



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

### Unitec Bachelor of Nursing Team

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*Please keep this response confidential*

## 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Comment	Too broad – the competencies are mainly indicators or aspects of the education programme that have been taught in the EN curriculum. The competencies are too wordy.

Consultation questions	Your response
	<p>There are too many inconsistencies between the EN and the RN competencies.</p> <p>There should be an alignment of wording in the RN competencies.</p> <p>There needs to be consistency that competencies align to the same Pou as in the RN.</p>
<p><b>Question 2.</b> Do you agree with the overall structure of the proposed enrolled nurse competencies?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
<p>Comment</p>	<p>The document's structure is overwhelming with too many Pous and too many competencies - there is a disconnect between these.</p> <p>Te Reo needs to be recognised and included for each Pou title, aligning with the RN document.</p>

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

<p><b>Question 4.</b> What would you strengthen, change, or add to Pou One?</p>	<p>Need to ensure that there is an acknowledgement of Te Tiriti o Waitangi in the title as it sits within the RN document.</p> <p>1.2 Remove the word colonisation as we are moving beyond this term – either delete or replace with updated terminology and include the models of health here</p> <p>1.4 Can be part of 1.3 as this is key to effective therapeutic relationships</p> <p>1.5 Models of Health - this should either be removed or be incorporated into 1.2 - (as noted above)</p> <p>This is part of the education of the EN program and does not need to be a stand-alone competency; leads more to an indicator.</p>
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<b>Pou Two: Cultural Safety</b>	
<b>Question 5.</b> Do you agree with the scope and focus of Pou Two: Cultural Safety?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/>
<b>Question 6.</b> What would you strengthen, change, or add to Pou Two?	This entire Pou needs to be rewritten. It needs the use of Te Reo in title of the Pou 2.1 "other priority groups" needs to be changed to "other groups/individuals." – it needs to value the community as a whole 2.3 Too wordy and needs to incorporate 2.4 2.4 Combine with 2.3 and re-word
<b>Pou Three: Knowledge Informed Practice</b>	
<b>Question 7.</b> Do you agree with the scope and focus of Pou Three: Knowledge Informed Practice?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/>
<b>Question 8.</b> What would you strengthen, change, or add to Pou Three?	3.1 Needs the inclusion of health literacy; however, if there was a communication Pou, then this would sit under that better. 3.2 and 3.4 need to be combined and re-worded. At present, each has "assessment" as a part of each and is an unnecessary repetition. 3.5 Why is AI mentioned? This is unnecessary as it is not used on the floor. This is happening in other areas – socially, academia, and in some businesses, not nursing. It seems to be inappropriate, and rather a "knee jerk" reaction to common public themes. 3.6, 3.7 & 3.8 need to be combined - all practice issues that do not need to be separate.
<b>Pou Four: Professional Accountability and Responsibility</b>	

<p><b>Question 9.</b> 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><b>Question 10.</b> What would you strengthen, change, or add to Pou Four?</p>	<p>4.3 Delete. This is a privacy breach and intrudes into the life of the individual. This has <b>nothing</b> to do with the Nursing Council.</p> <p>4.5 Replace the word culture with environment – using the culture word confuses this with Pou 1 and the intent behind this competency.</p>
<p><b>Pou Five: Partnership and Collaboration</b></p>	
<p><b>Question 11.</b> 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><b>Question 12.</b> What would you strengthen, change, or add to Pou Five?</p>	<p>This entire Pou needs re-writing or deleting and being replaced with communication which is not in this document</p> <p>5.1 already mentioned in 1.3 and 4.2, so not needed here</p> <p>5.2, 5.3 5.4 &amp; 5.5 – this would be better placed in Pou 3 or 4</p>
<p><b>Other comments</b></p>	
<p><b>Question 13.</b> Do you have any other comments?</p>	<p><b>Poorly constructed document.</b></p> <p>There is no communication Pou – communication is only mentioned twice in this entire document – which is appalling given the fact that EN practice does have the need and the ability to communicate in the role.</p> <p>There is no mention of empathy, compassion respect, or sensitivity - all of which ALL nurses should possess and demonstrate in practice. Yet, these are mentioned in the RN document.</p> <p>Nor is there any mention of documentation, privacy, confidentiality and the ability to access information of</p>

