



Nursing Council of New Zealand Consultation Document

Enrolled Nurse Education Standards – Feedback November 2023

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Standard One

- It is excellent to see that cultural safety and cultural capability are taking for front in the amendments to the standards this will dovetail better with the changes to the unified Bachelor of Nursing allowing graduates of the DEN to seamlessly staircase into a bachelors should they wish to in the future.
- One of the key points for education providers will be to ensure that the supports are in place for ākongā via pastoral support, learning support and cultural support as appropriate especially with increasing numbers in this area of nursing education.

Standard Two

- One skill (2.3) that is missing is **research** to inform practice. Though this is diploma level there should be the ability to understand best practice stemming from current research and to be able to advocate for patients.
- Agreed that increasing Māori and Pacific nursing workforce is essential, but this is bigger than just strategies by the education provider and ideally would be led by nursing at a national level.
- Minimum entry criteria are essential to give ākongā the maximum opportunity to succeed. It is noted that those that are not prepared academically struggle to complete the programme.

Standard Three

- Agree with the changes to this standard
- Is good to see the final bullet point (3.10) requiring clinical teaching staff to undertake professional development for kaupapa Māori, mātauranga Māori, te reo, tikanga and Te Titriti o Waitangi. We would suggest that this is also a requirement for academic staff.

Standard Four

- 50% of the curriculum hours having a defined nursing focus is too low to ensure that there is enough time for learners to understand the context of nursing practice given the complexities and demographics of these ākongā. We would recommend ~70% to ensure given the short timeframe of this qualification and the limited theory hours that they can develop into independent practitioners.
- Flexibility of learning outcomes is a positive step for DEN providers.

- Fully supportive of a 240-hour Transition placement prior to sitting State Finals this will give the opportunity for ākonga to consolidate their learning and be well prepared for practice.
- Agree with 700 clinical hours with the option for 900 hours for those that require this to meet competence.
- We agree in principle with 4.10 however in practice we have found that this is not always possible given the intense pressure of the clinical area to enable to release staff for additional professional development.
- Clarification required re level of study if final Transition course is at Level 6 is this not then a level 6 diploma?

Standard Five

- Current policies and procedures and those being developed by Te Pūkenga will ensure that the criteria in this standard are being met.
- Aspects of 5.2 and 5.3 are aspirational, we strive to deliver a culturally safe and appropriate environment for all ākonga and are always looking for opportunities to enhance the experience for ākonga.

Standard Six

- Assessment processes are robust with post moderation a national process for all current providers.
- Ideally we would all like to meet 6.4 however we have an identified gap in the provision of preceptorship by Māori and/or Pacific nurses in practice there may need to be some leeway where there are demographic differences across the country.
- Assessment in te reo is part of the curriculum document (2.5) however this may pose some challenges due to the lack of te reo fluent Māori nurse educators.

Also included for discussion in this amendment

Bachelor of Nursing Clinical Hours - Proposed Change

- We do not support the reduction of clinical hours for the Bachelor of Nursing degree from 1100 (max 1500) down to 1000 clinical hours.
- There is no evidence to support either keeping 1100 or reducing to 1000 and until this is available it would be in the interest of public safety to remain at status quo.
- Evidence that competence has been met by 1100 hours by many ākonga would need further exploring and discussion given that most programmes currently offer more than the minimum 1100 hours.

Feedback and discussion - PEAC 17th November 2023

Diploma of Enrolled Nursing

- Most significant change related to clinical hours, reducing from 900 clinical hours to 700 clinical hours (removing 200 hours of simulation) but including a 240 clinical hours transition placement.
- Members very supportive of this reduction and the proposed transition placement, this will help prepare ākongā for practice.

Bachelor of Nursing clinical hours

- Included in the document is a proposed reduction for Bachelor of Nursing, from 1100 clinical hours down to 1000 clinical hours (no simulation allowed as clinical hours). Rationale for reducing hours is that most BN learners are competent by the time they reach 1000 hours. It is anticipated that reduction is likely to impact year two clinical experience. PEAC members all agreed that they are unsupportive of the reduction in clinical hours and would like to know more about where the statement about competency at 1000 hours has come from and evidence relating to this.
- Concerns that the reduction of BN clinical hours will add more pressure to transition placement and the staffing and preceptorship needed.
- Ākongā consistently express they want more clinical hours.
- Concerns from members that a reduction will make it difficult to give ākongā a comprehensive practical experience that covers the life-span with less hours.