

# Enrolled Nurse education standards. Amendments to Registered Nurse education standards

## Ngā pātai whaitohutohu – Consultation Questions

**Name of organisation/submitter:** *Te Whatu Ora Waitaha Nursing Leadership Group and Nursing Workforce Development Team*

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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	Do you agree with a generic set of education standards for all nursing programmes? If so, why? If not, why not? What changes would you suggest to this proposal to make it more meaningful for nursing education providers and programmes?	<b>Agree</b> <ul style="list-style-type: none"> <li>• Recognises Māori approaches to health</li> <li>• Continuity of learning available in health education across the motu</li> <li>• Ease of student education programme transfer across the motu</li> <li>• Clinical placement consistency</li> <li>• More consistency re. staircasing / scaffolding for ENs and others e.g. kaiāwhina and IQNs</li> </ul>
<b>Standard One</b>	Do you agree with standard one and its criteria? If so, why? If not, why not?	<b>Agree</b> <ul style="list-style-type: none"> <li>• Will assist with understanding and commitment to adhere to Te Tiriti o Waitangi principles for Academic and Health Workforce</li> <li>• Will impact positively on health equity for Māori and health outcomes</li> </ul>
Te Tiriti o Waitangi	Do you think standard one will enable nursing education providers and programmes to meet their	<b>Agree</b> <ul style="list-style-type: none"> <li>• Important to ensure that all tertiary education providers (TEOs) have the same understanding of Māori health and capability to be able to work in active</li> </ul>

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	<p>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>partnership with iwi, hapu and Māori. This includes all levels of training i.e. from level 3-10</p> <ul style="list-style-type: none"> <li>• Ensuring staff within the TEOs have the appropriate level of knowledge and partnerships with iwi, hapū and Māori will be key to achieving Standard one</li> </ul>
<p><b>Standard Two</b></p>	<p>Do you agree with standard two and its criteria? If so, why? If not, why not?</p>	<p><b>Agree</b></p> <ul style="list-style-type: none"> <li>• Particularly like the inclusion of respect which is determined by the person (recipient) of care, acknowledges all – equity, diversity and inclusiveness but would value understanding how this would be measured from a competence evidence point of view?</li> <li>• 2.1 Agree with the importance of integration of Te Tiriti o Waitangi, Kawa whakaruruhau, Te ao Māori and tikanga me te reo Māori throughout the entire programme</li> <li>• 2.4 Incorporates professionalism, ethical practice – code of conduct, professional boundaries guideline for social media and electronic communications</li> <li>• 2.6 Highlights importance of collaboration between national workforce/sector and academic provider to achieve identified workforce priorities</li> <li>• 2.9 The purpose of an alternative admission category to attract a wide range of suitable applicants who have life experiences and better mirror and understand the health needs of Aotearoa. This is under the provision that additional supports are readily available for literacy and academic preparation as/if required.</li> </ul> <p><b>Disagree</b></p> <ul style="list-style-type: none"> <li>• 2.2 Our preference would be to remain with status quo in that the educational institution <u>must provide a programme leading to registration as a registered nurse prior to applying for accreditation to offer a programme leading to registration as an Enrolled Nurse.</u> For the following reasons: <ul style="list-style-type: none"> <li>○ This allows the “programmes” to collaborate, “speak the same language”</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>○ This would help to ensure clinical placement consistency and relationships between TEOs and placement providers</li> <li>○ A consistent approach in delivery of Te Tiriti o Waitangi principles, policies, procedures, roles and responsibilities, communication, Kawa Whakaruruhau, health and wellbeing</li> <li>○ Assist in understanding both scopes of practice and fostering collaboration and partnership</li> <li>○ This avoids any conflicts of interest in independent providers who may be attached to organisations requiring a workforce pipeline. We believe neutrality is key.</li> </ul>
Safe care for the public	<p>Do you think standard two will ensure nursing education programmes focus 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><b>Agree</b></p> <ul style="list-style-type: none"> <li>• This section appears to address "...'exiting' ākonga/students who are not achieving academic, clinical learning or professional outcomes...", but does not explicitly address cultural issues or how concerns of this nature might be addressed</li> <li>• Also, important to include education around bias, power imbalance and structural racism. As these are some of the most insidious and difficult to address issues and are too often not included as essential educational components in and of themselves, but also as the critical context to all other topics</li> </ul>
<b>Standard Three</b>	<p>Do you agree with standard three and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p><b>Agree</b></p> <ul style="list-style-type: none"> <li>• 3.11 also important to acknowledge the importance of input from clinical placement providers across the health system in relation to quality assurance</li> <li>• 3.7 agree important to have council approved programme leader present at each site</li> <li>• 3.8 strongly agree and acknowledge the importance of lecturers of kaupapa and mātauranga Māori receiving ongoing support for development and delivery of content</li> </ul>

