

Tuhinga whai tohutohu | Consultation document

Enrolled Nurse education standards Amendments to Registered Nurse education standards

October 2023

Ngā pātai whaitohutohu | Consultation questions

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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 do agree with a generic set of education standards. This makes sense as so much is the same for the RN and En Standards.</p> <p>Issues for enrolled nursing students</p> <p>Graduate workforce – transition into practice and the relationships with employers</p> <p>Key preparation for enrolled nurses who are going to be preceptors. EN's encouraged/allowed to do the preceptor programme – should be part of their development plan for the year/s.</p> <p>Open ended standards – that is providers can interpret. Rural providers there is no competition</p>

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		the institutions to have standardisation. Need to have consistent standards to ensure that the students are provided for.
Standard One	Do you agree with standard one and its criteria? If so, why? If not, why not?	Yes we agree and welcome this standard. No recommendation for any changes. It is clear and concise and everyone should be on the same page.
Te Tiriti o Waitangi	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?	Yes we think this standard will enable to meet Te Tiriti o Waitangi obligations. No recommendation for any changes. It is clear and concise and everyone should be on the same page.
Standard Two	Do you agree with standard two and its criteria? If so, why? If not, why not?	Yes agree with standard two but need additions to criteria, see below
Safe care for the public	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?	2.4 – include the NZNO code of ethics – important to have the ability to inform decision making – these are the professional nursing ethics statements for nursing in Aotearoa. 2.5 Vaccination requirements is part of their health checks to include the – entry requirements for clinical requirements for study or employment – MMR, Hep B 2.16 – clinical – need to outline the exemption process the NCNZ uses to approve a student to re-engage in the programme if failed twice. Need to find a rationale for the “2” – why is this?
Standard Three	Do you agree with standard three and its criteria? If so, why? If not, why not?	Yes agree with the standard and criteria

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Academic governance, leadership and partnership	<p>Do you think standard three will ensure nursing education programmes' focus on safe and socially accountable practice?</p> <p>What changes would you suggest to standard three to make it more meaningful for nursing education programmes?</p> <p>Do you think criteria 3.1 reflects the positioning of the Head or Lead of nursing to enable quality outcomes from the nursing education programme?</p>	<p>Yes and yes to 3.1.</p> <p>Suggested changes are:</p> <p>3.5 wording mistake – head or lead of nursing currently says head of lead</p> <p>3.6 add Enrolled Nurse Section as a stakeholder for the enrolled nursing programmes.</p>
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 agree with this standard and criteria. Definitely need individual schedules for EN and RN.</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>4.1 NZQA level 6 is preferred by the enrolled nurse section however a compromise was the level 5 with a transition paper at level 6. However</p> <p>Enrolled nurse education level – NZQA level 6 will need to be considered if NZNO campaigns for HCA level to be at NZQA 5. Key issues for enrolled nurses is the work undertaken by Te Whatu Ora workforce plans and documents. It is important the sector understands Enrolled Nurse exit at level 5 and that HCA cannot encroach into this.</p> <p>Hours of clinical – support the hours to be maintained at 900 for Enrolled nurses . EN students need as much clinical experience as possible during their programmes to prepare them for their future in nursing, cutting back on clinical hours will not prepare them sufficiently.</p> <p>4.4 Clarify definition of Nursing Focus, What does it include and what is the other 50% on</p>

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		<p>4.8 – bullet point 1. Simulation</p> <p>Simulation has its place – need references and statements to underpin the argument to keep simulation in the nursing programmes and these education standards so institutions have the resources to do high-fidelity simulation.</p> <p>Simulation has its place – practicing observations, doing a round, listening and literacy of health education.</p> <p>Simulation hours and the process – used in the programme or in the clinical hours</p> <p>It's worthwhile, on top of clinical hours in the healthcare settings</p> <p>Safe area to practice techniques or process or procedures</p> <p>Takes away risk, fear, anxiety – personal experience</p> <p>Absence of simulation – adds to the perception the nursing students are not prepared for the clinical environment.</p> <p>Used to expose others with no health experience to be comfortable with the equipment, tasks, environment.</p> <p>Time to look at policy and apply into practice</p> <p>Confidence – to demonstrate proficiency on the precedence.</p> <p>Working in partnership with RN can be simulated – scenarios and handover techniques and</p> <p>Communication – collegial relationships to understand patient or whanau communication</p> <p>add a new criterion for standard 4 regarding paid clinical placements – to ensure new models of payments are included – why do we want this – benefits – keep students in learning, disadvantaged with the costs associated with clinical placement – accommodation, child care, Provision of accommodation. Need look at the NSU student survey. should not be the survival of the fit and the wealthy to complete a nursing programme.</p>

