



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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Please keep this response confidential

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 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.

Consultation questions	Your response
	<p>The competencies are too wordy.</p> <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>Question 2. 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 must be recognised and included for each Pou title, aligning with the RN document.</p> <p>There are total inconsistencies within the structure – and there should be alignment between both.</p>

Pou One: Te Tiriti o Waitangi	
<p>Question 3. 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>Question 4. 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 or change the word colonization, 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>The models of care are part of the education of the EN program and do not need to be a stand-alone competency; this leads more to an indicator.</p>
<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>This entire Pou needs to be rewritten.</p> <p>It needs the use of Te Reo in each title of the Pou</p> <p>2.1 "other priority groups" needs to be changed to "other groups/individuals." - it needs to value the community as a whole and there are many groups that are not encompassed under this title</p> <p>2.3 Too wordy and needs to incorporate 2.4</p> <p>2.4 Combine with 2.3 and re-word</p>
<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>3.1 Needs the inclusion of health literacy; however, if there was a communication Pou, then this would sit under that better.</p> <p>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.</p> <p>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.</p>

	<p>It seems to be inappropriate and rather a “knee-jerk” reaction to common public themes. More emphasis on the clarification of the use of technology and the application to practice - needs more clarity as there is a lot bundled under this competency. E.g., telehealth, e-scripts, e-notes. And needs the application to rural as much as urban areas.</p> <p>3.6, 3.7 & 3.8 need to be combined - all practice issues that do not need to be separate.</p>
Pou Four: Professional Accountability and Responsibility	
Question 9. Do you agree with the scope and focus of Pou Four: Professional Accountability and Responsibility?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
Question 10. What would you strengthen, change, or add to Pou Four?	<p>4.3 Delete. This is a privacy breach and intrudes into the life of the individual. This has nothing 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>
Pou Five: Partnership and Collaboration	
Question 11. Do you agree with the scope and focus of Pou Five: Partnership and Collaboration?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
Question 12. What would you strengthen, change, or add to Pou Five?	<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 & 5.5 – this would be better placed in Pou 3 or 4</p>
Other comments	

Question 13. Do you have any other comments?

Poorly constructed document.

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.

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.

Nor is there any mention of documentation, privacy, confidentiality, and the ability to access information of others as well as ensuring that communication needs are met at all levels – patient and colleagues.

The role and scope of the EN should be valued and recognized along with their RN colleagues. However, this document **fails** to do that.

Needs to have more alignment with the wording in the RN document.

Some of the competencies are too wordy or vague, and this, in turn, will make it difficult to understand.

Need to make a guide to show examples or indicators.

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 type="checkbox"/>
Comment	
Question 15. Do you agree with the overall structure of the proposed registered nurse competencies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Comment	Pou structure suits this; however, some need to be deleted. The entire proposed competencies are totally overwhelming .

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"/>
Question 17. What would you strengthen, change, or add to Pou One?	1.1 Change “gives effect” to “Implements”. 1.2 Delete; same or similar as 2.2; just different words. How would you show an example of this from clinical practice? 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. 1.5 What is meant by “continuous professional development” and how does a nurse ensure that the healthcare TEAM adheres to the ToW?
Pou Two: Kawa Whakaruruhau and Cultural Safety	

<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"/></p> <p>No <input type="checkbox"/></p> <p>Partly <input checked="" type="checkbox"/></p>
<p>Question 19. 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 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, https://www.otago.ac.nz/maori/world), so why is tikanga mentioned separately?</p>
<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>Object to “scientific knowledge”, change to “nursing knowledge”.</p> <p>Pou 3 needs some work as it looks like the panel has literally dumped everything for nursing care in here. This needs much more simplification.</p> <p>3.1 Delete “differential diagnoses” as nurses do not make these and 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 these</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?</p>
Pou Four: Manaakitanga and People Centredness	
Question 22. Do you agree with the scope and focus of Pou Four: Manaakitanga and People Centredness	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partly <input type="checkbox"/>
Question 23. What would you strengthen, change, or add to Pou Four?	Delete entirely as there are many of these that can be incorporated into other Pou’s
Pou Five: Whakawhanaungatanga and Communication	
Question 24. Do you agree with the scope and focus of Pou Five: Whakawhanaungatanga and Communication?	Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input checked="" type="checkbox"/>
Question 25. What would you strengthen, change, or add to Pou Five?	Move 5.4 to Pou 1 Competencies 5.1, 5.3 & 5.5 can be combined to make one fluid competency. 5.2 - how would you show an example of this from clinical practice? 5.4 This is more applicable to 1.1 or 2.3, therefore delete from Pou 5

	5.5 Isn't this 5.3 already? Delete
Pou Six: Rangatiratanga and Leadership	
<p>Question 26. 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>Question 27. 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? The panel seems to have missed that everyday these nurses are working and making a difference however its too extreme to think they are "Influencing" healthcare systems.</p> <p>6.3 What about incorporating "contributing to teamwork" as many nurses won't have the opportunity to undertake a leadership role. Not every work environment lends itself to being able to enable nurses to have a leadership role.</p> <p>6.4 How would a nurse show an example of this from clinical practice? Everyone needs to have the word sustainability without actually thinking about the true implications or what it means. It's evident that this is the case here - consider that this actually sits under institutional policy and not that of the council</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	
<p>Question 13. Do you have any other comments?</p>	<p>It is a poorly written document, and it's obvious there is no alignment between the EN and the RN structure.</p> <p>The competencies are repetitious and verbose, and many lack any clear indication of what is being sought as an example of practice by the bedside.</p> <p>They are also TOO wordy and patronizing and really miss the point of what nursing is about.</p> <p>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.</p>

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Registered nurse scope of practice statement amendments

Consultation questions	Your response
Question 28. Do you agree with the proposed amendments to the registered nurse scope of practice?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you have any comments?	
Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice	Think this needs to be totally revisited I wonder how many nurses who work on the floor/front line were included in your discussion and how many of them thought this proposal was a good idea? Seriously, where does this sit with nurses in the current work environment - You are adding to the stress and pressure they are already under. Consider the implementation of these competencies alongside the PDRP and how that would work.
Do you have any other comments?	In short – reconsider this document and the impact it will have on nurses!