanohi ki te kanohi” is translated as “in person” (p.12 consultation document). Later in the proposals for RN competencies, “kanohi ki te kanohi” has been translated as “face to face” (p.19 consultation document). These documents should be in keeping with the orthographic conventions of Te Taura Whiri i te Reo (Māori Language Commission). As such, the use of Māori words or phrases should precede the English text when translated directly. This also relates to the English text in the Pou titles e.g. Social Justice has many connotations and meanings to different individuals, groups and should also be mentioned in the glossary as to the meaning in this Pou and document.

As stated above, the number of Pou and the large number of competencies come from the thinking and philosophy of two different design groups, particularly in writing Pou One and Pou Two of the EN and RN competencies. Every nurse should be practising at the top of their scope, at the highest level of knowledge and skill regarding te Tiriti o Waitangi principles and application to practice. The same also for Kawa Whakaruruhau and cultural safety principles and application to practice; especially equity. These Pou and the competencies within are the ‘minimum requirements’ of clinical competence for all nurses, therefore, nurses, at a minimum should be at the same knowledge level regarding these two Pou, therefore Pou 1 and Pou 2 for EN and RN should be the same or very similar.

Considering the above statement and having reviewed the proposed Pou, the number of Pou for the EN (5 Pou proposed) and RN (6 Pou proposed) can be aligned to 5 Pou each. It is the competencies that will show the difference within the Pou of the two nursing scopes. It was felt that several competencies in different Pou were asking for the same confirmation of safe practice. The 29 EN competencies and 41 RN competencies can be refined and combined.

In lieu of having no indicators for both RN and EN Pou, the Pou statements must be developed to ensure that the nurse understands what evidence is required in the competency for safe practice.

What will be critical to the success of these changes is the education and communication of the nursing community. As the Pou and competencies are introduced, this education will be key in understanding the expectations for these two scopes. Standardisation of some generic teaching resources that can be utilised and accessed across all practice settings in Aotearoa will be required, particularly regarding evidence of safe practice.

With the increased volume of competencies currently out for consultation, it would be timely to also re-consider the requirement of the peer reviewer/manager to provide evidence in support of each individual competency for NCNZ audit/PDRP. We recommend an overarching comment/statement for each Pou of competence is sufficient to demonstrate safe practice from the manager/peer reviewer.

The current practice within the RN scope has expanded to include several expert clinical and expert non-clinical roles. As such this now must be reflected in the RN scope statement to include 'enhanced' 'expanded' 'autonomous' and 'speciality practice' roles. This then would then enable the nurse prescriber, nurse practitioner, expanded roles (e.g., PICC insertion), to be included in the RN scope statement.

Up to date terminology e.g., teaching, should be replaced by education which in turns covers all nurses, from nurse preceptor to the academic lecturer.

Whilst we understand that the documents are out for wider consultation the original design group of the RN competencies (appears to be predominately nurses in senior or strategic roles. For example: the 15 design group contributors include the following nursing strengths and/or representation:

- North Island: 13
- South Island: 2
- DoN/CEO/Consultant: 6
- Nurse Lecturer/Professor/Educator: 5
- NCNZ/NZNO: 5
- NGO's representative: 2/3
- *Clinical RN: 0*
- *Clinical Nurse Manager: 0*
- *PDRP coordinator representative: 0*

PDRP coordinators are working with the competencies and nurses in relation to providing evidence for these competencies on a daily basis and have a broad understanding of the scope, breadth, and roles of both nurses and the current competencies therefore input from this group would be valuable.

The EN design group is more representative of the current EN nursing sector, with a mixture of strategic background, clinically focused nurses, aged residential care, North and South Island numbers; although no PDRP coordinator representative. We would recommend that a minimum of one Clinical RN from both the North and South Island,

and one Clinical Nurse Manager from both the North and South Island is involved in the future. That said, we also appreciate the speed at which this work was required to be undertaken therefore appreciate this may have contributed to the membership.