	<p>others as well as ensuring that communication needs are met at all levels – patient as well as colleagues.</p> <p>The role and scope of the EN should be valued and recognized along with their RN colleagues. However, this document <b>fails</b> to do that.</p> <p>Needs to have more alignment with the wording in the RN document</p> <p>Some of the competencies are too wordy, or a vague and this in turn will make it difficult to understand.</p> <p>Need to make a guide to show examples or indicators.</p>

## Registered nurse competencies

Consultation questions	Your response
<p><b>Question 14.</b> Do you think the proposed registered nurse competencies are broad enough to cover all practice areas?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>As with the current competencies they need to be utilized and contextualized to an area eg. MH, PHC and acute care.</p>
Comment	Requires comment
<p><b>Question 15.</b> Do you agree with the overall structure of the proposed registered nurse competencies?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
Comment	<p>The pou structure is a good concept to use, however the some pou's need to be deleted, for example, pou 4 as the competencies can fit clearly into other competencies and thus they do not need their own pou.</p> <p>The proposed competencies are OVERWHELMING.</p>

**Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice**

<p><b>Question 16.</b> Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi, Ōritetanga and Social Justice?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p><b>Question 17.</b> What would you strengthen, change, or add to Pou One?</p>	<p>1.1 Change “gives effect” to “Implements”. How would you show an example of this from clinical practice? People can only give theoretical views on this; needs to be more clinical relevant.</p> <p>1.2 Delete; same or similar as 2.2; just different words. How would you show an example of this from clinical practice?</p> <p>1.3 Delete. How would you show an example of this from clinical practice? If a patient is experiencing an acute illness episode, they would not be able to or willing, at most times to show they expertise in promoting their self-determination. What if it is a client with an acute psychotic break in psych ICU? This is non-sensical. Believe this is from the public consultation documents for the repealing of the MH Act. Professional development needs to move to Pou 6 or Pou 4.</p> <p>1.5 What is meant by “continuous professional development” and how does a nurse ensure that the healthcare TEAM adheres to the ToW? How would you show an example of this from clinical practice?</p>

**Pou Two: Kawa Whakaruruhau and Cultural Safety**

<p><b>Question 18.</b> Do you agree with the scope and focus of Pou Two: Kawa Whakaruruhau and Cultural Safety?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p><b>Question 19.</b> What would you strengthen, change, or add to Pou Two?</p>	<p>Pou 2 needs to be about how we prove we are culturally safe in practice and needs to be described so it can be clearly operationalized.</p> <p>2.1 Does this competency only refer to cultural supports?</p> <p>2.2 Why are these groups identified as a “priority”? Priority implies a ranking system. What about refugees? Homeless families? Street entrenched/street attracted people? Delete the word “priority”. Also, 1.2 and 2.2 are same or similar as when we practice in a CS manner, we challenge</p>

	<p>ourselves and others and most definitely in situations of racism, discrimination, etc.</p> <p>2.3 - Move to Pou 1. Additionally, te ao Maori or the Maori world as we understand it and can be focused on 3 areas: Te Reo, Tikanga and Te Tiriti (University of Otago, <a href="https://www.otago.ac.nz/maori/world">https://www.otago.ac.nz/maori/world</a>), so why is tikanga mentioned separately?</p>
<b>Pou Three: Pūkengatanga and Excellence in Nursing Practice</b>	
<p><b>Question 20.</b> 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><b>Question 21.</b> What would you strengthen, change, or add to Pou Three?</p>	<p>Object to “scientific knowledge”, change to “nursing knowledge”.</p> <p>It seems that the panel tried to put everything to do with nursing care into Pou 3 and we don't have to; make it simpler for nurses on the front lines.</p> <p>3.1 Delete “differential diagnoses” as nurses do not make these. Change to “nursing diagnosis” or “...to identify problems and inform the plan of care”.</p> <p>3.2 and 3.4 can be combined, it is unnecessarily verbose.</p> <p>3.3 has already been addressed in Pou 1 and 2; unnecessary repetition.</p> <p>3.4 Why is AI mentioned? Nurses on the floor do not use nor do they receive any reports/information based upon AI. It seems an unnecessary addition based upon what is currently happening socially and in academia. 3.4 is also very similar to 3.1. Suggest deleting 3.4.</p> <p>3.9 Change wording from “culture of safety” to “environment of safety...” otherwise there is confusion regarding the word culture.</p> <p>3.10 and 6.6 essentially refer to the same thing; combine into one competency.</p> <p>3.13 Is an unnecessary competency and is intrusive into a nurse's personal life. How would you show an example of this from clinical practice? Does a peer take the nurse's word for it that they exercise, gets 8 hours sleep, meditates in order to achieve self-care? We all have our own personal ways to deal with stress and this, if it becomes a problem,</p>

