Handbook for nursing departments offering programmes leading to registration as an enrolled nurse or a registered nurse
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Section 1: Introduction

1.1 In terms of the Health Practitioners Competence Assurance Act 2003, the Nursing Council of New Zealand (‘Nursing Council’) is responsible to the public of New Zealand for the registration of nurses including enrolled nurses and registered nurses. In carrying out this function the Nursing Council works with schools of nursing* in educational institutions, as well as with individual candidates who apply for registration as an enrolled nurse or registered nurse.

1.2 The Nursing Council prescribes the qualifications required for the scopes of practice, and for that purpose accredits and monitors educational institutions and degrees, courses of studies, or programmes. The Nursing Council sets and monitors standards for registration, provides guidelines for nursing education, administers State Final Examinations and receives applications for registration.

1.3 The purpose of this handbook is to inform schools of nursing of the Nursing Council’s legislative requirements and current policies regarding nursing education, the State Final Examinations and applications for enrolled nurse and registered nurse registration.

* The term school is used throughout this document to describe the administrative structure in which nursing programmes are located.
Section 2: Standards

2.1 Standards for nursing schools

2.1.1 All institutions seeking to establish a school of nursing and offer a nursing programme leading to a bachelor degree in nursing and registration in the registered nurse scope of practice or diploma in enrolled nursing and registration in the enrolled nurse scope of practice, are assessed against the Guidelines for the accreditation of institutions seeking to establish a school of nursing (Appendix 3). This is both a regulatory and a quality assurance process.

2.2 Programme standards

2.2.1 All programmes are assessed against the Education programme standards for the registered nurse scope of practice (Appendix 4) or Education programme standards for the enrolled nurse scope of practice (Appendix 5). Candidates put forward to sit the State Final Examination must have successfully completed a Nursing Council-accredited bachelor degree in nursing programme or diploma in enrolled nurse programme, have been assessed as meeting the Nursing Council’s Competencies for the registered nurse scope of practice or Competencies for the enrolled nurse scope of practice, and be recommended by the Head of Nursing under section 16 of the Health Practitioners Competence Assurance Act 2003.

2.3 Processes for assessing standards

2.3.1 Accreditation

2.3.1.1 The purpose of the Nursing Council accreditation process is to ensure the provider meets and the programme complies with the relevant Nursing Council Education programme standards for the registered nurse scope of practice or Education programme standards for the enrolled nurse scope of practice.

2.3.1.2 The terms of reference for a programme accreditation are to determine that:

- the nursing school has the necessary facilities and quality management systems to run a pre-registration bachelor degree in nursing or diploma in enrolled nursing programme
- curriculum development and delivery comply with the Nursing Council's Education programme standards for the registered nurse scope of practice and the Competencies for the registered nurse scope of practice or Education programme standards for the enrolled nurse scope of practice and Competencies for the enrolled nurse scope of practice.

2.3.1.3 The accreditation process is in two parts – a desk review of documentation submitted and a site visit.
2.3.1.4 The school must include the appropriate fee with the application for accreditation (Appendix 10).

2.3.1.5 The Nursing Council accredits a programme and determines the timeframe for ongoing monitoring.

2.3.2 Monitoring

2.3.2.1 The purpose of the Nursing Council’s monitoring process is to ensure the programme continues to meet the specified standards.

2.3.2.2 The terms of reference for programme monitoring are to determine that:

- the nursing school has the necessary facilities and quality management systems to run a pre-registration bachelor degree in nursing or diploma in enrolled nursing programme
- curriculum development and delivery complies with the Nursing Council’s Education programme standards for the registered nurse scope of practice and Competencies for the registered nurse scope of practice or Education programme standards for the enrolled nurse scope of practice and Competencies for the enrolled nurse scope of practice.

2.3.2.3 A monitoring schedule is determined by the Nursing Council. Monitoring dates are negotiated and confirmed with schools. The monitoring tool, information on the process and documentation requirements are provided in advance.

2.3.2.4 The monitoring process is in two parts – a desk review of the documentation submitted (required 6 weeks prior to the visit) and a site visit.

2.3.2.5 The school will be invoiced the gazetted fee once the monitoring visit has been completed.

2.3.2.6 The monitoring team shall comprise a lead auditor and others (usually two) trained to undertake monitoring against the Nursing Council education programme standards. All team members will have the appropriate educational and/or clinical experience to undertake the role.

2.3.3 Self-monitoring

2.3.3.1 For each accredited programme, the Nursing Council requires a copy of the programme annual report by 1 May of the following and each subsequent year.

2.3.3.2 An updated copy of the curriculum should be sent to the Nursing Council at any time a change is made. The Nursing Council has adopted the New Zealand Qualifications Authority (NZQA) definition from the Guidelines for approval of programmes of study leading to qualification listed on the New Zealand Qualifications Framework (NZQF) and accreditation of tertiary education providers – section 4 (Appendix 6).
Section 3: Curriculum framework for the bachelor degree in nursing

3.1 Structure

3.1.1 The bachelor degree in nursing provides the framework for entry to the registered nurse scope of practice.

3.1.2 The programme provides a minimum of 1100 clinical experience hours for all students, with all students being entitled to 1500 clinical experience hours in which to demonstrate competence. Simulation hours cannot be included in clinical experience hours. Paid work by students as an enrolled nurse or unregulated caregiver cannot be counted as clinical experience hours.

An extended clinical experience of 360 hours minimum is included in the final semester of the programme to enable the student to meet the Nursing Council’s Competencies for the registered nurse scope of practice and as preparation for transition to practice.

Any changes to a curriculum to reduce hours of clinical experience must be in accordance with section 2.3.3.2 of this handbook. Any reduction in hours for individual students must be in accordance with the recognition of prior learning policy (see Section 5: General Policies 5.3).

3.1.3 Fifty per cent (50%) of theory hours are to have a clear nursing focus.

3.2 Content

Refer to standard two of the Education programme standards for the registered nurse scope of practice (Appendix 4).

3.3 Clinical experience

Refer to standard two of the Education programme standards for the registered nurse scope of practice (Appendix 4).

3.4 Competencies

3.4.1 All candidates for registration must meet the Competencies for the registered nurse scope of practice (Appendix 1). There are four domains of competence for the registered nurse scope of practice. Evidence of safety to practise as a registered nurse is deemed to be provided when the applicant demonstrates the competencies within the four domains.
Section 4: Curriculum framework for the diploma in enrolled nursing

4.1 Structure

4.1.1 The diploma in enrolled nursing provides the framework for entry to the enrolled nurse scope of practice.

4.1.2 The structure of the programme provides for 1800 hours – 900 hours of theory and 900 hours of clinical experience. The programme will be an 18 month diploma in enrolled nursing at level 5 on the NZQA NZQF.

Any changes to a curriculum to reduce hours of clinical experience must be in accordance with section 2.3.3.2 of this handbook. Any reduction in hours for individual students must be in accordance with the recognition of prior learning policy (see Section 5: General Policies 5.3).

4.2 Content

Refer to standard two of the Education programme standards for the enrolled nurse scope of practice (Appendix 5).

4.3 Clinical experience

Refer to standard two of the Education programme standards for the enrolled nurse scope of practice (Appendix 5).

4.4 Competencies

4.4.1 All candidates for registration must meet the Competencies for the enrolled nurse scope of practice (Appendix 2). There are four domains of competence for the enrolled nurse scope of practice. Evidence of safety to practise as an enrolled nurse is deemed to be provided when the applicant demonstrates the competencies within the four domains.
Section 5: General policies for enrolled nurse and registered nurse

5.1 Clinical experience requirements

5.1.1 Clinical experiences must have well formulated learning outcomes that relate to the Competencies for the registered nurse scope of practice or Competencies for the enrolled nurse scope of practice. Paid work in a health care setting cannot be used as part of the clinical experience.

5.1.2 No student can be given more than two opportunities to enrol in a clinical experience paper. When there are extraordinary circumstances, the Head of Nursing may apply in writing to the Nursing Council outlining these circumstances and seeking approval for a third opportunity. Any application should be accompanied by supporting evidence (a current academic transcript and, if applicable, a letter from a health professional).

5.2 Time

5.2.1 The bachelor degree in nursing is a three-year full-time programme.

5.2.2 The bachelor degree in nursing must be completed within five years of a student's first enrolment in the programme. Only when there are extraordinary circumstances can the Head of Nursing apply in writing to the Nursing Council for an extension to the accredited programme length for a particular student. The application must detail the reasons for seeking this approval and be supported by evidence of the student's progress in the programme to date (academic transcript) and details of the extenuating circumstances (e.g. a letter from a health professional).

5.2.3 Any reduction in the three-year timeframe for the bachelor degree in nursing must be in accordance with the recognition of prior learning policy (see 5.3).

5.2.4 The diploma in enrolled nursing is an 18 month full-time programme.

5.2.5 The diploma in enrolled nursing must be completed within three years of a student's first enrolment in the programme. Only when there are extraordinary circumstances can the Head of Nursing apply in writing to the Nursing Council for an extension to the accredited programme length for a particular student. The application must detail the reasons for seeking this approval and be supported by evidence of the student's progress in the programme to date (academic transcript) and details of the extenuating circumstances (e.g. a letter from a health professional).

5.2.6 Any reduction in the 18 month timeframe for the diploma in enrolled nursing must be in accordance with the recognition of prior learning policy (see 5.3).