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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>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><b>Agree</b></p> <ul style="list-style-type: none"> <li>• 3.1 criteria captures core components and attributes required for the Head of nursing role. However, further information/detail is still required in relation to how it will be ensured that leaders of education programmes are knowledgeable in tikanga and how the team is led to ensure consistency with the principles of Te Tiriti o Waitangi” and that they have “strategic and functioning partnerships with iwi, hapū, and Māori”</li> </ul>
<b>Standard Four</b>	<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><b>Agree</b></p> <ul style="list-style-type: none"> <li>• 4.1 With the revised EN scope fully supportive of 30 credits at level 6</li> <li>• 4.5 Supportive of teaching and learning reflecting contemporary practice and the inclusion of data use</li> </ul> <p><b>Unsure</b></p> <ul style="list-style-type: none"> <li>• 4.2 All these education components that are addressed here need to be contextualised within education about structural racism, bias and power imbalances for instance.</li> <li>• Under 4.4 for ENs and the RN schedule- 50% of curriculum theory has a defined nursing focus - we acknowledge there will be other foundation knowledge to be learnt – query if this is the correct balance?</li> <li>• 4.6 Māori health priorities have not been mentioned here. There is no mention of people with disabilities, those in the LGBTQIA+ community or any other minority groups.</li> <li>• Under 4.6 for ENs- some of the leaning outcomes that are not explicit are: <ul style="list-style-type: none"> <li>○ Anatomy and Physiology</li> <li>○ Pathophysiology</li> <li>○ Communication</li> </ul> </li> </ul>
Enrolled Nurse schedule  Programme of Study	<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</p>	<p><b>Agree</b></p> <ul style="list-style-type: none"> <li>• 4.1 In support of 30pts at level 6. With the broadening of the EN scope of practice it would be critical to ensure that this level 6 paper contains elements of Health Assessment, Pharmacology and Critical Thinking</li> </ul>

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	<p>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>	<ul style="list-style-type: none"> <li>• Supportive of 6-week continuous transition to practice placement.</li> </ul> <p><b>Disagree</b></p> <ul style="list-style-type: none"> <li>• 4.8 Particularly in light of the newly revised EN scope of practice there is <u>concern raised in related to the minimum clinical hours being reduced by 200 hours.</u></li> <li>• Clinical placements are integral in learning, preparing the student for the reality of the role of working alongside the individual/whanau providing culturally safe care</li> <li>• With the reduction in hours student clinical placement would be reduced to less than 4 weeks in some areas. As a result of this the ability for the ākongā to receive a robust learning experience and assessment would be compromised. This may result in some ākongā subsequently not achieving success in final placement when issues become apparent.</li> <li>• Limited ability to provide constructive learning experiences across a variety of different clinical settings with reduced hours</li> <li>• Clinical learning experiences in a variety of settings (i.e. te ao Māori ) is key to achieve Pae Ora (healthy futures) and honor Te Tiriti o Waitangi. Due to resourcing and volume its often difficult for ākongā to obtain clinical placements within Māori communities and kaupapa Māori services, further exploration is required in relation to how to enable this</li> </ul>
<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</p>	<p><b>Agree</b></p> <ul style="list-style-type: none"> <li>• 4.9 in support of the clarification provided surround need for an evidence-based clinical teaching and learning model – e.g. DEU. Also, in support of clarification surrounding the supernumerary nature of student placements</li> <li>• 4.10 and 4.12 reinforces the importance of the relationship and collaboration between academic provider and clinical provider to ensure ākongā success and robust assessment</li> <li>• 4.8 Agree re. maintaining the continuous 360hr transition to practice placement</li> </ul>