	<p>is between the nurse and their manager, not Nursing Council until something happens and they are in front of the conduct committee.</p> <p>3.5 &amp; 3.6 could also be combined as both practice components.</p>
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**Pou Four: Manaakitanga and People Centredness**

<b>Question 22.</b> Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Partly <input type="checkbox"/></p>
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<b>Question 23.</b> What would you strengthen, change, or add to Pou Four?	<p>Delete entirely as each of the three competencies are or can be incorporated into others. For example, 4.1 can be incorporated into Pou 3. 4.2 can be incorporated into 5.1 and 4.3 can be incorporated into Pou 5 as initiating a relationship and communication all begins with trust and respect for the person, family or whanau.</p>
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**Pou Five: Whakawhanaungatanga and Communication**

<b>Question 24.</b> Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
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<b>Question 25.</b> What would you strengthen, change, or add to Pou Five?	<p>Move 5.4 to Pou 1</p> <p>Competencies 5.1, 5.3 &amp; 5.5 can be combined to make one fluid competency.</p> <p>5.2 - how would you show an example of this from clinical practice?</p> <p>5.4 This is more applicable to 1.1 or 2.3, therefore delete from Pou 5 and incorporate elsewhere.</p> <p>5.5 Isn't this 5.3 already? Delete. It refers to "health literacy" but patient education, one of the CORE skills and tasks for nurses has been eliminated completely from the competencies. If we don't clearly educate our patients and clients, families and whanau, it is the revolving door</p>
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	<p>scenario of them being unable to self-care and end up back in the health system in an acute stage of illness.</p> <p>5.6, 5.7 &amp; 5.8 could be combined and reworded.</p>
<p><b>Pou Six: Rangatiratanga and Leadership</b></p>	
<p><b>Question 26.</b> Do you agree with the scope and focus of Pou Six: Rangatiratanga and Leadership?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p><b>Question 27.</b> What would you strengthen, change or add to Pou Six?</p>	<p>6.2 How does an RN on the ward influence the development of the healthcare systems? What does this competency actually mean? Very grandiose wording and competency. Delete.</p> <p>6.3 What about incorporating “contributing to team work” as many nurses won’t have the opportunity to undertake a leadership role. This competency needs revision to ensure that all nurses in all roles may be able to show competency.</p> <p>6.4 How would a nurse show an example of this from clinical practice? That they recycle at work? This is institutional policy and doesn’t belong in competencies. Nurses adhere to their institutions policies which is 5.8. Delete.</p> <p>6.5 What does this competency even mean? How would a floor nurse show competency? Delete.</p> <p>6.6 Refers to 3.10, delete as it is repetition. The excellence in care is a repeat of 3.2.</p> <p>6.7 Refers to 3.10, delete as it is repetition.</p>

## Other comments

**Question 13.** Do you have any other comments?

### Overall comments:

- The competencies are repetitious, verbose and many lack any clear indication of what is being sought as an example of practice by the bedside.
- Empathy is repeated throughout and it is not a skill
- The current competencies are challenging to a CAP nurse to complete. The proposed competencies would be extremely challenging and difficult for an IQN/CAP nurse to understand and complete.
- Where are the ward nurses, the community nurses, the ones on the front line who would be using these proposed competencies on the RN competency review panel; the panel was/is loaded with too many members of management/leadership/education.
- A guide to use alongside the competencies would be good with what nurses can do to show competency. This guide could be developed for all nurses who have separate competencies for their scope of practice (leadership, management, researchers, educators, staff nurses and other RNs who develop their own scope and competencies).
- As educators, we struggle to get nursing students to write competencies or write appropriate ones and the proposed competencies will worsen the efforts of educators and students.
- The pervasive thought would be how the proposed competencies would drive nurses out from nursing compounding the shortage we're already suffering. These proposed competencies may also lead nurses and peers to "make up" examples as they are very overwhelming. How did Australia manage their transition to their 40 standards (competencies)?