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<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>We disagree with the nursing council reducing the number of hours for registered nurses and we strongly advocate for the hours to be maintained at 1100. RN students need as much clinical experience as possible during their programmes to prepare them for their future in nursing, cutting back on clinical hours will not prepare them sufficiently.</p> <p>add a new criterion for standard 4 regarding paid clinical placements – to ensure new models of payments are included – why do we want this – benefits – keep students in learning, disadvantaged with the costs associated with clinical placement – accommodation, child care, Provision of accommodation. Need look at the NSU student survey. should not be the survival of the fit and the wealthy to complete a nursing programme.</p>
<p>Standard Five</p>	<p>Do you agree with standard five and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes and No this seems to be from the student point of view. Add to 5.4 see below.</p>
<p>Ākonga/Student Experience</p>	<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>	<p>Yes and no</p> <p>5.4 – clinical placement providers or preceptors teaching students activities that are not in their scope of practice – this is a public safety risk. Preceptor should have a regulated nursing qualification, or a medical practitioner, certainly not an HCA or Khawhinia.</p> <p>5.9 Recognition of prior learning – Need nursing council to expand on the RPL standards. – NCNZ to include the ability to transfer institutions without barriers Evidence from Enrolled nurses – what have the members told us Can not transfer into programmes with no recognition of previous nursing experience Issues are – no recognition or all different in the process of RPL and the outcomes for enrolled nurses to progress into Registered Nurse scope of practice.</p>

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		<p>Silence on the RPL requirements is disadvantaging students.</p> <p>Ask NCNZ re Recognition of prior learning:</p> <ul style="list-style-type: none"> • there must be standardisation in the process for enrolled nursing. • No recognition of Ens who are trained in Australia into RN programme – need to take on the 3-year programme • If graduated from the same institution a NZ EN graduate is disadvantaged for going into the RN programme • No recognition of years of practice, workplace learning, validating the EN diploma as a valid qualification that can transfer into the RN programme. • Examples of areas that are disadvantaging enrolled nurses because nursing council does not specify or engage in proper articulation of RPL standards. <p>Transferability - no matter the institution you start in there is a process to complete the programme no matter the region a student resides.</p> <p>BN and EN program needs to be standardised so students can transfer to another tertiary institution to complete their program.</p>
Standard Six	<p>Do you agree with standard six and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes and no Tutors don't like failing students – this is comments from practice. New criteria needed to be included 6.7 see below.</p>
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 meaningful for nursing education providers and programmes?</p>	<p>6.7</p> <p>Preceptors to able to raise significant concerns about the competency of the students – the preceptors have an issue with the experience of the student</p> <p>Eg – unsafe practices – unsupervised medications, unable to write clinical notes, not speaking with patients and whanau – how they speak with patients or not . Taking on tasks that are not appropriate for the environment.</p>

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		Solution: the institution to undertake revision of the students competency prior to reengaging with the clinical practice environment. – add into the standard
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>	<p>No not completely as Emergency events are not just natural disaster or pandemic.</p> <p>It is not just health emergencies that impact upon the ability for students to complete required clinical placement hours and studies (institution).</p> <p>Need this standard to widen to all events that could impact upon the ability of the student to complete the clinical learning hours.</p> <p>Eg – general weather events, earthquakes, lack of roading, flooding, communications – power, internet, transportation – closure of public transport links, closures of certain areas. – AOS police interventions etc. Fire emergencies, strikes (of health care workers that prevents the students attending the area for clinical learning). Adhoc closures of facilities due to local covid / infectious disease outbreaks (RSV, noro, VRE etc) – ARC – Thames closed the aged care site.</p> <p>Emergency procedures – need to include civil defence emergency – regional and national emergencies – those appropriated named in the legislation enact the process of instructing communities.</p>
Emergency Events	<p>Do you think standard seven will enable nursing ākongā/students to contribute during emergencies to support communities?</p> <p>What changes would you suggest to standard seven?</p>	Yes as long as they had had some education on what was expected of them as students to contribute to an emergency situation. This would also be dependent on how far through their training they were.
General Questions	Do you have any additional comments you would like to make regarding the consultation?	