

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:

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confidential		

 \square Please keep this response confidential

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	Yes ⊠
competencies?	No □
Comment	

Pou On	ne: Te Tiriti o Waitangi	
Question 3. Do you agree with the scope and focus of Pou One: Te Tiriti o Waitangi?	Yes ⊠	
	No □	
	Partly	
Question 4. What would you strengthen, change, or add to Pou One?		
Pou 1	Two: Cultural Safety	
Question 5. Do you agree with the scope and focus of Pou Two: Cultural Safety?	Yes □	
·	No □	
	Partly ⊠	
Question 6. What would you strengthen, change, or add to Pou Two?	English translation for te taiao needs to be added to Competency 2.4.	
Pou Three: Knowledge Informed Practice		
Question 7. Do you agree with the scope and focus of Pou Three: Knowledge Informed	Yes □	
Practice?	No □	
	Partly ⊠	
Question 8. What would you strengthen, change, or add to Pou Three?	3.3 it might be useful to have whanau/family. This would make the wording more inclusive. Whakapapa should also have an English equivalent added.	

Pou Four: Professional 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?	How would competency 4.3 be assessed? I am concerned that someone might be able to decide a nurse has not me this if they become stressed or unwell resulting in victim blaming. Self-care is personal and I think this is too subjective. Suggest removing this as a competency.	
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?		
Other comments		
Question 13. Do you have any other comments?	I like the four Pou. The language is easy to understand. Competencies seem to fit well with the new scope statement.	

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	They are broad enough but repetitive in places.
Question 15. Do you agree with the overall structure of the proposed registered nurse competencies?	Yes □ No ⊠
Comment	Although I understand that there are no indicators. There is a significant increase in the number of competencies. Nurses have not been required to provide evidence of meeting every indicator. Under this proposal they will be required to provide evidence for every competency, a significant increase in work required for PDRP and competency review.

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 □ No □ Partly ⊠
Question 17. What would you strengthen, change, or add to Pou One?	The use of the term 'critical consciousness' needs to be change to critical thinking. It is unclear how competency 1.2 would be assessed, I would remove this as assessment would be very subjective.
Pou Two: Kawa Wl	hakaruruhau 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?	2.3 is a repitiion of 5.4
Pou Three: Pūkengatar	nga 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?	I think care needs to be taken with the inclusion of 'differential diagnoses'. This requires clarification. Does this mean nursing diagnoses, currently it could be interpreted as differential diagnoses of medication condition. This would require in-depth knowledge a pathophysiology which while aspirational, many older nurses may not have. Competencies 3.3 and 3.8 are repetitive and could be joined together. How would Competency 3.4 be assessed. This is aspirational making in most current health care environments. Suggest removing the specific reference to artificial intelligence. I think this is contradictory to Competencies 3.1 and 3.2. Competency 3.9 is repetitive and could be integrated into other competencies. Emergency management could be added to Competency 3.10. It is currently in competency 6.7. Competency 3.13 should be removed. How would this be measured? If a nurse was stressed or unwell this would mean they may not meet a competency.
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?	Organisation and profession should be switched over so that it reads (nurse, service, organisation, profession)
	Competency 4.1 and 4,2 could be amalgamated. 4.2 is also similar to 5.1.
	'family/significant others' should be added to the end of competency 4.3
	Consider changing 'empathetic' to 'empathic'
Pou Five: Whakawha	anaungatanga and Communication
Question 24. Do you agree with the scope and focus of Pou Five:	Yes ⊠
Whakawhanaungatanga and Communication?	No □
	Partly □
Question 25. What would you strengthen,	5.4 is a repeat of 2.3.
change, or add to Pou Five?	Competency 5.7 and 5.8 should be amalgamated.
	5.1 is similar to 4.2, probably only need one of these.
	5.10 relates to the Code of Conduct. Can this not just be in the Code?
Pou Six: Ran	gatiratanga and Leadership
Question 26. Do you agree with the scope and focus of Pou Six: Rangatiratanga and	Yes □
Leadership?	No □
	Partly ⊠
Question 27. What would you strengthen, change or add to Pou Six?	How will competency 6.2 be assessed? It is subjective. Competency 6.4 should have the translation for te taiao added. While Te Reo is a great aspiration it is not the reality for most nurses at this time and this should also be respected.
	6.7 needs the qualification 'where safe to do so' added. Competency 6.10 belongs with competency 3.10. Suggest moving this to Pou three and amalgamating with 3.10.
	Other comments

Question 13. Do you have any other comments?	I can understand the rational for having six Pou but I think that two and four could be integrated in some way. There is definite crossover resulting and some repetition.
	There would also be some merit in not repeating other NCNZ standards and code for practice but in some way referring to them.

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 □ No ⊠
Do you have any comments?	I am surprised that this was not consulted on separately as with the EN scope statement. I have concerns about using the phrase 'differential diagnoses'. This requires some clarification about what type of diagnoses is meant. Currently this language overlaps with medicine and may not be realistic for a new graduate nurse. It would take a significant amount of upskilling for all RNs to have enough knowledge and skill to make accurate differential diagnoses, this would be considered an advanced nursing skill. No professional responsibility
Question 29. What would you strengthen, change, or add to the proposed registered nurse scope of practice	
Do you have any other comments?	I am concerned about potentially unintended consequences firstly of the significant increase in the number of competencies on PDRP, annual performance reviews and competency assessments. When the review process began, we were led to believe that the intention was to decrease the amount of work nurses were required to do to evidence continuing competency. There is a risk that experienced nurses may choose to not do PDRP and potentially leave the profession rather than providing the increased amount of evidence. With rapidly increasing numbers of IQNs entering the country