### Themes:

- Good to review the competencies which was needing to be done.
- Unwieldy expectations
- Hard to operationalise
- Lacks indicators to aid understanding; they help in the current competencies

	<ul style="list-style-type: none"> <li>• There are gaps in the competencies, for example, patient education</li> <li>• Extreme overlap of concepts within the competencies</li> <li>• Some of the competencies are too wordy</li> <li>• Some of the competencies are patronising and judgemental – for example, the safe management</li> <li>• Some of the competencies would be difficult to complete for a peer assessment</li> </ul>
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## Registered nurse scope of practice statement amendments

Consultation questions	Your response
<p><b>Question 28.</b> Do you agree with the proposed amendments to the registered nurse scope of practice?</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p style="background-color: yellow; text-align: center;"><i>The proposed RN scope of practice statement is on the next page for you to read</i></p>
<p>Do you have any comments?</p>	<p>The wording in the proposed RN scope of practice statement is clear and understandable and should be used in the competencies and the statement makes a good background for the competencies. It seems that the proposed competencies have been a situation in which the panel members thought of every possible thing a nurse could do and made them specific rather than a general statement to which a nurse can interpret (albeit without indicators) and show competency in practice.</p> <p><b>Something to add:</b> Nurse also needs a more reflective approach, if you like, an opportunity to safeguard themselves in clinical scenarios where duty of care is compromised and when nurses are experiencing moral distress/fatigue can recognize this against the competencies. This section needs to possibly be separate within the competency document because I feel the framework also need to consider the sustainability of the nursing workforce; working in a sector where stress and burnout is evident and somewhere and somehow within the NCNZ framework an opportunity to critically reflect and</p>

Consultation questions	Your response
	<p>recognize and document how this has affected them and ongoing adaption to a complex adaptive system. I feel that this adaptation is unsustainable and therefore a provision within the document is recommended.</p>
<p><b>Question 29.</b> What would you strengthen, change, or add to the proposed registered nurse scope of practice</p>	<p><b>Possible ways to strengthen:</b></p> <ol style="list-style-type: none"> <li>1) Robust discussion with stakeholders – firstly, patient perspective/surveys, secondly, clinical leaders especially, senior RNs working within DHBs + PDRP coordinators (those RNs assessing nurse portfolios and educators), and lastly, engage with medical team (doctors) to consider their expectation of RNs and new roles within medicine.</li> </ol> <p>Set up a taskforce team with experienced clinical leaders to discuss what is currently happening within the healthcare system and how nurses are adapting to a complex adaptive system. Nurses are now expected to work at the “top” of their license/ registration with a lot more within the public and primary health sector.</p>
<p>Do you have any other comments?</p>	

# Proposed Registered Nurse Scope Statement

Registered Nurses in Aotearoa New Zealand reflect knowledge, concepts, and worldviews of both tangata whenua and tangata tiriti. Registered nurses uphold and enact Te Tiriti o Waitangi ngā mātāpono – principles, based on the Kawa Whakaruruhau framework for cultural safety, that promote equity, inclusion, diversity, and rights of Māori as tangata whenua.

Registered Nurses are accountable and responsible for their nursing practice, ensuring all health services they provide are consistent with their education, assessed competence, legislative requirements, and are supported by appropriate standards. This includes the right of Pacific peoples and other population groups to quality services that are culturally safe and culturally responsive.

The Registered Nurse works in partnership and collaboration with individuals, their whānau, communities, and the wider healthcare team to deliver equitable person/ whānau/ whakapapa-centred nursing care, advocacy, and health promotion across the life span in all settings. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise for leadership, management, teaching, evaluation, and research nursing practice.

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs, provide care, and empower people to manage their health. Registered nurses practise independently, and in collaboration with other health professionals, perform general nursing functions and delegate and direct others involved in care. Registered nurses provide comprehensive assessments to develop differential diagnoses, provide an integrated plan of health care, implement interventions that require substantial scientific and professional knowledge, skills and clinical decision making, and evaluate care outcomes. This occurs in a range of settings in partnership with individuals, whānau, and communities.

Conditions may be placed on the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice. Some nurses who have completed the required additional experience, education and training will be authorised by the Council to prescribe some medicines within their competence and area of practice.