5.2.7 In the event of a student taking leave and applying to return to their studies, the school must implement a process to assess that the student's knowledge and competency are in order to identify the point of re-entry to the programme.
5.3 Recognition of prior learning (RPL)

5.3.1 RPL involves recognising and giving credit for learning that has occurred through previous experience. This may include qualifications, life experience, work experience or other educational experience. This learning is measured against the learning outcomes of the programme.

5.3.2 Each school must have an RPL policy and procedure against which to assess individual student applications. RPL policies and procedures will be monitored during the five-yearly monitoring of the programme.

5.3.3 RPL must be granted on the basis of a student’s individual qualifications and experience. The proposed individual programme to be undertaken by the student must be sufficient in theory and clinical experience to enable the student to meet the Competencies for the registered nurse scope of practice or Competencies for the enrolled nurse scope of practice.

5.3.4 No RPL may be granted for clinical experience papers in the third year of the bachelor degree in nursing.

5.3.5 Any RPL granted to students in year two of the bachelor degree in nursing clinical experience papers must be submitted to the Nursing Council for approval.

5.3.6 As the diploma in enrolled nursing programme is only 18 months in length the Nursing Council has deemed that any RPL to be granted which will exceed 25% of the theoretical component of the programme must be submitted to the Nursing Council for approval.

5.3.7 RPL will not be granted for clinical experience components of the diploma in enrolled nursing programme.

5.3.8 RPL may be granted for students transitioning from the enrolled nurse scope of practice with conditions on area of practice (or the former nurse assistant scope of practice) to the enrolled nurse scope of practice.

5.3.9 When submitting RPL to the Nursing Council for approval, the following information must be provided for each student on the form, as detailed in Appendix 6:

- a breakdown of credit/RPL granted (course/paper codes and descriptions)
- individual justification for the RPL
- a breakdown of the proposed individual programme to be undertaken by the student.

5.3.10 The Nursing Council retains the right to seek justification for any credit granted through RPL. Registration may be withheld if the Nursing Council is not satisfied that the standards and competencies for registration have been met.

5.3.11 Statements of satisfactory programme completion (academic transcripts) must outline any RPL granted.
5.4 **Overseas experience**

5.4.1 Students completing the bachelor degree in nursing may undertake elective clinical experience overseas. The school must ensure the clinical experience meets the standards required for assessment of the elective outcomes and the assessment of the student against the Nursing Council Council Competencies for the registered nurse scope of practice.

5.4.2 The student must have a named supervisor in the host country for the duration of the elective clinical experience. The named supervisor must be a registered nurse of good standing with their national regulatory body with appropriate assessment experience. The school is required to retain an audit trail of how the named supervisor meets these requirements.

5.4.3 Details of overseas elective clinical experience will be reviewed during the monitoring of the programme.

5.5 **Transfer**

5.5.1 Schools accepting a student transferring from another Nursing Council-accredited programme are advised to gain a reference from the previous Head of Nursing and to identify the point of entry to the programme following the approved RPL process to ensure the student complies with the Nursing Council’s requirements for registration as a registered nurse or enrolled nurse.

5.6 **Entry requirements**

5.6.1 Entry criteria in line with university entry criteria for entry to a bachelor degree.

5.6.2 Entry criteria in line with polytechnic/institutes of technology entry criteria for entry to a Level 5 diploma programme.

5.6.3 It is strongly recommended that the applicants from countries where English is not the first language, or those where the language of instruction in secondary school education is not English, should achieve a score of 6.5 in an IELTS assessment (or equivalent) in each category: reading, listening, writing and speaking.
Section 6: Registration

6.1 Requirements for registration

6.1.1 Under the Health Practitioners Competence Assurance Act 2003 (the Act), candidates for registration must:

- successfully complete a bachelor degree in nursing or diploma in enrolled nursing accredited by the Nursing Council
- demonstrate competency against the Nursing Council’s Competencies for the registered nurse scope of practice or Competencies for the enrolled nurse scope of practice.
- be fit for registration in terms of section 16 of the Act
- be of good standing with the institute’s school of nursing at which they have studied, in terms of section 19 of the Act
- pass the State Final Examination for registered nurses or enrolled nurses.

6.2 Applications for registration/examination

6.2.1 At the end of each year, schools are asked to indicate the expected number of candidates for the following year. These numbers will be used to assist the Nursing Council with preparation for the following year. The Nursing Council will provide online application for registration/examination details to the schools at least 12 weeks before the examination.

6.2.2 Online application forms must be completed by candidates at least six weeks before the State Final Examination date, including payment of the registration/examination fee (Appendix 7).

6.2.3 The Nursing Council will provide the schools with a template schedule which must be completed electronically including candidates’ names, examination type, Nursing Council registration number if already registered, and the fee paid for each candidate (if the school is paying the fee).

6.2.4 Candidates are required to complete the entire Nursing Council’s online application for examination/registration form and make a declaration. Candidates are also required to provide details of two referees. Candidates’ lecturers, fellow students, relatives or flatmates may not act as referees.

6.2.5 Schools are required to follow up with candidates who have not completed their online application. The Nursing Council will provide regular updates of applications outstanding.

6.2.6 The Head of Nursing is required to electronically certify each candidate. The Nursing Council will provide login details and instructions.

In the event that the Head of Nursing is not supporting a candidate’s application, the Head of Nursing is required to provide the Nursing Council with a written submission detailing their concerns. The Nursing Council has a responsibility to follow this up in order to satisfy itself, as required by the Act,
that the candidate is fit to register. The Act provides for the Nursing Council to withhold registration until the Nursing Council is satisfied in this regard.

6.3 Special circumstances

6.3.1 Convictions against the law

6.3.1.1 The online application form sets out the process to be followed when a candidate has (a) conviction(s) against the law.

6.3.1.2 In addition to declaring (a) conviction(s) on the online application form, candidates must provide written details of the charge(s) upon which they have been convicted, the date(s) of the conviction(s), the maximum penalty the offence(s) carried and the actual penalty handed down by the court for each conviction. Candidates may provide reports or submissions regarding any mitigating circumstances in respect of the conviction(s).

6.3.1.3 Candidates must ensure their referees are aware of the criminal conviction(s) before submitting the referees’ name(s) on the application for examination/registration.

6.3.1.4 The Head of Nursing must notify the Nursing Council in writing that each candidate who has declared (a) criminal conviction(s) has been interviewed about the conviction(s) and comment as to whether they believe the candidate is fit for registration in accordance with their application. As candidates are normally required to declare any criminal conviction(s) upon entry to the programme, these comments will be based on monitoring throughout the period of the candidate’s programme.

6.3.1.5 Each candidate with (a) declared criminal conviction(s) is individually considered by the Registrar or the Registration Committee of the Nursing Council, which takes into account information provided by the candidate, the Head of Nursing and referees. The Committee may decide to interview the candidate, which will require that he/she attend a meeting in Wellington at his/her own expense.

6.3.1.6 Candidates with more than one drink driving conviction may be required to provide the Nursing Council with a medical report (at their own expense) from a general practitioner (GP) prior to consideration for registration.

6.3.1.7 The Nursing Council requires all candidates to undergo police vetting. The police vetting service request and consent form is sent by the school/candidate to the Nursing Council who will submit a police vetting request. The police vetting report provided by New Zealand Police must be no more than three months old at the date of registration.
6.3.2 **Extra time**

6.3.2.1 Candidates may request extra time to complete each examination paper. Up to 25 minutes may be granted for each paper, subject to the following criteria:

- the extra time fee (Appendix 10) must accompany the application form
- medical evidence or evidence of the candidate’s requirement for extra time in previous internal examinations/tests must be provided
- the request must be supported in writing by the Head of Nursing.

It is expected that schools will implement a process of reducing extra time allowances over the three years (bachelor degree in nursing) or 18 months (diploma in enrolled nursing) of study and work towards a candidate not requiring additional time in the State Final Examination. This process should be evident in any letter of support requesting extra time.

6.3.3 **Candidates with disabilities**

6.3.3.1 Candidates with temporary injuries may request extra time to complete the State Final Examination (see 6.3.2) and/or a reader/writer. The request for a reader/writer may be granted subject to the following criteria:

- medical evidence or evidence of the candidate’s requirement for a reader/writer
- the request must be supported in writing by the Head of Nursing.

**Note:**

The Nursing Council does not generally grant reader/writers for State Final Examinations as nurses in all practice settings are required to be able to read, write, think and act under pressure similar to that which may be experienced by candidates sitting the Nursing Council’s State Final Examination. The exception that may be considered would be where the State Final Examination candidate is experiencing a temporary incapacity (e.g. the candidate has a broken arm and is incapable of using his/her other arm to complete the answer sheet).

6.3.3.2 The Head of Nursing is responsible for determining that the candidate has achieved the Competencies for the registered nurse scope of practice or Competencies for the enrolled nurse scope of practice.
6.3.4 Withdrawn candidates

6.3.4.1 Candidates who do not sit the State Final Examination at the first opportunity because of illness, bereavement or other unavoidable situation must sit at the next available opportunity.

6.3.4.2 Candidates who withdraw must resit at the next available opportunity. Candidates must sit and pass the State Final Examination within one year of the completion of the programme.

6.3.4.3 When a candidate is withdrawn from sitting the State Final Examination after an application has been received by the Nursing Council, the Head of Nursing must notify the Nursing Council in writing of the withdrawal as soon as possible before the State Final Examination and provide details of the event/s that led to determining the need for withdrawal.

6.3.4.4 Fees paid for candidates who are subsequently withdrawn will be refunded to the candidate or school as appropriate.

