

Tuhinga whai tohutohu | Consultation document

Enrolled Nurse education standards Amendments to Registered Nurse education standards

October 2023

Ngā pātai whaitohutohu | Consultation questions

Name of organisation/submitter:

We may publish submissions on our website. Please check the box below if you would like your response to be kept confidential.

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>It is appropriate to have consistency with identified education standards throughout Aotearoa.</p> <p>There are English terms that are used in Te Tiriti and Kawa Whakaruruhau standards. These English terms are not consistent with the intent related to Te Tiriti and Kawa Whakaruruhau. these and would support Māori term for these. NCNZ needs to show action and support through correct Māori terminology related to criteria of 1.1, 1.2,1.3, and1.4. This would then be more advantageous to support and an authentic co-design and delivery of these criteria.</p>

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		Key consideration is about course teaching and how Kaiako deliver in the teaching learning space. The importance is for Kaiako to be flexible and adaptable to the community and ako learning needs.
Standard One	Do you agree with standard one and its criteria? If so, why? If not, why not?	
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?	The New Scope of practice statement requires to be active, and action orientated toward application of Te Tiriti o Waitangi. In the standards, this is silent and must be explicitly worded. This could be in either 1.5 or 1.7. 1.5 how they utilize could be how ākonga adopt 1.7 the term achieve could be ... to demonstrate Overall, I would prefer a Māori term that authenticates and resonates with the intended meaning.
Standard Two	Do you agree with standard two and its criteria? If so, why? If not, why not?	
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?	Additional changes would be the inclusion of sociology and inclusive communication. Te Ao Māori and sociology to assist with ākonga better understanding the context of lived realities. Inclusive communication – enables ākonga with skills to apply nursing knowledge and develop confidence with responding and advocating for public safety.

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		The term public safety – should this be considered a term to be in te reo māori as well.
Standard Three	Do you agree with standard three and its criteria? If so, why? If not, why not?	Not all Kaiako have knowledge or knowledge of how te Tiriti five principles and values are applied in nursing.
Academic governance, leadership and partnership	Do you think standard three will ensure nursing education programmes' focus on safe and socially accountable practice? What changes would you suggest to standard three to make it more meaningful for nursing education programmes? 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?	Public Safety and does this term need to be on the reference list? 3.8 would explicitly include te Tiriti in this criterion. The explicit inclusion of the NCNZ te Tiriti o Waitangi goals of Mana Whakahaere, Mana Motuhake , Mana Tangata and Mana Māori embedded and that these can then be better acknowledged with Kaiako performance review in 3.10.
Standard Four	Do you agree with standard four, that includes individual schedules for EN and RN programmes of study, and its criteria? If so, why? If not, why not?	There requires to be individual schedules as the need to be adaptive to ākongā diverse learning.
Enrolled Nurse schedule Programme of Study	Do you think standard four will ensure nursing education providers and programmes enable graduates to achieve safe and competent practice?	Given standard 4.5 outlays the goal of teaching students to use digital health care delivery systems (eg: pyxis machine, medimap or ePA that is being rolled out across various hospitals) and e-documentation we would likely need to have these systems updated in the labs so we can teach this. Criterion 4.2. Need to be consistent with the term cultural safety. Should read as kawa

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	<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>whakaruruhau. This then would align the New Scope of Practice statement with Standard one.</p> <p>4.6 and 4.7: Include application of pathophysiology to the content requirements.</p> <p>No, given the L6 is included in this. Diploma students are mostly kinesthetic – they need all hours available for practical application of knowledge and skills, to allow time to understand scope and role, especially for English as a second language learner.</p> <p>EN ākongā are mostly kinesthetic learners and through clinical settings is where ākongā learn nursing theory and how this is applied in nursing practice. Importantly clinical is where ākongā are more aware of the expectations of the role and scope of nursing and become socialised into the profession. To cut or reduce clinical hours would not benefit the student nor would it allow enough time to assess their knowledge and skills against their competencies.</p> <p>Clinical also addresses ākongā communication knowledge and skill. In this nursing school there are many English as an additional language. Most ākongā require clinical to develop and support the professional communication development required in the nursing profession, and to develop confidence with advocating for tangata whenua and marginalized groups.</p> <p>However, if the hours were reduced it would be beneficial to create summative lab scenario assessments that reflect L5 knowledge/skills. Other options could explore the inclusion of a written summative exam and/or reflective assignment OR case study.</p> <p>Importantly, socialisation in the nursing profession may have an impact. For example, learning to manage conflict in teams.</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>Need to ensure consistency with Standard One related to kawa whakaruruhau and Cultural Safety</p> <p>Criterion 4.6 inclusion of the term kawa whakaruruhau and cultural safety.</p> <p>Agree that this allows for flexibility for the individual ākonga.</p> <p>Ensuring ākonga have been working at the required level for a period of time and not just having met the standard for a shift or week.</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>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>Criterion 5.3 the term kawa whakaruruhau and Cultural safety</p> <p>5.9: addition? should students who request an RPL into another programme have a knowledge and skills exam to assess the level/year to which they can enter</p>
<p>Standard Six</p>	<p>Do you agree with standard six and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	
<p>Ākonga/Student assessment</p>	<p>Do you think standard six will ensure assessments are robust and effectively</p>	<p>6.4: if the student wishes. Some students who identify as Māori do not wish to have an EN/RN mentor who is same ethnicity. There are cultural</p>

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	<p>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>complexities that often dictate [for the student] whether they want to</p> <p>6.5: to be clear that if a formative is used to inform a student where their skills/knowledge sits they are still obliged to complete the summative assessment for both clinical and education provider environments.</p> <p>6.6 Great to see pharmacotherapeutics now part of content</p>
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>	
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>	<p>7.4: EN training: 200hrs simulation should not replace real life clinical learning. Some students struggle with engaging in simulation and/or don't thrive because of culture or personality. If BN/RN students are still expected to complete clinical learning hours, EN students should too. The Diploma is so short, they have limited exposure especially in year 2 L5, with only 4 weeks clinical in each of the three L5 papers. Lab simulation is not a replacement for real life nursing care/decision making. Perhaps 150hrs lab simulation (as replacement) and 50hrs residential care OR pause/delay clinical until emergency has resolved</p>
General Questions	<p>Do you have any additional comments you would like to make regarding the consultation?</p>	