

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>We agree to a generic set of education standards for all nursing programmes and the one specific standard for EN and RN.</p>

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Standard One	<p>Do you agree with standard one and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>We agree with Standard One being Te Tiriti o Waitangi partnership obligations although we would like to suggest a number of changes to the criteria to be clearer about how nursing education providers meet their partnership obligations. We have re-worded and re-ordered the criteria as follows:</p> <p>Move suggested 1.5 to Standard 5 alongside other criteria related to clinical learning experiences.</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?</p> <p>What changes would you suggest to standard one to make it more meaningful for nursing education providers and programmes?</p>	<p>1.1 Nursing education providers work in partnership with iwi, hapu and Maori to meet Te Tiriti o Waitangi obligations.</p> <p>1.2 Nursing education providers support a bicultural approach to design, delivery and review of nursing education programmes, this includes a Maori advisory group.</p> <p>1.3 Nursing education providers have policies /procedures that direct institutional culture ensuring cultural responsiveness to iwi, hapu and Maori.</p> <p>1.4 Nursing education providers have policies/procedures to take action in relation to decolonization, institutional racism and unconscious bias within their institutions.</p> <p>1.5 Nursing education providers have processes to ensure appropriate inclusion of te ao Maori (a Maori worldview) and mātauranga Maori (Maori knowledge) within nursing education programmes and these are protected as taonga.</p> <p>1.6 Nursing education programmes ensure akonga/students reflect on their experiences of establishing relationships and working in partnership with Maori and providing culturally responsive care to improve health outcomes and equity.</p>
Standard Two	<p>Do you agree with standard two and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes</p> <p>The criteria are clear about the expectations that Education Providers need to meet in nursing programmes.</p>
Safe care for the public	Do you think standard two will ensure nursing education programmes' focus	Overall yes with some additions as follows:

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	<p>on safe and socially accountable practice?</p> <p>What changes would you suggest to standard two to make it more meaningful for nursing education programmes?</p>	<p>Criteria 2.1</p> <p>For last bullet point add- ...the importance of tikanga me te reo Maori when caring for Maori and their whanau.</p> <p>In Criteria 2.3 cultural safety, respect, responsiveness, diversity and inclusion are highlighted but open to interpretation.</p> <p>Suggest under kawa whakaruruhau framework the following included:</p> <ul style="list-style-type: none"> Principles of cultural safety Cultural responsiveness Diversity and inclusiveness <p>Great to see the emphasis on increasing Maori and Pacific workforces to meet population needs.</p>
<p>Standard Three</p>	<p>Do you agree with standard three and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes</p> <p>Criteria clear and explicit about requirements</p>
<p>Academic governance, leadership and partnership</p>	<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</p> <p>For 3.10 would like to see the final bullet point under clinical teaching staff to be included for academic staff- everyone should have continued development in kaupapa Maori etc.</p> <p>Yes</p>
<p>Standard Four</p>	<p>Do you agree with standard four, that includes individual schedules for EN and RN programmes of study, and its criteria?</p>	<p>Yes</p>

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	<p>If so, why?</p> <p>If not, why not?</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>Yes</p> <p>Criteria 4.2 Suggest some rewording: ...shaped by Maori cultural knowledge that reflects application of the principles of Te Tiriti o Waitangi. The education provider must work effectively with Maori to improve health equity and provide clinical learning experiences that support ākongā/students to integrate te ao Maori and te reo Maori into practice when working with Maori to demonstrate Kawa whakaruruhau.</p> <p>Criteria 4.6 Include integration of Maori and Pacific models of health and wellbeing. For final bullet point- how will respect for diversity be measured? Respect means different things to different people so what does this mean for nursing? Needs to be more clearly defined.</p> <p>To ensure quality learning experiences in reduced clinical hours will be dependent on the preceptorship models used across different health providers and their ability to create quality learning environments. With increasing numbers of IQNs need to consider how IQNs are supported to transition to what is required.</p> <p>Some knowledge and experience can be best gained in real situations although there is also a place for simulation both low and high fidelity. The following real experiences will be valuable- Engagement with health consumers, communication skills, understanding and managing the complexity of care and acuity in different contexts and acuity, developing assessment skills and interpreting findings and recognizing early signs of changes in condition,</p>

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	<p>If the number of clinical hours is reduced, what measures would the Nursing Council use to evaluate EN ākonga/students quality learning experiences?</p>	<p>planning care with health consumers, working in teams, interdisciplinary care to name a few.</p> <p>Will need to develop clear criteria or framework that education providers use to inform assessment of simulation and real situation learning experiences that assess and measure clinical and cultural practice.</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>Yes</p> <p>Criteria 4.2 Suggest some rewording: ...shaped by Maori cultural knowledge that reflects application of the principles of Te Tiriti o Waitangi. The education provider must work effectively with Maori to improve health equity and provide clinical learning experiences that support akonga/students to integrate te ao Maori and te reo Maori into practice when working with Maori to demonstrate Kawa whakaruruhau.</p> <p>Criteria 4.6 Include integration of Maori and Pacific models of health and wellbeing. For final bullet point- how will respect for diversity be measured? Respect means different things to different people so what does this mean for nursing? Needs to be more clearly defined.</p> <p>To ensure quality learning experiences in reduced clinical hours will be dependent on the preceptorship models used across different health providers and their ability to create quality learning environments. With increasing numbers of IQNs need to consider how IQNs are supported to transition to what is required.</p> <p>Some knowledge and experience can be best gained in real situations although there is also a place for simulation both low and high fidelity. The following real experiences will be valuable- Engagement with health consumers, communication skills, understanding and</p>

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	<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>managing the complexity of care and acuity in different contexts and acuity, developing assessment skills and interpreting findings and recognizing early signs of changes in condition, planning care with health consumers, working in teams, interdisciplinary care to name a few.</p> <p>Will need to develop clear criteria or framework that education providers use to inform assessment of simulation and real situation learning experiences that assess and measure clinical and cultural practice.</p>
Standard Five	<p>Do you agree with standard five and its criteria? If so, why? 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>	<p>Yes as the diverse needs of students are considered.</p> <p>Bring criteria 1.5 to standard 5 and reword from ‘undertake learning experiences in te ao Maori’ To ...learning experiences to support application of matauranga Maori and te reo Maori when caring for Maori.</p>
Standard Six	<p>Do you agree with standard six and its criteria? If so, why? 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 meaningful for nursing education providers and programmes?</p>	<p>Important to ensure assessment is inclusive of clinical and cultural practice, assess application of Te Tiriti o Waitangi, kawa whakaruruhau and cultural safety in practice.</p>

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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>Yes</p> <p>Reflects the experience of and changes made in response to the COVID-19 pandemic.</p>
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>	<p>Yes</p>
General Questions	<p>Do you have any additional comments you would like to make regarding the consultation?</p>	<p>Since the introduction of the Treaty of Waitangi, Kawa Whakaruruhau and cultural safety in nursing programmes, there has been inconsistency between programmes in the integration to the programmes and delivery of these key concepts and application to practice.</p> <p>It is unfortunate that the review of the Guidelines for Treaty of Waitangi, Cultural Safety and Maori Health has not been completed prior to the Education Standards. The anticipated changes to the Guidelines could have better informed these standards.</p>