6.3.5 Impaired performance

6.3.5.1 Before the State Final Examination – candidates who, through accident or other serious circumstances, wish to apply for consideration of impaired performance should request this through their Head of Nursing. The Head of Nursing is to write to the Nursing Council before the State Final Examination detailing the circumstances to be considered. The application should include a statement recording the Head of Nursing’s support or otherwise for the application and attach any supporting documentation (e.g. medical certificate).

6.3.5.2 On day of State Final Examination – candidates who sit the State Final Examination but who are ill, have an accident or have other serious circumstances on the day of the State Final Examination that may impair their performance must notify the Nursing Council through the Chief Supervisor.

6.3.5.3 The Nursing Council does not award aegrotat passes.

6.4 Academic transcripts

6.4.1 The Nursing Council requires a statement of satisfactory programme completion (academic transcript) to be submitted for each candidate for registration.

6.4.2 Academic transcripts must be received within two weeks of candidates sitting the State Final Examination. When academic transcripts are not received by the due date the State Final Examination results for those candidates may be issued as ‘requirements not met’. The candidates will have their registration considered following receipt of the completed academic transcripts.
6.4.3 Schools providing late academic transcripts may be subject to a fee (Appendix 10).

6.4.4 Academic transcripts must contain the following information:

- a signed statement from the Head of Nursing that the candidate has satisfactorily completed the programme and met the Competencies for the registered nurse scope of practice or Competencies for the enrolled nurse scope of practice.
- candidate’s full name
- dates of entry to and completion of programme
- actual number of theory and clinical experience hours completed in total and for each paper/course of the programme
- a description of the clinical area in which clinical experience hours were completed
- a description of the clinical area in which the final clinical (transition) experience was completed
- any recognition of prior learning or cross-credits granted
- any clinical experience obtained overseas.

6.4.5 The following information should accompany the academic transcript where appropriate:

- when a candidate has taken longer than 18 months (enrolled nurse) or three years (registered nurse) to complete the programme, an explanation of the reason for the extra time required and demonstration of how the student’s learning has remained integrated
- documentation related to any recognition of prior learning or cross-credits
- when a candidate has been granted permission to enrol in a clinical placement more than twice, a copy of the approval letter from the Nursing Council.
Section 7: State Final Examination

7.1 State Final Examination papers

7.1.1 Section 12(c) of the Act allows the Nursing Council to require the State Final Examination for registered nurses or enrolled nurses as a prescribed qualification for entry to the registered nurse scope of practice or enrolled nurse scope of practice. The State Final Examination includes questions on the administration of safe and competent nursing care and the legal and ethical responsibilities of the registered nurse or enrolled nurse. The State Final Examination questions are designed to assess the candidates’ knowledge of the theory and safe practice of nursing in a range of settings in the registered nurse scope of practice or enrolled nurse scope of practice.

7.1.2 The registered nurse examination consists of two papers, each containing 90 multiple-choice questions. Each question has four answer choices.

7.1.3 Questions are allocated to one of four key categories and to one of six subcategories:

Key categories
- safe/effective environment
- physiological integrity
- psychosocial integrity
- health promotion/maintenance.

Subcategories
- ethical/legal safety
- community health nursing
- maternal and child health nursing
- medical nursing
- surgical nursing
- mental health/psychiatric nursing.

7.1.4 To achieve a pass in the State Final Examination, candidates must obtain 60% in each of the four key categories and 50% in each of the six subcategories.

7.1.5 Cultural safety is not assessed as a specific category in the State Final Examination as it is integrated across a range of questions.

7.1.6 The enrolled nurse State Final Examination consists of one paper containing 90 multiple-choice questions. Each question has four answer choices.
7.1.7 Questions are allocated to one of four categories:

*Key categories*
- physiological knowledge
- psychosocial / communication
- clinical skills / knowledge
- ethical / legal safety.

7.1.8 To achieve a pass in the State Final Examination, candidates must obtain 60% in each of the four categories.

7.2 Timing and venue

7.2.1 The State Final Examination is held on the third Tuesday of March, July and November each year.

7.2.2 Candidates are allowed 90 minutes plus 10 minutes of reading time to complete each paper.

7.2.3 The timetable for the State Final Examination is:

- Registered Nurse paper one: 9.50am – 11.30am
- Registered Nurse paper two: 1.20pm – 3.00pm
- Enrolled Nurse paper 9.50am – 11.30am.

7.2.4 The Nursing Council is responsible for the organisation of supervisors.

7.2.5 The Nursing Council will work with Schools of Nursing in organising and booking suitable venue/s for the State Final Examination.

7.2.6 The Nursing Council is responsible for confirming times, venues and candidate names with schools before each State Final Examination, and for providing schools of nursing with admission slips and the candidate information notice.

7.2.7 Schools of nursing are responsible for distributing the candidate information notice and for confirming times and venues with all candidates except those candidates who are resitting or sitting away from their school of nursing.

7.2.8 The Nursing Council is responsible for confirming times and venues, and distributing admission slips to candidates who are resitting or sitting away from their school of nursing.

7.2.9 Candidates may be given permission to sit the State Final Examination at a venue separate to other candidates but within New Zealand subject to the following criteria:

- the request to sit at a separate venue must be received in writing at least six weeks before the State Final Examination
in addition to the State Final Examination fee, the school or candidate pays a fee (Appendix 10) to cover the cost involved in administering the State Final Examination at a separate venue.

7.2.10 Candidates may be given permission to sit the State Final Examination at an overseas venue subject to the following criteria:

- the request to sit overseas must be received in writing at least two months before the State Final Examination
- in addition to the State Final Examination fee, the school of nursing or candidate pays a fee (Appendix 10) to cover the cost involved in administering and supervising the State Final Examination at a separate venue or the actual costs involved if these exceed the amount specified in Appendix 10
- supervision of the State Final Examination takes place under the auspices of the New Zealand Government representative in the nominated country or other agency approved by the Nursing Council
- the nominated agency agrees to conduct the State Final Examination under the usual conditions of supervision
- any costs associated with the supervisor are to be met by the State Final Examination candidate.

7.3 Exam Misconduct

7.3.1 Examination misconduct is not tolerated. This includes but is not limited to:

- Copying from or inappropriate communication with another person during the examination
- Possession of any unauthorised material during the examination

7.3.2 If examination misconduct is reported to the Nursing Council, an investigation will be undertaken by the Council. Once the investigation is complete, a candidate may be invited to meet with the Registration Committee of the Nursing Council to determine whether the candidate will be registered.

7.4 Results

7.4.1 Results are issued on a pass or fail basis.

7.4.2 Successful candidates who have met all other requirements will be emailed directly to their email address (as provided on the online application form) with their results, confirmation of registration, and an annual practising certificate application form. Registration certificates will be sent out to candidates within one week of registration.

7.4.3 Candidates who are successful but have not yet met all other requirements will have their results emailed directly to their email address (as provided on the online application form).

7.4.4 Results for unsuccessful candidates will be emailed directly to their email address and sent directly to the candidate’s postal address (as provided on
the online application form). These results will also include State Final Examination resit information where applicable.

7.4.5 Results and national statistics are sent to schools of nursing within two days after results are emailed to candidates. Candidates are advised of this on the application form.

7.4.6 Once registrations have been confirmed by the Nursing Council, a list of names and registration numbers is sent to the medal maker Mayer & Toye. Students and schools of nursing will take responsibility for the ordering, payment, and distribution of medals/badges.

7.4.7 Schools of nursing should make every effort to distribute medals to their owners. However, medals that are unable to be distributed may be returned to the Nursing Council.

7.5 Unsuccessful candidates

7.5.1 No candidate may sit the State Final Examination on more than three occasions.

7.5.2 Unsuccessful candidates are required to apply to resit the State Final Examination using the online application form, application information will be included with their results. The Head of Nursing is not required to certify this application form. The application to resit the State Final Examination must be accompanied by the current State Final Examination fee, which will be notified to the candidate.

7.5.3 Unsuccessful candidates may apply for an analysis of their results on the form included with their results. The fee (Appendix 10) must accompany the application for analysis.

7.5.4 Unsuccessful candidates must resit the State Final Examination at the next available opportunity. Candidates who are unable to sit at the next available opportunity must write to the Nursing Council requesting permission to resit ‘out of sequence’. The request will be granted subject to the following criteria:

- the time lapse is not more than one year since the completion of the candidate’s programme
- the request is due to medical or extenuating family reasons and supporting documentation (e.g. medical certificate) is provided with the application.

7.6 Comments on the State Final Examination

7.6.1 State Final Examination statistics, including school of nursing pass rates, may be provided to interested parties on request.

7.6.2 Sample State Final Examination papers are available on the Nursing Council website. To maintain the integrity of the State Final Examination, viewing of State Final Examination papers is not permitted.
Competencies for registered nurses

Te whakarite i nga mahi tapuhi kia tiakina ai te haumaru a-iwi
Regulating nursing practice to protect public safety

December 2007
Registered nurse scope of practice

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, healthcare assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whānau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice.

Domains of competence

There are four domains of competence for the registered nurse scope of practice. Evidence of safety to practise as a registered nurse is demonstrated when the applicant meets the competencies within the following domains:

Domain one: Professional responsibility

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health.

Domain two: Management of nursing care

This domain contains competencies related to assessment and managing health consumer care, which is responsive to the consumers’ needs, and which is supported by nursing knowledge and evidence based research.

Domain three: Interpersonal relationships

This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and interprofessional communication and documentation.

