

Tuhinga whai tohutohu | Consultation document

Enrolled Nurse education standards Amendments to Registered Nurse education standards

October 2023

Ngā pātai whaitohutohu | Consultation questions

Name of organisation/submitter: Health Informatics New Zealand Nursing and Midwifery Special Interest Group

We may publish submissions on our website. Please check the box below if you would like your response to be kept confidential.

Please keep this response confidential

Subject	Consultation questions	Your response
Generic set of education standards for nursing programmes leading to registration	<p>Do you agree with a generic set of education standards for all nursing programmes?</p> <p>If so, why?</p> <p>If not, why not?</p> <p>What changes would you suggest to this proposal to make it more meaningful for nursing education providers and programmes?</p>	<p>Yes, We agree with these education standards being generic for EN and well as RN.</p> <p>There is significant overlap of care that is provided and utilization of health resources by both these groups of nurses. Easier to add in differences where relevant.</p> <p>We also think that making them generic will mean that education providers can become very familiar with one standard, rather than two.</p>

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Standard One	<p>Do you agree with standard one and its criteria? If so, why? If not, why not?</p>	<p>Yes This could be strengthened from a digital health lens, by stating that priorities for Maori health can be strengthened through good understanding and use of health data.</p>
Te Tiriti o Waitangi	<p>Do you think standard one will enable nursing education providers and programmes to meet their Te Tiriti o Waitangi obligations? What changes would you suggest to standard one to make it more meaningful for nursing education providers and programmes?</p>	<p>Yes Support needs to be given to providers to ensure that this standard is met.</p>
Standard Two	<p>Do you agree with standard two and its criteria? If so, why? If not, why not?</p>	<p>Yes</p>
Safe care for the public	<p>Do you think standard two will ensure nursing education programmes' focus on safe and socially accountable practice? What changes would you suggest to standard two to make it more meaningful for nursing education programmes?</p>	<p>For the HiNZ Nursing Informatics group, we see this standard being related to our legal obligations. Adherence to accurate reporting, documentation and data entry should come into this. 2.14 - it could be added to this that pre-requisite knowledge also includes an awareness and safe use of digital health.</p>
Standard Three	<p>Do you agree with standard three and its criteria? If so, why? If not, why not?</p>	<p>Yes</p>
Academic governance, leadership and partnership	<p>Do you think standard three will ensure nursing education programmes' focus on safe and socially accountable practice? What changes would you suggest to standard three to make it more meaningful for nursing education programmes? Do you think criteria 3.1 reflects the positioning of the Head or Lead of</p>	<p>There should be a significant portion of academic staff that hold a Masters degree or higher.</p>

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	nursing to enable quality outcomes from the nursing education programme?	
Standard Four	<p>Do you agree with standard four, that includes individual schedules for EN and RN programmes of study, and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes/No</p> <p>Please do not reduce the number of clinical hours. We are not supportive of this, but some small allocation of hours (no more than 100 hours) could be achieved through simulation</p>
<p>Enrolled Nurse schedule</p> <p>Programme of Study</p>	<p>Do you think standard four will ensure nursing education providers and programmes enable graduates to achieve safe and competent practice?</p> <p>What changes would you suggest to standard four to make it more meaningful for nursing education providers and programmes?</p> <p>Do you agree with the proposed change to ākongā/students completing a minimum of 700 clinical hours and 900 hours if required?</p> <p>If the number of clinical hours is reduced, what measures would the Nursing Council use to evaluate EN ākongā/students quality learning experiences?</p>	<p>RN Programme:</p> <p>4.5</p> <p>-Use of AI (refers to current professional standards or direction from Te What Ora which currently is advising no use of AI), however, aware of the risks and potential future uses of AI in healthcare)</p> <p>-Use of data (Future Nurses need to be aware that clinical documentation is health information and data that is then used for x reasons). They need to know about clinical coding, estimated at 30% of national health information.</p> <p>-Telehealth (Scope, uses, limitations, opportunities)</p> <p>-Nurses need to know how to caution consumers about the use of AI tools, Dr Google etc.</p> <p>Please reconsider whether o-r_not social media needs to be in this section. It is already in section 2 under our legal obligations. Adding it here implies that we need to be using it in our practice and this still needs to be carefully considered.</p> <p>4.6</p> <p>Quality documentation (The Australian commission on safety and quality in health care, has far broader guidelines around quality documentation and documentation practices that are associated with unnecessary risk exposure). We would like to see more guidance/education around</p>