Again, we thank you for the opportunity to feedback on the Proposed Pou and competencies for EN and RN scopes as well the RN scope of practice. Please see below for our feedback on the Pou and competencies individually and recommendations and the RN scope we have made in this document.

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 <input type="checkbox"/> No <input type="checkbox"/> Partly - Yes
Comment	<ul style="list-style-type: none"> • Some of the EN competencies are set at too low a standard and, in some cases, read at the level we would expect of a non-regulated healthcare assistant. • EN competencies are not requiring excellence in nursing practice (relevant to scope) as is noted in the RN competencies. ENs should not be striving for anything less, simply because they have a different scope of practice. • There is some ambiguity of language throughout making interpretation challenging.
Question 2. Do you agree with the overall structure of the proposed enrolled nurse competencies?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly - Yes
Comment	<u>Recommendation:</u> All Pou need to align for both RN and EN competencies to increase understanding of both scopes

Pou One: Te Tiriti o Waitangi	
Question 3. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/>

<p>Question 4. What would you strengthen, change, or add to Pou One?</p>	<p><u>Recommendation:</u> We recommend that the EN & RN Pou 1 are the same or similar for Te Tiriti o Waitangi</p> <ul style="list-style-type: none"> • EN and RN Domain 1 (both page 3, both EN and RN) recommend using the same title and explanation/RN wording is best for this shared domain. • The competencies within Pou 1 should be the same or at least similar between the RN and EN. We do not believe that the EN competencies should read so differently from the RN competencies under this domain. • Overall, the EN competencies read more along the lines of what is expected for a non-regulated nursing colleague. • We would expect an EN to challenge racism, discrimination, exclusion, prejudice, and stigma as barriers to equitable healthcare, as is expected from the RN, without losing their self-determination. • The EN should also be expected to recognise that people are experts in their own lives and actively promote self-determination. • Unsure re wording of 1.4: Suggest “develops and uses knowledge of Te Reo and observes tikanga where appropriate”.
<p>Pou Two: Cultural Safety</p>	
<p>Question 5. Do you agree with the scope and focus of Pou Two: Cultural Safety?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 6. What would you strengthen, change, or add to Pou Two?</p>	<p><u>Recommendation:</u></p> <p>EN and RN Domain 2:</p> <ul style="list-style-type: none"> • For both EN and RN: recommend using the same title and explanation/wording: use the RN title, and the EN explanation. • The competencies within Pou 2 should be the same or similar between the RN and EN. • Kawa Whakaruruhau should be included here as it is with the RN competency. • This Pou should mention holistic wellbeing for all.

	<ul style="list-style-type: none"> • The current Pou does not mention that the EN should understand the impact of their own values, biases and beliefs on care provision, this is important to include. • All competencies need to align e.g., RN 2.1 and EN 2.3 are similar so number them the same. Wording here needs to change as ambiguous as to whether support is for the RN/EN or Patient. • The understanding of structural/institutional racism, the inherent power imbalances, and the ongoing effects of these are a glaring omission here. • The EN, like the RN, should understand tikanga and integrate this where appropriate. • Demonstration of sustainability practices and understand the importance of responsibility to te taiao has more to do with Te Tiriti o Waitangi as a Pou. • This competency is broad enough, but adding a statement or glossary would broaden the explanation of what diverse populations means i.e. outline further with child /youth, refugee, migrant. • 2.1 great to have inclusion of practices culturally safe care (as determined by people receiving care). • 2.3 support this and the inclusion of a collaborative team culture especially in light of the significant IQN workforce. • 2.4 has the potential for some confusion surrounding what is being asked for i.e., demonstrates knowledge and commitment to te taiao through application of sustainability practices. This would sit better in POU 1 or is sustainability correct in this competency – usually means an operational issue, not a competence to be measured which makes me a safe nurse. 2.4 must be reconsidered or further explained.
<p>Pou Three: Knowledge Informed Practice</p>	
<p>Question 7. Do you agree with the scope and focus of Pou Three: Knowledge Informed Practice?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 8. What would you strengthen, change, or add to Pou Three?</p>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • The Pou title should be the same as the RN Pou. • Like the RN, the EN should also be striving for excellence in nursing practice. • Competency 3.2: remove the wording “where appropriate” as creates ambiguity. With increased scope this should be routine practice for the EN.