Domain four: Interprofessional health care & quality improvement

This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.
Competencies and indicators

The competencies in each domain have a number of key generic examples of competence performance called indicators. These are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence.

The indicators are designed to assist the assessor when using his/her professional judgement in assessing the attainment of the competencies. The indicators further assist curriculum development for bachelors’ degrees in nursing or first year of practice programmes. Registered nurses are required to demonstrate competence. They are accountable for their actions and take responsibility for the direction of enrolled nurses and others.

The competencies have been designed to be applied to registered nurse practice in a variety of clinical contexts. They take into account the contemporary role of the registered nurse, who utilises nursing knowledge and complex nursing judgement to assess health needs, provide care, and advise and support people to manage their health. The registered nurse practises independently and in collaboration with other health professionals. The registered nurse performs general nursing functions, and delegates to, and directs enrolled nurses and others. The registered nurse also provides comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provides nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities.

The nursing student is expected to be supervised in practice by a registered nurse when the competencies relate directly to an undergraduate nursing student. Nursing students are assessed against all competencies on an ongoing basis, and will be assessed for entry to the registered nurse scope of practice at the completion of their programme.

Nurses involved in management, education, policy and research

The competencies also reflect the scope statement that some registered nurses use their nursing expertise to manage, teach, evaluate and research nursing practice. Registered nurses, who are not practising in direct care, are exempt from those competencies in domain two (management of nursing care) and domain three (interpersonal relationships) that are only apply to clinical practice. There are specific competencies in these domains for nurses working in management, education, policy and/or research. These are included at the end of domains two and three. Nurses who are assessed against these specific competencies are required to demonstrate how they contribute to practice. Those practising in direct care and in management, education, policy and/or research must meet both sets of competencies.

Note: Please read the glossary of terms on page 35 of this document.
Domain one: Professional responsibility

**Competency 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.**

**Indicator:** Practises nursing in accord with relevant legislation/codes/policies and upholds health consumers rights derived from that legislation.

**Indicator:** Accepts responsibility for actions and decision making within scope of practice.

**Indicator:** Identifies breaches of law that occur in practice and reports them to the appropriate person(s).

**Indicator:** Demonstrates knowledge of, and accesses, policies and procedural guidelines that have implications for practice.

**Indicator:** Uses professional standards of practice.

**Competency 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi Te Tiriti o Waitangi to nursing practice.**

**Indicator:** Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand.

**Indicator:** Demonstrates knowledge of differing health and socio-economic status of Maori and non-Maori.

**Indicator:** Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

**Competency 1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.**

**Indicator:** Understands accountability for directing, monitoring and evaluating nursing care provided by enrolled nurses and others.

**Indicator:** Seeks advice from a senior registered nurse if unsure about the role and competence of enrolled nurses and others when delegating work.

**Indicator:** Takes into consideration the role and competence of staff when delegating work.

**Indicator:** Makes appropriate decisions when assigning care, delegating activities and providing direction for enrolled nurses and others.

**Competency 1.4 Promotes an environment that enables health consumer safety, independence, quality of life, and health.**

**Indicator:** Identifies and reports situations that affect health consumers or staff members' health or safety.

**Indicator:** Accesses, maintains and uses emergency equipment and supplies.
**Indicator:** Maintains infection control principles.

**Indicator:** Recognises and manages risks to provide care that best meets the needs and interests of health consumers and the public.

**Competency 1.5** Practises nursing in a manner that the health consumer determines as being culturally safe.

**Indicator:** Applies the principles of cultural safety in own nursing practice.

**Indicator:** Recognises the impact of the culture of nursing on health consumers care and endeavours to protect the health consumer’s wellbeing within this culture.

**Indicator:** Practises in a way that respects each health consumer’s identity and right to hold personal beliefs, values and goals.

**Indicator:** Assists the health consumer to gain appropriate support and representation from those who understand the health consumer’s culture, needs and preferences.

**Indicator:** Consults with members of cultural and other groups as requested and approved by the health consumers.

**Indicator:** Reflects on his/her own practice and values that impact on nursing care in relation to the health consumer’s age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.

**Indicator:** Avoids imposing prejudice on others and provides advocacy when prejudice is apparent.
Domain two: Management of nursing care

Competency 2.1 Provides planned nursing care to achieve identified outcomes.

Indicator: Contributes to care planning, involving health consumers and demonstrating an understanding of health consumers’ rights, to make informed decisions.

Indicator: Demonstrates understanding of the processes and environments that support recovery.

Indicator: Identifies examples of the use of evidence in planned nursing care.

Indicator: Undertakes practice procedures and skills in a competent and safe way.

Indicator: Administers interventions, treatments and medications, (for example: intravenous therapy, calming and restraint), within legislation, codes and scope of practice; and according to authorised prescription, established policy and guidelines.

Competency 2.2 Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.

Indicator: Undertakes assessment in an organised and systematic way.

Indicator: Uses suitable assessment tools and methods to assist the collection of data.

Indicator: Applies relevant research to underpin nursing assessment.

Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information.

Indicator: Maintains clear, concise, timely, accurate and current health consumer records within a legal and ethical framework.

Indicator: Demonstrates literacy and computer skills necessary to record, enter, store, retrieve and organise data essential for care delivery.

Competency 2.4 Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options.

Indicator: Provides appropriate information to health consumers to protect their rights and to allow informed decisions.

Indicator: Assesses the readiness of the health consumers to participate in health education.

Indicator: Makes appropriate professional judgement regarding the extent to which the health consumer is capable of participating in decisions related to his/her care.
Indicator: Discusses ethical issues related to health care/nursing practice, (for example: informed consent, privacy, refusal of treatment and rights of formal and informal health consumers).

Indicator: Facilitates the health consumer’s access to appropriate therapies or interventions and respects the health consumer’s right to choose amongst alternatives.

Indicator: Seeks clarification from relevant members of the health care team regarding the individual’s request to change and/or refuse care.

Indicator: Takes the health consumer’s preferences into consideration when providing care.

**Competency 2.5** Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.

Indicator: Understands emergency procedures and plans and lines of communication to maximise effectiveness in a crisis situation.

Indicator: Takes action in situations that compromise health consumer safety and wellbeing.

Indicator: Implements nursing responses, procedures and protocols for managing threats to safety within the practice environment.

**Competency 2.6** Evaluates health consumer’s progress toward expected outcomes in partnership with health consumers.

Indicator: Identifies criteria for evaluation of expected outcomes of care.

Indicator: Evaluates the effectiveness of the health consumer’s response to prescribed treatments, interventions and health education in collaboration with the health consumer and other health care team members. (Beginning registered nurses would seek guidance and advice from experienced registered nurses).

Indicator: Reflects on health consumer feedback on the evaluation of nursing care and health service delivery.

**Competency 2.7** Provides health education appropriate to the needs of the health consumer within a nursing framework.

Indicator: Checks health consumers’ level of understanding of health care when answering their questions and providing information.

Indicator: Uses informal and formal methods of teaching that are appropriate to the health consumer’s or group’s abilities.

Indicator: Participates in health education, and ensures that the health consumer understands relevant information related to their health care.

Indicator: Educates health consumer to maintain and promote health.
Competency 2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.

Indicator: Identifies one’s own level of competence and seeks assistance and knowledge as necessary.

Indicator: Determines the level of care required by individual health consumers.

Indicator: Accesses advice, assistance, debriefing and direction as necessary.

Competency 2.9 Maintains professional development.

Indicator: Contributes to the support, direction and teaching of colleagues to enhance professional development.

Indicator: Updates knowledge related to administration of interventions, treatments, medications and best practice guidelines within area of practice.

Indicator: Takes responsibility for one’s own professional development and for sharing knowledge with others.
Although nurses involved in management, education, research and policy making are exempt from being assessed against the above competencies in domain two, they are required to provide evidence of how they contribute to the management of care.

**Competencies for nurses involved in management:**

**Competency** Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.

**Competency** Promotes a quality practice environment that supports nurses’ abilities to provide safe, effective and ethical nursing practice.

**Competency** Promotes a practice environment that encourages learning and evidence-based practice.

**Competency** Participates in professional activities to keep abreast of current trends and issues in nursing.

**Competencies for nurses involved in education:**

**Competency** Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.

**Competency** Integrates evidence-based theory and best practice into education activities.

**Competency** Participates in professional activities to keep abreast of current trends and issues in nursing.

**Competencies for nurses involved in research:**

**Competency** Promotes a research environment that supports and facilitates research mindedness and research utilisation.

**Competency** Supports and evaluates practice through research activities and application of evidence based knowledge.

**Competency** Participates in professional activities to keep abreast of current trends and issues in nursing.

**Competencies for nurses involved in policy:**

**Competency** Utilises research and nursing data to contribute to policy development, implementation and evaluation.

**Competency** Participates in professional activities to keep abreast of current trends and issues in nursing.
Domain three: Interpersonal relationships

**Competency 3.1** Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers.

**Indicator:** Initiates, maintains and concludes therapeutic interpersonal interactions with health consumers.

**Indicator:** Incorporates therapeutic use of self and psychotherapeutic communication skills as the basis for nursing care for health consumers with mental health needs.

**Indicator:** Utilises effective interviewing and counselling skills in interactions with health consumers.

**Indicator:** Demonstrates respect, empathy and interest in health consumer.

**Indicator:** Establishes rapport and trust with the health consumers.

**Competency 3.2** Practises nursing in a negotiated partnership with the health consumer where and when possible.

**Indicator:** Undertakes nursing care that ensures health consumers receive and understand relevant and current information concerning their health care that contributes to informed choice.