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		<p>terminology, eg. Refused medication versus declined medication, the implications of this written communication and bias, along with documentation guidance and appropriate terminology for transgender people, our rainbow community. Nurses are apprehensive about writing obesity, because of it could be offensive. This lends to the future thoughts around consumers accessing their health records. Are Nurses ready for this?</p> <p>There needs to be a learning outcome that includes the knowledge and skills to manage digital health.</p>
<p>Registered Nurse schedule</p> <p>Programme of Study</p>	<p>Do you think standard four will ensure nursing education providers and programmes enable graduates to achieve safe and competent practice?</p> <p>What changes would you suggest to standard four to make it more meaningful for nursing education providers and programmes?</p> <p>Do you agree with the proposed change to RN ākonga/students completing a minimum of 1,000 clinical hours and 1,400 hours if required?</p> <p>If the number of clinical hours is reduced, what measures would the Nursing Council use to evaluate RN ākonga/students quality learning experiences?</p>	<p>4.5</p> <ul style="list-style-type: none"> -Use of AI (refers to current professional standards or direction from Te What Ora, however, knows how to access information and future uses of AI in healthcare) -Use of data (Future Nurses need to be aware that clinical documentation is health information and data that is then used for x reasons). They need to know about clinical coding, estimated at 30% of national health information. -Telehealth (Scope, uses, limitations, opportunities) -Nurses need to know how to advise consumers about the use of AI tools, Dr Google etc. <p>Please reconsider whether or not social media needs to be in this section. It is already in section 2 under our legal obligations. Adding it here implies that we need to be using it in our practice and this still needs to be carefully considered.</p> <p>4.6</p> <p>Quality documentation (The Australian commission on safety and quality in health care, has far broader guidelines around quality documentation and documentation</p>

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		<p>practices that are associated with unnecessary risk exposure). We would like to see more guidance/education around terminology, eg. Refused medication versus declined medication, the implications of this written communication and bias, along with documentation guidance and appropriate terminology for transgender people, our rainbow community. Nurses are apprehensive about writing obesity, because of it could be offensive. This lends to the future thoughts around consumers accessing their health records. Are Nurses ready for this?</p> <p>There needs to be a learning outcome that includes the knowledge and skills to manage digital health.</p>
Standard Five	<p>Do you agree with standard five and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	Yes
Ākonga/Student Experience	<p>Do you think standard five will ensure students are appropriately supported?</p> <p>What changes would you suggest to standard five to make it more meaningful for nursing education providers, programmes, and students?</p>	We have no further comments to make on this standard from a digital health point of view.
Standard Six	<p>Do you agree with standard six and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	Yes
Ākonga/Student assessment	<p>Do you think standard six will ensure assessments are robust and effectively demonstrate graduates meet the competencies?</p> <p>What changes would you suggest to standard six to make it more</p>	We have no further comments to make on this standard from a digital health point of view.

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	meaningful for nursing education providers and programmes?	
Standard Seven	<p>Do you agree with standard seven and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p> <p>What changes would you suggest to standard seven.</p>	Yes
Emergency Events	<p>Do you think standard seven will enable nursing ākonga/students to contribute during emergencies to support communities?</p> <p>What changes would you suggest to standard seven?</p>	We have no further comments to make on this standard from a digital health point of view.
General Questions	Do you have any additional comments you would like to make regarding the consultation?	The knowledge, understanding and use of digital health is so prevalent in health care today that it should be firmly integrated into all aspects of nursing care delivery. Therefore it should be reflected in these program standards.