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	<p>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><b>Unsure</b></p> <ul style="list-style-type: none"> <li>• 4.6 – Māori health priorities appear to have been missed off here. There is no mention of people with differing abilities, those in the LGBTQIA+ community or any other minority groups</li> <li>• Clinical learning experiences in a variety of settings (i.e. te ao Māori) is key to achieve Pae Ora (healthy futures) and honour Te Tiriti o Waitangi. Due to resourcing and volume its often difficult for ākonga to obtain clinical placements within Māori communities and kaupapa Māori services, further exploration is required in relation to how to enable this.</li> <li>• Reduction in clinical hours: <ul style="list-style-type: none"> <li>○ The reduction of clinical hours to 1000 minimum is likely to result in less clinical experience in areas where we are experiencing particular workforce shortages and knowledge deficits in new graduates. i.e. mental health, aged residential care and primary health care. This will need to be carefully thought through.</li> <li>○ The future RN workforce needs to be adequately prepared to work at the top of scope rapidly to meet the needs of an increasingly complex healthcare environment, rapidly changing technology and the progressive change to skill mix and experience of the nursing workforce</li> <li>○ Interpersonal and communication skills are key to nursing and clinical experience is essential to develop these skills</li> <li>○ Shorter clinical placements may impact on the ability for the ākonga to receive a robust learning experience and assessment noting there is always the ability to extend if required but timing will be very difficult should extension be required due to the sheer volumes we are putting through.</li> <li>○ If the clinical hours are to be reduced a robust review incorporating ākonga success rates, and feedback from both nursing education and clinical learning provider, employers of new graduate nurses and ākonga should be included.</li> <li>○ Supportive of the ability to provide up to 1400hrs of clinical to ensure ākonga success however, with such large student nurse volumes within our region there would be very limited</li> </ul> </li> </ul>

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		ability to provide this i.e. as one cohort finishes another commences
<b>Standard Five</b>	Do you agree with standard five and its criteria? If so, why? If not, why not?	<b>Agree</b> <ul style="list-style-type: none"> <li>Identifies learning needs and cultural safety, pastoral and personal wellbeing supports for all students inclusive of Māori and Pacific people and the need for processes to ensure students can raise and report any issues in relation to clinical learning experiences</li> </ul>
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?	<b>Agree</b> <ul style="list-style-type: none"> <li>Students will be appropriately supported provided the education providers are accountable for ensuring clear procedures and supportive learning opportunities are in place. As a result, the needs of all student cohorts that represent the Aotearoa New Zealand population will be met.</li> <li>5.3 – This criterion needs to explicitly outline that the Cultural Safety and culturally appropriate supports but must be deemed as such by the ākonga themselves and not by the educator</li> <li>As already mentioned need to consider people with differing abilities, those in the LGBTQIA+ community or any other minority groups</li> </ul>
<b>Standard Six</b>	Do you agree with standard six and its criteria? If so, why? If not, why not?	<b>Agree</b> <ul style="list-style-type: none"> <li>Standard six highlights the importance of assessing ākonga against competencies to enable successful completion of the programme.</li> </ul>
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?	<b>Agree</b> <ul style="list-style-type: none"> <li>6.4 highlights that these options are if the ākonga chooses them, to acknowledge that not all Māori might wish to follow these pathways so flexibility is key</li> <li>6.5 signing off of summative assessments by either RN or EN – the key to the appropriateness depends on the knowledge, skill, attitude, values and abilities of the RN/EN. This would also include an expectation that the RN /EN has attended preceptor training and has knowledge of the required scope of practice and assessment criteria</li> </ul>

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		<ul style="list-style-type: none"> <li>• Changes would include that EN students in placement would be preceptored by an experienced EN and by an RN to ensure a robust effective good working knowledge of both scopes. Diversity and role modelling are important in any learning environment</li> <li>• Criteria (old) 6.7 should remain for final assessment and to be undertaken jointly by an EN/RN in clinical with academic staff.</li> </ul>
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><b>Agree</b></p> <ul style="list-style-type: none"> <li>• Well defined and clearly articulates that the safety of the ākonga is paramount and this is voluntary</li> <li>• This standard is more defined then previously so ākonga and industry have a greater understanding of possibilities and expectations</li> </ul>
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><b>Agree</b></p> <ul style="list-style-type: none"> <li>• Yes, this also values the integral role that nursing students undertake across the health system</li> <li>• 7.3 Agree with these hours however don't support any further reduction to the proposed 700hrs for ENs if authorised</li> </ul>
General Questions	<p>Do you have any additional comments you would like to make regarding the consultation?</p>	