**Indicator:** Implements nursing care in a manner that facilitates the independence, self-esteem and safety of the health consumer and an understanding of therapeutic and partnership principles.

**Indicator:** Recognises and supports the personal resourcefulness of people with mental and/or physical illness.

**Indicator:** Acknowledges family/whanau perspectives and supports their participation in services.

**Competency 3.3** Communicates effectively with health consumers and members of the health care team.

**Indicator:** Uses a variety of effective communication techniques.

**Indicator:** Employs appropriate language to context.

**Indicator:** Provides adequate time for discussion.

**Indicator:** Endeavours to establish alternative communication methods when health consumers are unable to verbalise.

**Indicator:** Accesses an interpreter when appropriate.

**Indicator:** Discussions concerning health consumers are restricted to settings, learning situations and or relevant members of the health care team.
Although nurses involved in management, education, research and policy making are exempted from being assessed against the above competencies in domain three, they are required to provide evidence of how they contribute to interpersonal relationships.

<table>
<thead>
<tr>
<th>Competencies for nurses involved in management, education, policy and research:</th>
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<tbody>
<tr>
<td><strong>Competency</strong> Establishes and maintains effective interpersonal relationships with others, including utilising effective interviewing and counselling skills and establishing rapport and trust.</td>
</tr>
<tr>
<td><strong>Competency</strong> Communicates effectively with members of the health care team, including using a variety of effective communication techniques, employing appropriate language to context and providing adequate time for discussion.</td>
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</tbody>
</table>
Domain four: Interprofessional healthcare and quality improvement

Competency 4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.

Indicator: Promotes a nursing perspective and contribution within the interprofessional activities of the health care team.

Indicator: Provides guidance and support to those entering as students, beginning practitioners and those who are transferring into a new clinical area.

Indicator: Collaborates with the health consumer and other health team members to develop plan of care.

Indicator: Maintains and documents information necessary for continuity of care and recovery.

Indicator: Develops a discharge plan and follow up care in consultation with the health consumer and other members of the health care team.

Indicator: Makes appropriate formal referrals to other health care team members and other health related sectors for health consumers who require consultation.

Competency 4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.

Indicator: Contributes to the co-ordination of care to maximise health outcomes for the health consumer.

Indicator: Collaborates, consults with and provides accurate information to the health consumer and other health professionals about the prescribed interventions or treatments.

Indicator: Demonstrates a comprehensive knowledge of community services and resources and actively supports service users to use them.

Competency 4.3 Participates in quality improvement activities to monitor and improve standards of nursing.

Indicator: Reviews policies, processes, procedures based on relevant research.

Indicator: Recognises and identifies researchable practice issues and refers them to appropriate people.

Indicator: Distributes research findings that indicate changes to practice to colleagues.
Registered nurses in expanded practice

Competencies have been developed to describe the skills and knowledge of nurses working in expanded practice roles i.e. nurses who are working in clinical roles that are at the boundaries of nursing practice such as first surgical assistants and nurse colposcopist. These competencies are additional to those that already describe the registered nurse scope of practice. A nurse working in an expanded practice role would need to meet both.

- Demonstrates initial and ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment.

- Participates in the evaluation of the outcomes of expanded practice, e.g. case review, clinical audit, multidisciplinary peer review.

- Integrates and evaluates knowledge and resources from different disciplines and healthcare teams to effectively meet the health care needs of individuals and groups.

For more information on expanded practice please see Guideline: Expanded practice for registered nurses (2010) available on our website: www.nursingcouncil.org.nz
## Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate</td>
<td>Matching the circumstances of a situation or meeting the needs of the individual or group.</td>
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<tr>
<td>Assessment</td>
<td>A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.</td>
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<tr>
<td>Attributes</td>
<td>Characteristics which underpin competent performance.</td>
</tr>
<tr>
<td>Benchmark</td>
<td>Essential standard.</td>
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<tr>
<td>Competence</td>
<td>The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.</td>
</tr>
<tr>
<td>Competent</td>
<td>The person has competence across all domains of competencies applicable to the nurse, at a standard that is judged to appropriate for the level of nurse being assessed.</td>
</tr>
<tr>
<td>Competency</td>
<td>A defined area of skilled performance.</td>
</tr>
<tr>
<td>Context</td>
<td>The setting/environment where competence can be demonstrated or applied.</td>
</tr>
<tr>
<td>Domain</td>
<td>An organised cluster of competencies in nursing practice.</td>
</tr>
<tr>
<td>Effective</td>
<td>Having the intended outcome.</td>
</tr>
<tr>
<td>Enrolled nurse</td>
<td>A nurse registered under the enrolled nurse scope of practice.</td>
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<tr>
<td>Expanded practice</td>
<td>Expanding the boundaries of nursing practice occurs as a professional strategy in response to a changing health care need with increased range of autonomy, accountability and responsibility. There is a formal pathway to role expansion that entails further education and credentialing.</td>
</tr>
<tr>
<td>Health Consumer</td>
<td>Individual, group or community who works in partnership with nurses to plan and receive nursing care. The term includes patients, residents and/or their families/whanau/ representatives or significant others.</td>
</tr>
<tr>
<td>Indicator</td>
<td>Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional skills.</td>
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</table>
judgement in assessing nursing practice. They further assist curriculum development.

**Legislated**

Those requirements laid down by New Zealand Acts and Regulations.

**Nurse**

A registered nurse, nurse practitioner or enrolled nurse.

**Nursing Council of New Zealand**

The responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act 2003. The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration which ensures safe and competent care for the public of New Zealand. As the statutory authority, the Council is committed to enhancing professional excellence in nursing.

**Performance criteria**

Descriptive statements which can be assessed and which reflect the intent of a competency in terms of performance, behaviour and circumstance.

**Registered nurse**

A nurse registered under the registered nurse scope of practice.

**Reliability**

The extent to which a tool will function consistently in the same way with repeated use.

**Treaty of Waitangi**

The founding document for Aotearoa/New Zealand signed in 1840 by the Maori people and the British Crown.

**Validity**

The extent to which a measurement tool measures that which it purports to measure.
Competencies for enrolled nurses

Te whakarite i nga mahi tapuhi kia tiakina ai te haumaru a-iwi
Regulating nursing practice to protect public safety

April 2012
Introduction

The scope of practice for enrolled nurses and nurse assistants changed on 31 May 2010. The new scope of practice enables enrolled nurses to make a broader contribution to health services and give greater support to registered nurses. The Nursing Council of New Zealand (the Council) has developed new competencies to reflect changes to the scope of practice and for students to be assessed against at the end of the new 18 month diploma in enrolled nursing programme at level 5 on the New Zealand Qualification Authority-National Qualifications Framework and accredited by the Council.

All enrolled nurses have been given the opportunity to complete a transition into the new scope of practice by being assessed against the new competencies. Enrolled nurses who do not transition by 1 July 2011 will have a condition included in their scope of practice restricting them to working with health consumers with stable and predictable outcomes. Some enrolled nurses who completed a level 4 certificate will already have a condition included in their scope of practice restricting them to working in a specific area of practice e.g. long-term care and rehabilitation. They will retain this condition until they complete part of an enrolled nurse programme at a polytechnic/institute of technology school of nursing.

Enrolled nurses who do not complete the transition requirements will not be expected to meet competencies 2.1, 2.2, 2.3, 2.6, 3.2, 3.3, 4.2, and 4.3 These competencies describe areas where the scope has broadened to allow enrolled nurses to contribute more to the following areas:

- contributing to nursing assessments
- working as part of a team with registered nurses when nursing acutely ill or complex health consumers
- observing and reporting changes in health consumers’ conditions
- working with health consumers with mental health concerns
- co-ordinating a team of health care assistants under the direction and delegation of a registered nurse
- working under the direction of a health practitioner who is not a nurse.

Enrolled nurse scope of practice

Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings. Enrolled nurses contribute to nursing assessments, care planning, implementation and evaluation of care for health consumers and/or families/whanau. The registered nurse maintains overall responsibility for the plan of care. Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers’ conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence.

In acute settings, enrolled nurses must work in a team with a registered nurse who is responsible for directing and delegating nursing interventions. In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse. In some settings, enrolled nurses may work under the direction and delegation of a registered health practitioner*.
In these situations the enrolled nurse must have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning. Enrolled nurses are accountable for their nursing actions and practise competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whanau and multidisciplinary teams.

**Domains of competence**

There are four domains of competency for the enrolled nurse scope of practice. Evidence of safety to practise as an enrolled nurse is demonstrated when the applicant meets the competencies in the following domains:

**Domain one: Professional responsibility**

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being accountable for one’s own actions and decisions within the enrolled nurse scope of practice.

**Domain two: Provision of nursing care**

This domain contains competencies related to assessment and provision of nursing care for health consumers when working under the direction of a registered nurse.

**Domain three: Interpersonal relationships**

This domain contains competencies related to interpersonal communication with health consumers, their families/whanau and other nursing and healthcare staff.

**Domain four: Interprofessional health care and quality improvement**

This domain contains competencies related to working within the interprofessional health care team and contributing to quality improvement.

**Competencies and indicators**

The competencies in each domain have a number of key generic examples of competent performance called indicators. These are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence. The indicators are designed to assist the assessor when using his/her professional judgement in assessing the attainment of the competencies.