	<ul style="list-style-type: none"> • Competency 3.3 would sit better in Pou 5 • Competency 3.3 acknowledges people and whānau by considering their physical, emotional, spiritual, and cultural needs to provide people centred care. Mental health is not explicitly mentioned in the competencies at all. Perhaps the term emotional could be replaced and expanded in the glossary of terms acknowledging emotional also means mental wellbeing or distress. • Competency 3.5 should have the same wording and numbering as competency 3.4 for RN. • Competency 3.6 and 3.7 could be combined into one. As it is the same as RN 3.5 these should be the numbered the same.
<p>Pou Four: Professional Accountability and Responsibility</p>	
<p>Question 9. Do you agree with the scope and focus of Pou Four: Professional Accountability and Responsibility?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 10. What would you strengthen, change, or add to Pou Four?</p>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • There is no mention here about documentation, maintaining privacy and confidentiality or complying with ethical, legal and organisational requirements relating to personal information. • The EN, like the RN should also provide and receive feedback as per RN competency 5.9. • We believe that the EN, like the RN, should act with integrity and address conflict and tension as they arise in line with RN competency 5.10. • 4.1 – support the statement “in accordance with level of competence” this reinforces the importance of the EN understanding their own knowledge, skills, and limitations • Competency 4.3 should be removed entirely, far too subjective.
<p>Pou Five: Partnership and Collaboration</p>	

<p>Question 11. Do you agree with the scope and focus of Pou Five: Partnership and Collaboration?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 12. What would you strengthen, change, or add to Pou Five?</p>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • ENs can demonstrate leadership, direction, and coordination, as appropriate to staff other than health care assistants and kaiāwhina providing care. This is particularly relevant due to the new scope and in ARC facilities. • Competency 5.5 reads as ambiguous. What is the value of “demonstrating own role in emergencies and other challenging or unexpected situations...”? Perhaps “Responds appropriately” or “Acts within scope to...” may be more helpful. • This also aligns with RN competency 3.10 and 6.7 so they should be the same and sit within the same Pou. • Competency 5.2 needs to be stronger – the EN should do more than “demonstrate an understanding of when to seek guidance and assistance from the RN or the healthcare team”. They should act appropriately to consistently seek guidance from the team when required. This is particularly true in light of the fact that this aspect of practice in terms of personal responsibility and accountability is the major difference in the scope of the EN role. • Will be especially important in the early days as ENs and other colleagues adapt to the new EN scope
<p>Other comments</p>	
<p>Question 13. Do you have any other comments?</p>	<ul style="list-style-type: none"> • The Pou domains for the EN competencies should have reflective titles in te Reo Māori, like the RN competencies. They should not look distinct from each other. <ul style="list-style-type: none"> ○ Pou 1 should be consistent with RN title – Te Reo and English Title ○ Pou 2, 3, 4 and 5 Include Te Reo titles - prior to the English titles. • If the RN competencies are saying “this Pou supports/addresses etc...” then should the EN competencies not read consistently? • In lieu of having no indicators, the Pou statements need to be developed to ensure that the nurse understands what evidence is required in the competency for safe practice.

- Overall supportive of the competencies. These proposed competencies don't provide significant clarification in relation to the difference between the EN and RN scope. Education and communication as these are introduced will be key in relation to understanding and expectations.
- Agree that standardisation of some generic teaching resources that can be utilised / accessed across all practice settings in Aotearoa will be required.
- With the increased volume of competencies, it is timely to also re-consider the requirement of a peer reviewer/manager to provide evidence in support of each competency for NCNZ audit/PDRP. An overarching comment for each Pou of competencies should suffice.
- When the new EN scope statement was released, we were informed that the competencies would show the differences between the two scopes and allow for better understanding of the increased scope of practice. To do this effectively we should be measuring like for like. All Pou should be the same or at least similar, and equivalent competencies should be numbered the same, so we can easily compare and see the difference between the two scopes.

