4 December 2023

Te Whatu Ora
Health New Zealand

Catherine Byrne

Chief Executive and Registrar

Nursing Council of New Zealand

enreview@nursingcouncil.org.nz

Tēnā koe Catherine

Thank you for the opportunity to provide feedback on the *Enrolled Nurse education standards (and Amendments to Registered Nurse Education Standards)* consultation document.

We note that it is difficult to provide feedback without having the new Enrolled Nurse (EN) and Registered Nurses (RN) competencies available, and without the guidance that is being written regarding Kawa Whakaruruhau and Cultural Safety. It would be better if the standard could be cross-checked against the guidance so we can be sure the education standard will meet the requirements.

The proposals are numerous and wide-ranging therefore we will limit our feedback to a few key proposals that would directly affect workforce development.

General comment

The proposed changes provide a valuable opportunity to contemporise and align the education standards for Enrolled Nurses and Registered Nurses. The changes also provide an opportunity to:

- Strengthen obligations regarding Te Tiriti o Waitangi,
- Give clarity regarding the educational requirements of ENs in the new scope of practice.

From a workforce development perspective, we **strongly support** the proposals that:

- remove barriers to paying students while students are on clinical placement and
- reduce the numbers of clinical hours required to complete both the Enrolled Nursing Diploma and Bachelor of Nursing programmes.

The impact of these proposals will contribute to the development and implementation of important initiatives to help grow our domestic nursing pipeline. We also support the changes that embed the Te Tiriti o Waitangi partnership obligations into Standard One.

We **do not support** the proposal that:

- requires that clinical learning experience is not undertaken in a clinical area where student nurses (Enrolled or Registered) are employed.

Specific comments

Proposal to reduce by 200 and 100 the clinical hours required for ENs and RNs respectively.

We acknowledge the current competition for clinical placements is constraining the pipeline for growing Aotearoa New Zealand's domestic health workforce and a reduction in clinical placement hours will help alleviate this.

The notion that there is a direct relationship between the number of clinical hours and the desired competence is being increasing challenged in favour of an emphasis on assessing competence itself. This was summarised in your literature review.

Similarly, at international level the World Health Organisation guidelines stress the move towards outcomes-based approaches to standard setting in education, rather than input-based approaches, such as mandating a minimum number of hours.

This is particularly relevant in relation to our relationship with Australia via the Trans-Tasman Mutual Recognition Agreement which allows reciprocal registration between New Zealand and Australia. As a result of this, all nurses (registered and enrolled) who are educated in Australia can practise under their equivalent scope in New Zealand while having undertaken quite dissimilar mandated hours of clinical learning as shown in the table below:

	Australia	**New Zealand**
Enrolled Nurse	The student must undertake 400 hours (excluding simulation) of clinical training.[1]	The student must complete a minimum of 700 hours
Registered Nurse	The student must undertake over 800 hours of clinical experience.[2]	The student must complete a minimum of 1,000 hours

We suggest a further reduction of mandated hours of clinical learning in New Zealand to make them as consistent as possible with the required hours in Australia.

[1] *Diploma of Nursing HLT54121 | Victoria University (vu.edu.au)*

[2] *How to become a nurse - The University of Sydney*

Our understanding is that simulation does not count towards clinical hours, however this is not directly stated in the standard.

Proposal to prohibit ENs and RNs from undertaking their clinical learning where they are employed.

There are instances where such an arrangement would be impractical and could act as a disincentive for the student to undertake the clinical placement, especially if the student needs to move regions to find a suitable placement. For example, a small aged-care facility in a remote rural area may not be able to transfer the Health Care Assistant /student within the facility and the student would be forced to move to a different location to meet this standard.

We acknowledge that the student's learning environment should be supported and protected. We suggest, however, that potential conflicts arising from the student performing two different roles in the same environment be managed through guidelines that provide for changing shifts or supervisors when needed. We suggest this proposal is removed.

Suggested improvements to the proposed standards

The standards could be strengthened by:

- Incorporating into Standard 1 the language used in Standard 3 such as 'clearly defined and effective mechanisms' that ensure education providers act and are responsive to Māori. It is noted that policies and procedures are described as one such mechanism; however, the wording should be broadened to include other necessary structures and processes – including resourcing. It is noted that Standards 2 and 3 also mention the importance of resourcing.
- having regulated options for ākonga/students to move between qualifications in nursing by introducing requirements that promote consistent pathways and advice given by nursing education providers.
- providing clearer Recognition of Prior Learning (RPL) guidance to education providers to prevent unhelpful variability between programmes. This can come at a high financial cost to the student, who may not have the option of studying with another provider. The presumption should be towards accepting the RPL.
- setting the expectation that full credit will be given for enrolled nursing qualifications and clinical hours, so that a maximum of 180 credits (or fewer depending on workplace experience) is required to bridge to a nursing degree and RN registration.

We further suggest that you consider working collaboratively with other Regulatory Authorities, education providers and stakeholders to enable ākonga/students to move between qualifications and registration in health (not just nursing).

Communication

The change to the EN scope offers an opportunity to utilise the EN role more in models of practice across the health system, this will need a supportive planned approach to ensure the implementation of change is successful. Similarly, the changes to the education standard for both EN and RN offer good communication opportunities.

We have some suggestions on working and communicating with the sector and the general public after the consultation has closed. These may already been in your unpublished plans, we include them for completeness.

We recommend that you provide a transition plan, (including implementation and communication) considering the timing of all the change occurring in health and education sectors. Detailed sector guidance would be helpful to ensure that the changes are implemented as intended and without creating confusion.

The transition plan should transparently quantify, qualify, and communicate the risks and mitigations associated with implementing these proposed changes alongside other planned upcoming change. This could include:

- communicating with the health and education sectors regarding what the proposed changes will mean for the Council's Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice, and guidelines related to direction and delegation
- clarifying if student, consumer and tāngata whaikaha voice were included in the development.

We further suggest that you:

- work in partnership with key stakeholders (including the public) to conduct a post-implementation evaluation for the Council's various simultaneous changes. This would enable checking for unintended consequences

- undertake a regular, proactive cycle of collaborative review for all scopes of practice, competencies, standards, and guidelines. Regular review may help protect the health and safety of the public by ensuring nurses remain competent and fit to practise in the dynamic context that is health

- clearly articulate the difference between the EN and RN scopes to provide assurance that the proposed education standards are fit-for-purpose, and to provide the public and health and education sectors with clarity regarding what these changes will mean for EN and RN roles in practice.

We would be happy to meet with you to discuss any of these issues further.

In particular, once the education standards have been published, we would welcome a joint workshop in quarter 2 2024 between the Council, education providers and ourselves to discuss future models of study for nursing from a workforce planning perspective.

We look forward to hearing the outcome of your consultation and we forward to continuing to work with both you and the Council in future.

Nāku noa, nā

John Snook
Director Workforce Planning and Development
Te Whatu Ora

Emma Hickson
Chief Nurse
Te Whatu Ora

Nadine Gray
Chief Nurse
Te Aka Wahi Ora