In addition, the indicators assist curriculum development for the enrolled nurse programme. All competencies are assessed on an ongoing basis during the education programme and will be assessed for entry to the enrolled nurse scope of practice upon the completion of the programme.

*Note: Please read the glossary of terms on page 46 of this document.*
**Domain one: Professional responsibility**

**Competency 1.1** Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.

**Indicator:** Demonstrates knowledge of relevant legislation pertaining to the delivery of health consumer care.

**Indicator:** Ensures practice is within the scope of practice and adheres to legislated requirements and relevant ethical codes, policies and procedural guidelines.

**Indicator:** Accepts responsibility for actions and decision making within the enrolled nurse scope of practice.

**Indicator:** Identifies breaches of law that occur in practice and reports them to the registered nurse/manager.

**Competency 1.2** Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

**Indicator:** Understands the Treaty of Waitangi/Te Tiriti and its relevance to the health of Maori in Aotearoa/New Zealand.

**Indicator:** Applies the principles of the Treaty of Waitangi/Te Tiriti Waitangi to nursing practice.

**Indicator:** Demonstrates knowledge of differing health and economic status of Maori and non Maori and how this impacts on health outcomes.

**Competency 1.3** Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care.

**Indicator:** Recognises and acts in accordance with the enrolled nurse scope of practice, organisational policy and own level of competence.

**Indicator:** Demonstrates understanding of the registered nurse’s role to direct, delegate, monitor and evaluate nursing care.

**Indicator:** Consults with the registered nurse to ensure that delegated tasks and responsibilities are commensurate with own level of competence.

**Indicator:** Seeks guidance from a registered nurse when encounters situations beyond own knowledge, competence or scope of practice.

**Competency 1.4** Promotes an environment that enables health consumer safety, independence, quality of life, and health.

**Indicator:** Identifies and reports situations that may impact on the safety of health consumers or staff.

**Indicator:** Adjusts the physical and social environment in order to maximise health consumer wellbeing.
Indicator: Adheres to standards and procedures related to restraint minimisation, infection control, safe handling, pressure area prevention and the administration of medicines.

Indicator: Initiates appropriate interventions in emergency situations.

Indicator: Supports the right of health consumers to maintain independent lifestyles with dignity in their own environment.

**Competency 1.5 Participates in ongoing professional and educational development.**

Indicator: Undertakes regular review of own practice by engaging in reflection and identifying ongoing learning needs.

Indicator: Takes responsibility for own professional development and maintenance of competence.

Indicator: Takes opportunities to learn with others contributing to health care.

**Competency 1.6 Practises nursing in a manner that the health consumer determines as being culturally safe.**

Indicator: Demonstrates ability to provide culturally safe care to meet health consumers’ individual needs, beliefs and values.

Indicator: Reflects on own practice and values that impact on cultural safety.

Indicator: Takes opportunities to gain feedback from health consumers to determine own practice is culturally safe.

Indicator: Avoids imposing prejudice on others and reports any observed occurrences of prejudice to the registered nurse.

Indicator: Appropriately challenges practices that compromise health consumer safety, rights, privacy or dignity.
Domain two: Provision of nursing care

Competency 2.1 Provides planned nursing care to achieve identified outcomes.

Indicator: Contributes to the development of care plans in collaboration with the registered nurse and health consumers, and clarifies responsibilities for planned care with the registered nurse.

Indicator: Promotes independence while assisting health consumers to undertake activities of daily living, such as nutrition, hydration, elimination, mobility, social functioning and personal hygiene.

Indicator: Uses nursing knowledge and problem solving skills when carrying out professional responsibilities.

Indicator: Prioritises and manages time.

Indicator: Carries out procedures competently and safely.

Indicator: Administers nursing interventions and medications within legislation, codes, scope of practice and according to prescription, established organisational policy and procedures.

Competency 2.2 Contributes to nursing assessments by collecting and reporting information to the registered nurse.

Indicator: Completes assessment tools as delegated by the registered nurse.

Indicator: Uses a range of data gathering techniques including observation, interview, physical examination and measurement.

Indicator: Assists with routine examinations and routine diagnostic investigations.

Indicator: Applies understanding of the different developmental stages of the life span.

Competency 2.3 Recognises and reports changes in health and functional status to the registered nurse or directing health professional.

Indicator: Observes for changes in health consumers’ health and functional status in the course of nursing practice.

Indicator: Communicates observations to the registered nurse and appropriate members of the health team.

Indicator: Reports changes in health status in a timely manner and is aware of procedures for responding to concerns which are escalating in the health care setting.

Competency 2.4 Contributes to the evaluation of health consumer care.

Indicator: Monitors and documents progress towards expected outcomes.

Indicator: Contributes to the review of care plans in collaboration with the registered nurse.
**Competency 2.5** Ensures documentation is accurate and maintains confidentiality of information.

**Indicator:** Observes, reports, records and documents health status.

**Indicator:** Records information in a systematic way that is in line with organisational policy and procedures.

**Indicator:** Ensures written communication is comprehensive, logical, legible, clear and concise, using only accepted abbreviations.

**Indicator:** Maintains confidentiality of documentation/records and interactions with others.

**Competency 2.6** Contributes to the health education of health consumers to maintain and promote health.

**Indicator:** Provides accurate and culturally appropriate education to health consumers or groups to maintain or promote health in consultation with the registered nurse.

**Indicator:** Determines consumer understanding by seeking feedback on information given.

**Indicator:** Demonstrates an understanding of how health and disease are affected by multiple and interconnected factors.
Domain three: Interpersonal relationships

Competency 3.1 Establishes, maintains and concludes therapeutic interpersonal relationships.

Indicator: Establishes rapport and trust with the health consumer and or family/whanau.

Indicator: Demonstrates respect, empathy and interest in the health consumer.

Indicator: Is able to establish relationships and effectively and culturally appropriately communicate with health consumers.

Indicator: Appropriately terminates therapeutic relationships.

Indicator: Understands therapeutic relationships and professional boundaries.

Competency 3.2 Communicates effectively as part of the health care team.

Indicator: Communicates orally and in writing appropriately and effectively.

Indicator: Demonstrates understanding of the need for different communication styles and approaches in different situations.

Indicator: Engages with colleagues to give and receive constructive feedback that enhances service delivery to health consumers.

Indicator: Contributes to a positive working environment.

Competency 3.3 Uses a partnership approach to enhance health outcomes for health consumers.

Indicator: Understands and applies the principles of a recovery centred\(^1\) approach to nursing care within different health care settings.

Indicator: Understands the impact of stigma and discrimination on health outcomes for health consumers and is able to implement nursing interventions that enhance fairness, equality and self determination.

Indicator: Understands and uses the resources in the health consumer’s community to improve health outcomes.

\(^{1}\) Mental Health Commission March (2001) Recovery Competencies for New Zealand Mental Health Workers
Domain four: Interprofessional healthcare and quality improvement

Competency 4.1 Collaborates and participates with colleagues and members of the health care team to deliver care.

Indicator: Understands and values the roles, knowledge and skills of members of the health care team in relation to own responsibilities.

Indicator: Supports the therapeutic activities of other team members in the provision of health care.

Indicator: Provides other members of the team with accurate and relevant information to assist in decision making and provision of care.

Indicator: Contributes to discussion related to nursing practice, systems of care planning and quality improvement.

Competency 4.2 Recognises the differences in accountability and responsibility of registered nurses, enrolled nurses and healthcare assistants.

Indicator: Clarifies enrolled nurse role and responsibilities in the context of health care settings.

Indicator: Acts as a resource and role model for nurse students and health care assistants.

Indicator: Prioritises the delivery of nursing care to health consumers as guided by the registered nurse.

Indicator: Co-ordinates provision of care by health care assistants within the team as delegated by the registered nurse.

Competency 4.3 Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health practitioner who is not a nurse.

Indicator: Understands the enrolled nurse role and boundaries in relation to the scopes of practice of other registered health practitioner.

Indicator: Practises within legislative requirements, organisation policy and refers issues outside scope to a registered nurse supervisor.

Indicator: Works under the direction of an identified health practitioner and reports observations, changes in health status and escalates concerns to that health practitioner.
Glossary of terms

**Accountability**
Being answerable for your decisions and actions.

**Applicant**
A person applying to the Nursing Council of New Zealand for entry to the enrolled nurse scopes of practice who has completed a nursing programme and met the requirements outlined in the Health Practitioners Competence Assurance Act 2003 and the Council's policy.

**Appropriate**
Matching the circumstances of a situation or meeting the needs of the individual or group.

**Assessment**
(of skill or competence) A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.

**Collaborate**
Work together, co-operate with each other.

**Competence**
The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.

**Competent**
The person has competence across all domains of competencies applicable to the nurse at a standard that is judged to be appropriate for the level of nurse being assessed.

**Competency**
A defined area of skilled performance.

**Domain**
An organised cluster of competencies in nursing practice.

**Delegation**
The transfer of responsibility for the performance of an activity from one person to another with the former retaining accountability for the outcome.

**Direction**
The active process of guiding, monitoring and evaluating aspects of nursing care performed by another. Direction is provided directly when the registered nurse is actually present, observes, works with and directs the person; direction is provided indirectly when the registered nurse works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The registered nurse must be available for reasonable access i.e. must be available at all times on the premises or contactable by telephone (in community settings).