In reading the consultation papers we would recommend in the future that the following points should be considered:

- Include a statement of commitment to Te Tiriti o Waitangi and equity regardless of the political climate (p.7 of consultation document).
- Tangata whenua are mentioned on p. 8 of the consultation document – it is important to acknowledge mana whenua also and highlight the differences.
- Page 15 consultation document – when speaking about employers understanding what ENs might be able to contribute to their workplace, the statement “...whether...to use the role...” allows employers an ‘easy out’. Should we not be promoting thinking more laterally and outside the box about how ENs **would** provide value in most settings?
- Review of international regulators – p. 14 & 19 – “We noted there was any specific reference to cultural safety or competency”. Should this read “was not any”?

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Comment	Very 'clinical/ward' based, it doesn't appear to allow for senior RN's in clinical, nor non-patient facing roles to demonstrate competence, e.g. research, quality, nurse coordinators, CNM etc.
Question 15. Do you agree with the overall structure of the proposed registered nurse competencies?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly - yes
Comment	<p><u>Recommendation 1:</u></p> <ul style="list-style-type: none"> We believe that the Pou of Manaakitanga and People-centredness could be absorbed into Whakawhanaungatanga and Communication. <p><u>Recommendation 2:</u></p> <ul style="list-style-type: none"> We believe that there should be a Pou for Professional Responsibility and accountability/leadership

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 <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/>

<p>Question 17. What would you strengthen, change, or add to Pou One?</p>	<p><u>Recommendation:</u> We believe that the EN & RN Pou 2 should be the same or similar for Te Tiriti o Waitangi, Oritetanga and Social Justice.</p> <ul style="list-style-type: none"> • EN and RN Domain 1 (both page 3, both EN and RN) we recommend using the same title and explanation. The RN wording is best for this shared domain. • The competencies within Pou 1 should be identical between the RN and EN. • Concerned that Competency 1.1 is not clear in demonstrating how to ‘give effect’ to Te Tiriti o Waitangi. • The competencies under this domain read differently to those of the EN. There appears to be inequities between the expectations of the EN and the RN with respect to the proposed competencies. The proposed EN competencies of 1.2, 1.3, 1.4, 1.5 and 1.6 are not mentioned within the equivalent RN domain. • Not sure how the individual RN engaging in continuous professional development ensures the healthcare team gives effect to Te Tiriti o Waitangi in practice as noted in competency 1.5. Is ‘influence’ a better word here? • Add Ōritetanga word and meaning to glossary list. (This word has been observed within Government documentation to mean both equal rights and equity on occasions, these are of course two fundamentally different concepts). • Competencies 5.4 and 6.4 may sit better in Pou 1.
<p>Pou Two: Kawa Whakaruruhau and Cultural Safety</p>	
<p>Question 18. Do you agree with the scope and focus of Pou Two: Kawa Whakaruruhau and Cultural Safety?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/></p>
<p>Question 19. What would you strengthen, change, or add to Pou Two?</p>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • EN and RN Domain 2 (both page 3, both EN and RN) recommend using the same title and explanation/wording: use the RN title, and the EN explanation. • The competencies within Pou 2 should be the same or similar between the RN and EN. <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • ‘Statement’ of the Pou should be the same within the Pou for EN & RN.

