

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>Mostly yes.</p> <p>Aligning both programmes has some advantages with ensuring standards are consistent.</p> <p>However, where there are some details provided, there is very little distinguishing the two programmes such as patient assessment and skills for searching for information to base practice on.</p> <p>There is reference to government's priorities which may change.</p>

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		There is a sense of reducing academic integrity throughout the document such as a reduction in required qualifications for academic staff.
Standard One	Do you agree with standard one and its criteria? If so, why? If not, why not?	In general yes. However, it would be good to know what the Kawa Whakaruruhau framework looks like before being able to comment on this addition.
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?	No doubt this will be challenged by resourcing.
Standard Two	Do you agree with standard two and its criteria? If so, why? If not, why not?	Yes. As above. Like the reference to rostered and rotating shiftwork.
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?	
Standard Three	Do you agree with standard three and its criteria? If so, why? If not, why not?	The standard needs further strengthening. The Head of Nursing needs to ensure quality teaching and learning, not just promote it. The qualification for academic staff no longer requires a Masters qualification. This does not support the academic integrity of a degree programme. Please reconsider. Clinical teaching staff are required to be less qualified than hospital Nurse Educators and yet have more responsibilities for the clinical practice outcomes. Clinical teaching staff need to have competence in clinical teaching, learning and assessment,

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		developing and maintaining relationships, having difficult conversations etc.
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>	As above
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>To support this standard, the following issues would need addressing:</p> <p>There is little difference articulated between the two programmes.</p> <p>RN graduates need integrated knowledge whereas EN graduates need knowledge of safety and quality standards – it is not clear what the difference means.</p> <p>Preceptor programme standards requires further development. Preceptors need to be competent in clinical teaching and learning, assessment, relationship development and difficult conversations.</p> <p>The reduction in clinical hours is a debated topic. We all know that it is more about clinical competence rather than hours. However, achieving competence in practice needs very clear, robust and evidence-based teaching, learning and assessment methods that reflect robust clinical learning outcomes. This is not reflected in the standards.</p> <p>Moreover, the current nursing population has a greatly reduced expert level of practice from which students can learn by good role-modelling, producing a deficit in the current learning environment. Therefore, a robust teaching, learning and assessment framework (as above) is required.</p>

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		<p>Finally, reducing hours to have greater numbers of students coming into the programme would benefit from some evidence to support this. It is doubtful that this would be the case.</p> <p>Competence is not the same as being work - ready or practice-ready. Therefore, a reduction in hours in the current climate may mean that employers will need greater investment in entry to practice programmes.</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>As above</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 ākongā/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 ākongā/students quality learning experiences?</p>	<p>As above</p>

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Standard Five	Do you agree with standard five and its criteria? If so, why? If not, why not?	yes
Ākonga/Student Experience	Do you think standard five will ensure students are appropriately supported? What changes would you suggest to standard five to make it more meaningful for nursing education providers, programmes, and students?	
Standard Six	Do you agree with standard six and its criteria? If so, why? If not, why not?	Students being preceptored by Enrolled or Registered Nurses who identify as Māori – please change wording around. This is positively aspirational. Please have some clarity on preceptors for the two different levels of programmes i.e.: RN students to have RN preceptors.
Ākonga/Student assessment	Do you think standard six will ensure assessments are robust and effectively demonstrate graduates meet the competencies? What changes would you suggest to standard six to make it more meaningful for nursing education providers and programmes?	
Standard Seven	Do you agree with standard seven and its criteria? If so, why? If not, why not? What changes would you suggest to standard seven.	yes
Emergency Events	Do you think standard seven will enable nursing ākonga/students to contribute during emergencies to support communities?	yes

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	What changes would you suggest to standard seven?	
General Questions	Do you have any additional comments you would like to make regarding the consultation?	It would be good to see some enhancement in the use of evidence-base pedagogy as well as nursing theory as a basis for the programme to sit alongside/ in partnership with the bi-cultural component.