**Effective**
Having the intended outcome.

**Enrolled nurse**
A nurse registered under the enrolled nurse scope of practice.

**Health assessment**
A comprehensive health assessment is the assessment of a consumer's health status for the purposes of planning or evaluating care. Data is collected through multiple sources, including, but not limited to, communication with the consumer,
and where appropriate their significant others, reports from others involved in providing care to the consumer, health care records, direct observation, examination and measurement, and diagnostic tests. The interpretation of the data involves the application of nursing knowledge and judgement. Health assessment also involves the continuous monitoring and reviewing of assessment finding to detect changes in the consumer’s health status (ANMC, 2007).

**Health care assistant**
A person employed within a healthcare, residential or community context who undertakes a component of direct care and who is not regulated in law by a regulatory authority.

**Health consumer**
Individual, group or community who works in partnership with nurses to plan and receive nursing care. The term includes patients, residents and/or their families/whanau/representatives or significant others.

**Indicator**
Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

**Legislated**
Those requirements laid down by New Zealand Acts and Regulations.

**Nurse**
A registered nurse, nurse practitioner or enrolled nurse.

**Nurse Practitioner**
A nurse registered under the nurse practitioner scope of practice. Note: Nurse practitioners are also registered nurses.

**Nursing Council of New Zealand**
The responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act. The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration, which ensures safe and competent care for the public of New Zealand. As the statutory authority, the Council is committed to enhancing professional excellence in nursing.

**Performance criteria**
Descriptive statements that can be assessed and that reflect the intent of a competency in terms of performance, behaviour and circumstance.

**Registered health practitioner**
A person who is registered under the Health Practitioners Competence Assurance Act e.g. midwife, medical practitioner, occupational therapist.

**Registered nurse**
A nurse registered under the registered nurse scope of practice.

**Reliability**
The extent to which a tool will function consistently in the same way with repeated use.
Responsibility

A charge or duty that arises from one’s role or status in a profession or organisation.

Supervision

Supervision is provided by a registered nurse to an enrolled nurse who works under the direction of another health practitioner. The registered nurse provides guidance and feedback on the enrolled nurse’s practice. This will include:

• monthly face-to-face meetings
• discussion of practice issues
• discussion of professional development and learning needs
• review of work content/nursing activities
• discussion of professional responsibilities and scope.

Treaty of Waitangi/Te Tiriti o Waitangi

The founding document for Aotearoa/New Zealand signed in 1840 by the Maori people and the British Crown.

Validity

The extent to which a measurement tool measures what it purports to measure.
Guidelines for the accreditation of institutions seeking to establish a school of nursing

Updated March 2013
Introduction

The Nursing Council of New Zealand’s (Nursing Council) accreditation of institutions seeking to establish schools of nursing is both a regulatory and quality assurance process. Accreditation validates the ability of the institution to establish a school of nursing/nursing department and to provide an appropriate environment for establishing an undergraduate nursing programme. Accreditation is granted on the understanding that the Nursing Council will monitor such nursing programmes to ensure that the requirements for accreditation continue to be met.

1 General information

1.1 Application for accreditation/reaccreditation of an institution to conduct (a) programme(s) must be made to the Nursing Council.

1.2 An authorised person must sign applications and any supporting documents. This confirms to the Nursing Council that agreement has been reached regarding any costing, workforce planning and/or educational implications arising from the application.

1.3 Under the Health Practitioners Competence Assurance Act (2003) s118(a), the Nursing Council can accredit an institution when all regulatory criteria have been met, prescribe the qualifications required to register as a nurse, and carry out ongoing monitoring of the institution it accredits.

1.4 Submissions in support of the application should be as concise as is possible whilst providing the Nursing Council with the information it requires.

1.5 Accreditation will normally be for a maximum period of five years.

1.6 Nursing students undertaking a programme leading to registration must be enrolled in an accredited school of nursing and on a Nursing Council-accredited programme. Students enrolled in a non-accredited programme and/or a non-accredited school or site will not be eligible for registration.

2 Criteria for the accreditation of providers for pre-registration programmes

2.1 The accreditation process will be carried out jointly between the Nursing Council and the tertiary education quality validation agency, i.e. Committee on University Academic Programmes (CUAP), New Zealand Qualifications Authority (NZQA).

3 Organisational criteria

3.1 Clearly identified nursing department.

3.2 The nominated Head of Nursing must be a registered nurse with a master’s degree and must be approved by the Nursing Council.

3.3 There must be a clearly identified programme co-ordinator, who may or may not be the Head of Nursing, who ensures cohesion across the total programme.

3.4 Staff must have full representation on relevant institutional committees and be involved in evaluation in all settings in which students learn.

3.5 Clear lines of accountability for all staff.
3.6 Opportunities for continuing professional development.
3.7 Evidence of internal and external quality assurance mechanisms.
3.8 Equity of opportunity for students to access the full range of facilities within the higher education institution.

4 Resources – staff
4.1 Specify named academic staff who have an appropriate range of professional and academic qualifications, i.e. degrees in nursing or other relevant disciplines.
4.2 A clear staff development policy for professional and academic development of academic and clinical teaching staff.
4.3 Opportunities for staff to undertake research, consultancy work and writing for publication.
4.4 Ability for staff to participate fully in higher education activities including the opportunity to teach across a range of programmes.
4.5 Shared management responsibility for programmes.

5 Resources – physical
5.1 Adequate classroom and office accommodation.
5.2 Learning resources, including library facilities with appropriate internet access, databases, texts and journals.
5.3 Material, information technology facilities and skills laboratories for learning science and nursing skills.
5.4 The provision of an effective learning environment in the clinical experience areas.
5.5 A variety of higher education learning experiences for the student.
5.6 Appropriate student services.
5.7 Policies and procedures for dealing with student complaints where internal mechanisms may not suffice.
5.8 Institution policies on premises comply with all relevant current legislation and regulations including the Human Rights Act 1993 (section 57), local body requirements and fire safety requirements, and are available on site.

6 Resources – financial
A clearly identified budget and proof of financial viability of the school.
7 Criteria for the demonstration of ability to provide a nursing programme

Information required is as follows:

7.1 A statement setting out the purpose and goals of the establishment.
7.2 The name and legal status of the provider.
7.3 Title of the proposed programme/s.
7.4 The name of the institution/department/faculty in which the proposed programme/s will be sited together with address, telephone and fax numbers, and email addresses.
7.5 The name and qualifications of the Head of Nursing and an outline of the school's administrative structure.
7.6 Rationale for establishing a programme, including the outcomes of consultation, feasibility study and evidence of need.
7.7 A list of relevant programmes provided within the named institution/department/faculty including the qualifications (if any) to which they lead.
7.8 The accommodation, administration, media and other services that would be made available.
7.9 The proposed date for the first intake of students and proposed frequency of subsequent intakes.
7.10 The expected number of students for the first and subsequent intakes.
7.11 The reports on consultation concerning the availability of appropriate clinical experience and supervision.
7.12 Funding and contractual arrangements for the programme.
7.13 Funding and contractual arrangements with the clinical experience providers.

8 Accreditation and ongoing monitoring of pre-registration curricula

8.1 All curricula will be assessed against the Nursing Council's Education programme standards for the registered nurse scope of practice or Education programme standards for the enrolled nurse scope of practice.¹

8.2 Pre-registration nursing education programmes must lead to either a bachelor’s degree in nursing or a diploma at Level 5 NZQA.
9 Documentation

9.1 Evidence of ability to meet the criteria outlined in 2 and 3 above must accompany the application.

9.2 For programme accreditation the Nursing Council requires:

9.2.1 Four copies of each curriculum which meet the Education programme standards for the registered nurse scope of practice or the Education programme standards for the enrolled nurse scope of practice and the Guidelines for Cultural Safety, the Treaty of Waitangi, and Māori Health in Nursing Education and Practice.²

9.2.2 Within the document, each paper/course/unit should indicate to which of the Nursing Council’s standards and guidelines it contributes.

9.2.3 For new curricula, evidence of programme accreditation with the appropriate tertiary education quality validation agency (e.g. New Zealand Qualifications Authority or CUAP) and accreditation letters and ongoing reports.

9.2.4 Names and qualifications of all academic and clinical teaching staff of the programme.

9.2.5 Copies of the current access agreements for student clinical experience (information considered to be commercially sensitive is not required).

9.2.6 Detailed information on the nursing department’s recognition of prior learning policy and procedure.

10 Fees and charges

10.1 The fee for accreditation of the institution is gazetted and is to be submitted with the application for accreditation of an institution seeking to offer a nursing programme.

10.2 Fees are non-refundable.

11 Progression

Following receipt of the information in respect of the application submitted for Nursing Council accreditation:

11.1 The designated Nursing Council representatives will evaluate the application and arrange a visit to the institution.

11.2 The Nursing Council must receive any new curriculum for assessment at least six months before the proposed commencement date.

11.3 The programme curriculum must comply with the Nursing Council’s Education programme standards for the registered nurse scope of practice or Education programme standards for the enrolled nurse scope of practice and related policies.³
11.4 If the Nursing Council is satisfied that all criteria have been met, the institution and/or programme will be accredited.

11.5 If the programme is not accredited or not submitted within an agreed time period, the application will lapse and a new application for accreditation will be required.


2 Nursing Council of New Zealand *Guidelines for Cultural Safety, the Treaty of Waitangi, and Māori Health in Nursing Education and Practice*; (amended July 2011).

3 Nursing Council of New Zealand, *Handbook for nursing departments offering programmes leading to registration as an enrolled nurse or a registered nurse*; (updated April 2012).
Education programme standards for the registered nurse scope of practice

July 2010
Introduction

Under the Health Practitioners Competence Assurance Act 2003 (‘the Act’) the Nursing Council of New Zealand’s (‘the Council’) purpose is to protect the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions.