	<ul style="list-style-type: none"> • The RN is equally expected to acknowledge the rights of individuals and prioritise early intervention and care to those at risk of inequitable health outcomes (as per EN Pou 2). • Understanding of structural/institutional racism, the inherent power imbalances, and the ongoing effects of this is an omission here. • Competency 2.3 should sit in Pou 1. • Add to glossary an explanation of priority groups – who e.g. Māori, mental health consumers, aged care etc.
<p>Pou Three: Pūkengatanga and Excellence in Nursing Practice</p>	
<p>Question 20. Do you agree with the scope and focus of Pou Three: Pūkengatanga and Excellence in Nursing Practice?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 21. What would you strengthen, change, or add to Pou Three?</p>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • The RN should be promoting appropriate health behaviours and providing health education to support people to achieve their health and wellness goals, as per the EN competencies. • Competency 3.3: <ul style="list-style-type: none"> ○ “...provide people, whānau and whakapapa-centred care” rather than simply whakapapa centred care. ○ Competency 3.3 acknowledges people and whānau by considering their physical, emotional, spiritual and cultural needs to provide people centred care. Mental health is not explicitly mentioned in the competencies at all. Perhaps the term emotional could be replaced and expanded in the glossary of terms acknowledging emotional also means mental wellbeing or distress. ○ 3.3 could be removed as its covered by other competencies, no need for duplication. • 3.7, 3.9, 3.11 & 3.12 would sit better under professional responsibility/accountability. • 3.13 should be deleted as this is subjective. Add Pūkengatanga to glossary.
<p>Pou Four: Manaakitanga and People Centredness</p>	

<p>Question 22. Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 23. What would you strengthen, change, or add to Pou Four?</p>	<p>This Pou is not necessary as all competencies are covered in previous recommendations and other Pou.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Combining these proposed competencies in other Pou: <ul style="list-style-type: none"> ○ These competencies could comfortably sit within Whanaungatanga and Communication. ○ 4.1 could be incorporated into Pou 1 or 5. ○ 4.2 is already covered by competency 5.1. ○ 4.3 is covered by 5.2? • If Pou 4 utilised as standalone <ul style="list-style-type: none"> ○ Would expand the following competency 4.1 to include People/Whanau and Whakapapa centred care in practice and ensure integrated relational holistic care meets the needs of people and whānau inclusive of their physical, mental, spiritual and cultural needs. And similar phrasing for the EN competencies. • We would like to see this Pou become a Professional Accountability and Responsibility Pou
<p>Pou Five: Whakawhanaungatanga and Communication</p>	
<p>Question 24. Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 25. What would you strengthen, change, or add to Pou Five?</p>	<p><u>Recommendation:</u></p>

	<p>Combine previous Pou to be a new title of Partnership/Collaboration and Leadership with Te Reo title.</p> <ul style="list-style-type: none"> • As above re: Manaakitanga and People Centredness. • 5.4 refer to Te Reo rather than Māori words: <ul style="list-style-type: none"> ○ 5.4 needs to be moved to Pou 1 as it aligns with EN competences. • 5.6 remove bracketed sentence. This is operational and nurses are aware of where to document. • Many of the competencies can be combined i.e. 5.6, 5.7 & 5.8 and 5.9 & 5.10
<p>Pou Six: Rangatiratanga and Leadership</p>	
<p>Question 26. Do you agree with the scope and focus of Pou Six: Rangatiratanga and Leadership?</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input type="checkbox"/></p>
<p>Question 27. What would you strengthen, change or add to Pou Six?</p>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Add 'role modelling' in Pou statement. • Some of these competencies do not necessarily reflect the Pou statement. • Add Rangatiratanga to the glossary. • Add Social Justice, if used, to glossary. • Great to see inclusion of specific leadership Pou, should be one included in the EN Pou. • 6.3 needs rewording – good to have education on leadership at all levels of nursing, e.g. to add 'demonstrating leadership in practice.'. <ul style="list-style-type: none"> ○ Need an explanation in the statement that clinical nurse advocacy and leadership differs from designated leadership roles, and the importance of this. Not every nurse aims to be in a 'designated' or specific leadership role, it would be good to acknowledge that we need RNs who want to be clinical nurse leaders and to show value in that role. • 6.4 is the same as EN 1.4 and needs to sit in the same Pou. • 6.7 can be combined with 5.5 and 3.10 and sit in the clinical excellence Pou.

Other comments	
<p>Question 13. Do you have any other comments?</p>	<ul style="list-style-type: none"> • There appears to be difference between the two design groups' thinking and philosophy in writing domains one and two of the EN and RN competencies. • Partnership isn't identified in RN competencies. • Autonomous practice (in speciality and/or expanded practice roles/designated senior nurse roles) needs to be included within RN competencies. Currently this sits in NP scope of practice but is now practiced within DSN roles. • Standardise language across the scope and competencies e.g. domain and Pou, client and patient, whanau, whakapapa. • All Pou should be the same for EN and RN as it helps to highlight the differences between the roles • In lieu of having no indicators, the Pou statements need to be developed to ensure that the nurse understands what evidence is required in the competency for safe practice.

Registered nurse scope of practice statement amendments

Consultation questions	Your response
<p>Question 28. Do you agree with the proposed amendments to the registered nurse scope of practice?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly – yes</p>
<p>Do you have any comments?</p>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identical Pou for the EN and RN Competencies. Pou 3 clearly articulates critical thinking, scientific knowledge. • We would recommend the following five Pou:

Consultation questions	Your response
	<ol style="list-style-type: none"> 1. Te Tiriti o Waitangi, Ōritetanga, Social Justice 2. Kawa Whakaruruhau and Cultural Safety 3. Pūkengatanga, Excellence in Nursing Practice 4. Accountability and responsibility 5. Partnership Collaboration and Leadership
<p>Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice</p>	<p>EN and RN Scope Statements:</p> <ul style="list-style-type: none"> • EN Scope Statement: page two: paragraph one: realise this is set in stone but add: ‘and rights of Māori as tangata whenua’ as in the RN scope statement. • RN scope statement: page two: paragraph two: Change from ‘this includes the right of <i>Pacific peoples</i>’ to the same as in the EN statement (page 2 EN proposal) to state ‘this includes the right of <i>Māori</i> and other population groups...’ • The RN scope of practice has expanded in recent decades to include expert clinical and non-clinical roles and therefore should be reflected in this statement to include enhanced expanded speciality practice roles and up to date terminology e.g., teaching is replaced by education which in turns covers the nurse preceptor through to the academic lecturer. <p><u>Recommendations</u></p> <ol style="list-style-type: none"> 1. RN scope statement: page two: paragraph three: last sentence: change from ‘leadership, management, teaching, evaluation, and research nursing practice’ to ‘leadership, <i>consultancy</i>, management, <i>education</i>, evaluation, <i>policy</i>, research, and <i>speciality practice</i>.’ 2. RN scope statement: page two: paragraph four: first sentence amends to read ‘Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs, provide care, empower people to manage their health, and <i>influence and lead nursing practice</i>’. 3. RN scope statement: page two: paragraph four: last sentence amends to be: ‘this occurs in a range of settings in partnership with individuals, whanau, communities, and <i>other health professionals</i>.’ 4. RN scope statement: page two: paragraph 5: amends to read: ‘conditions or <i>enhancements</i> may be placed on the scope of practice of some registered nurse according to their qualifications, experience or endorsement, to <i>practice within a specific area of practice</i>.’ (And therefore, delete the final sentence). 5. RN scope statement: page two: delete final sentence. If the above amendment is made, this removes the negative connotation of ‘conditions’ on a scope of practice, and covers <i>enhanced/expanded</i> practice of prescribing, nurse practitioner, expanded roles (PICC insertion etc). without naming these.

Consultation questions	Your response
Do you have any other comments?	<ul style="list-style-type: none"> The majority of the competencies are very generic across professions and only one competency “nursing assessment’ is specific to nursing. Possibly need to consider including the word ‘nursing’ within the competencies more, e.g. ‘nursing differential diagnosis’, ‘nursing specialities’ etc There appears to be a gap related to senior nursing roles nurses both clinical, non clinical (research etc), senior speciality roles, and ESOL (English as a second language) nurses etc, who may need to write to these competencies – not just the novice nurse. Nurses who do not undertake PDRP will be required to write to these competencies, therefore they need to also identify how ‘nurses work at times, in autonomous practice in speciality roles or areas of practice’ If this volume of competencies is approved, then we suggest consideration in relation to having compulsory competencies within Pou the nurse must evidence, and then ‘optional’ ones.

Summary of Recommendations EN & RN Pou and Competencies:

Pou Question	Recommendation
Question 2 Comment	All Pou need to align for both RN and EN competencies.
Pou 1 EN & RN Q. 4 EN & Q. 17 RN feedback	EN & RN Pou 1 should be the same or similar for Te Tiriti o Waitangi, Oritetanga and Social Justice <ul style="list-style-type: none"> EN and RN Domain 1: both page 3: both EN and RN: recommend using the same title and explanation/RN wording is best for this shared domain. The competencies within Pou 1 should be identical between the RN and EN.
Pou 2 EN & RN Q. 6 EN & Q. 19 RN feedback	EN and RN Pou 2 Kawa Whakaruruhau and Cultural Safety <ul style="list-style-type: none"> EN and RN Domain 2: both page 3: both EN and RN: recommend using the same title and explanation/wording: use the RN title, and the EN explanation. The competencies within Pou 2 should be the same or similar between the RN and EN.
Structure of RN Competency	<u>Recommendation 1:</u>

Question 15 Comment	<ul style="list-style-type: none"> We believe that the Pou of Manaakitanga and People-centredness could be absorbed into Whakawhanaungatanga and Communication. <p><u>Recommendation 2:</u></p> <ul style="list-style-type: none"> We believe that there should be a Pou for Professional Responsibility, Accountability and Leadership.
RN Pou 2 Question 19	<p>If the POU is to be the same, then the 'Statement' of the Pou should be the identical within the Pou for EN & RN.</p> <ul style="list-style-type: none"> The RN is equally expected to acknowledge the rights of individuals and prioritise early intervention and care to those at risk of inequitable health outcomes (as per EN Pou 2). Understanding of structural/institutional racism, the inherent power imbalances and the ongoing effects of this is an omission here.
RN Pou 4 Question 23	<p>This Pou is not necessary as all competencies are covered in previous recommendations and other Pou. We recommend combining these proposed competencies in other Pou.</p> <ul style="list-style-type: none"> These competencies could comfortably sit within Whanaungatanga and Communication 4.1 could be incorporated into Pou 1 or 5 4.2 is already covered by competency 5.1, 4.3 is covered by 5.2?
RN Pou 5 Question 25	<p>Combine with previous Pou 4</p> <ul style="list-style-type: none"> Recommend new title of Partnership/Collaboration and Leadership with Te Reo title.
Last question RN document Do you have any other comments?	<p>Identical Pou for the EN and RN Competencies.</p> <ul style="list-style-type: none"> We would recommend the following five Pou: <ol style="list-style-type: none"> Te Tiriti o Waitangi, Ōritetanga, Social Justice Kawa Whakaruruhau and Cultural Safety Pūkengatanga, Excellence in Nursing Practice Accountability and responsibility Partnership Collaboration and Leadership

Summary of Recommendations for RN Scope

Number	Recommendation
1	RN scope statement: page two: paragraph three: last sentence: change from 'leadership, management, teaching, evaluation, and research nursing practice' to 'leadership, <i>consultancy</i> , management, <i>education</i> , evaluation, <i>policy</i> , research, and <i>speciality practice</i> '.
2	RN scope statement: page two: paragraph four: first sentence amends to read 'Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs, provide care, empower people to manage their health, and <i>influence and lead nursing practice</i> '.

3	RN scope statement: page two: paragraph four: last sentence amends to be: 'this occurs in a range of settings in partnership with individuals, whanau, communities, <i>and other health professionals.</i> '
4	RN scope statement: page two: paragraph 5: amends to read: 'conditions <i>or enhancements</i> may be placed on the scope of practice of some registered nurse according to their qualifications, experience or endorsement, <i>to practice within a specific area of practice.</i> ' (And therefore, delete the final sentence)
5	RN scope statement: page two: delete final sentence. If the above amendment is made, this removes the negative connotation of 'conditions' on a scope of practice, and covers <i>enhanced/expanded</i> practice of prescribing, nurse practitioner, expanded roles (PICC insertion etc). without naming these.