The functions of the Council that relate to education and registration are set out in sections 12, 16, 45 and 118 of the Act (see appendix).

The Council prescribes the qualification for the registered nurse scope of practice, is responsible for setting the education standards that relate to the registered nurse scope of practice and details the requirements for the accreditation of programmes. Applicants for registration as a registered nurse must complete a Council-approved programme and meet the competencies for the registered nurse scope of practice. The tool for accrediting and monitoring programmes is based on the education programme standards.

Registered nurse scope of practice

Registered nurses utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, health care assistants and others. They provide comprehensive nursing assessments to develop, implement and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use their expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice.
Education programme standards for the registered nurse scope of practice

1. The educational institution and the programme comply with legislated requirements and the Council’s policies and guidelines.

2. The programme has a structured curriculum that enables students to achieve the programme outcomes and the Council’s Competencies for the registered nurse scope of practice.

3. The programme is implemented by staff who are qualified and well prepared for their roles.

4. Facilities and resources are available to support the achievement of the expected outcomes of the programme.

5. The environment supports the teaching/learning process.

6. Student performance is assessed against learning outcomes relevant to nursing, and the programme outcomes and assessment processes meet the Council’s policies.

7. The candidate for registration complies with legislated requirements and the Council’s policies and guidelines.
Standard one

The educational institution and the programme comply with legislated requirements and the Council’s policies and guidelines.

Criteria*

1.1 The completion of a bachelor’s degree in nursing provides the educational framework for entry to the registered nurse scope of practice.

1.2 The educational institution must be accredited by the Council to provide a bachelor’s degree in nursing (‘the programme’) in New Zealand as per sections 12(2)(a) and 118(a) of the Act.

1.3 The educational institution continues to meet the Council’s Guidelines for the accreditation of institutions seeking to establish a school of nursing in the ongoing provision of the programme.

1.4 The educational institution, the institutional processes and the programme meet the requirements as specified in the Act, Council policy, and as contained in these standards.

1.5 The Head of Nursing and the person in charge of the programme will be a registered nurse with a current practising certificate and will have the authority and responsibility for decision making regarding:

- the entry criteria for student selection in order to meet requirements for fitness for registration in accordance with section 16 of the Act
- an individual student’s progress, including academic and professional misconduct, through the programme in order to meet requirements of section 16 of the Act
- the delivery and ongoing development of the programme.

1.6 The Head of Nursing must notify the Chief Executive/Registrar of the Council in writing if she/he has reason to believe that a student who is completing a programme would be unable to perform the functions required for the practice of nursing because of some mental or physical condition as per sections 45(4) and (5) of the Act. This includes a condition or impairment caused by alcohol or drug abuse.

1.7 Schools must demonstrate a process for ‘exiting’ students who are not achieving academic, clinical or professional outcomes, and who would not meet the requirements of section 16 of the Act.

1.8 All students are informed of the requirement to provide consent for the Ministry of Justice to release a copy of evidence of whether they have any convictions to which the Criminal Records (Clean Slate) Act 2004 does not apply, with their application to sit the Council’s State Final Examination for registered nurses.

1.9 Each school must have a recognition of prior learning (RPL) policy that conforms with the Council’s policy. This must include the following:

Appendix 4 Education programme standards for the registered nurse scope of practice
Appendix 4 Education programme standards for the registered nurse scope of practice

- no RPL may be granted for clinical experience courses in year three of the programme
- any RPL granted to students in year two clinical experience courses must be submitted to the Council for approval and include information as requested by the Council
- the Council retains the right to seek justification of any credit granted through RPL. Registration may be withheld if the Council is not satisfied that the standards and competencies for registration have been met
- statements of programme completion (academic transcripts) must outline any RPL granted
- where the programme allows for exit or entry points for other qualifications these must be identified and meet the relevant programme standards and the Council’s policies.

1.10 The governing body of the educational institution and/or the school offering the programme sends to the Council such information as the Council requires including an annual programme report.
Standard two

The programme has a structured curriculum that enables students to achieve the programme outcomes and the Council's Competencies for the registered nurse scope of practice.

Criteria*

Structure

2.1 The programme has an organised and systematic structure of theoretical and clinical experiences that enable students to meet the programme outcomes and achieve the Council’s Competencies for the registered nurse scope of practice. The curriculum is mapped against the Council’s Competencies for the registered nurse scope of practice.

2.2 The bachelor degree in nursing programme must be equivalent to three years’ full-time study. The programme must be completed within five years of a student’s first enrolment in the programme.

2.3 The programme specifically requires students to demonstrate, in practice at a graduate level, the following:

- pharmacology knowledge and medicine management
- comprehensive health consumer assessment skills and clinical decision-making skills
- therapeutic communication with health consumers
- working within a health care team; providing direction and delegation in practice
- the use of information technology and health information management.

2.4 The school has policies and practices which ensure the programme is underpinned by current research and scholarship in nursing, education, health and social sciences.

2.5 The programme has a statement of beliefs or underlying assumptions that are congruent with the planning and delivery of the learning experiences, and are based on:

- an identifiable and integrated nursing focus including nursing theory/concepts. Fifty per cent of theory hours are to have a clear nursing focus
- the Council's Guidelines for Cultural Safety, the Treaty of Waitangi, and Māori Health in Nursing Education and Practice; Code of conduct for nurses; Direction and delegation
- the development of critical thinking and nursing inquiry throughout the programme
- current best practice and research-based teaching and learning approaches.
2.6 The structure of the curriculum clearly identifies:

- the expected progression and integration of academic and practice knowledge through the curriculum and courses
- the expected outcome for each course and demonstrates how these outcomes will be met and assessed.

2.7 The programme describes the processes through which students learn. The modes of delivery and the teaching, learning and assessment methods are stated, described and justified.

**Content of curriculum**

2.8 The curriculum is based on national health priorities and contemporary health care and practice trends.

2.9 The curriculum is focussed on the profession of nursing, contemporary nursing practice and the Council’s *Competencies for the registered nurse scope of practice*. The curriculum content comprehensively addresses, but is not limited to, the following:

- professional responsibility: professional conduct, nursing practice and professional, ethical and legal responsibilities; understanding of health policy and health regulation; the application of the Treaty of Waitangi in clinical practice; culturally safe care and understanding of cultural safety; accountability and the direction and supervision of second-level nurses; health consumer safety and environmental risk assessment

- management and delivery of nursing care: the planning, delivery and evaluation of nursing care; comprehensive health consumer assessment and decision making; health consumer-centred care and partnership; application of concepts such as informed consent, health consumer rights and advocacy; use of information technology, information management and documentation; health promotion and health education; chronic disease state management; lifespan approach; health continuum approach; lifelong learning, professional development and ongoing competence responsibilities

- interpersonal relationships: development of therapeutic relationships with health consumers; effective communication within the health care team and documentation; information management; understanding of partnership and collaboration; quality assurance practices

- interprofessional health care and quality improvement: co-ordination of health consumer care within the health care team including discharge planning, interprofessional collaboration and communication; advocacy for the nursing contribution; respect for all members of the health care team; quality improvement and research activities; leadership; teaching and mentoring within the team.
Clinical experience*

2.10 The clinical experiences have well formulated learning outcomes that demonstrate the expected progression towards meeting the Council’s Competencies for the registered nurse scope of practice.

2.11 The school maintains a plan for clinical experiences that clearly relates to programme outcomes and provides justification of the timing and duration of clinical experiences. Clinical experiences must be long enough to achieve the competencies identified.

2.12 The clinical experiences occur in a range of settings with health consumers across the lifespan and must include:

- primary health care and community settings
- acute care including medical and surgical settings
- continuing care settings including rehabilitation/disability care settings
- mental health care including acute and rehabilitation/continuing care settings.

2.13 The programme provides a minimum of 1100 clinical experience hours for all students, with all students being entitled to 1500 clinical experience hours in which to demonstrate competence. Simulation hours cannot be included in clinical experience hours. Paid work by students as an enrolled nurse, nurse assistant or unregulated caregiver cannot be counted as clinical experience hours.

2.14 An extended clinical experience of 360 hours minimum is included in the final semester of the programme to enable the student to meet the Council’s Competencies for the registered nurse scope of practice and as preparation for transition to practice.

2.15 No student may be given more than two opportunities to enrol in a clinical experience course.

Evaluation

2.16 The curriculum is written and reviewed in consultation with stakeholders including nurse educators, clinically based registered nurses, tangata whenua, employers, professional nursing organisations and health consumers.

2.17 There is ongoing evaluation of the programme and curriculum, with at least a five-yearly formal review, to ensure the ongoing quality of the programme. This must include the following:

- review of the programme structure, delivery, teaching and learning and assessment processes
- a process to ensure the curriculum reflects current knowledge and health care practice. The process must include consultation with clinically based registered nurses.
- evaluation processes including students, education and clinical staff, and other stakeholders. The school must demonstrate the action taken in response to evaluation feedback.

2.18 There is evidence of a benchmarking/moderation process that ensures continuous quality improvement of the programme. Courses and assessment processes are moderated on a regular basis by another nursing programme provider.

2.19 The quality of the clinical learning environment is evaluated and the school and clinical provider demonstrate their response to feedback.
Standard three

The programme is implemented by staff who are qualified and well prepared for their roles.

Criteria*

3.1 The person responsible for leading the programme must be a registered nurse with a current practising certificate and have a relevant master’s degree.

3.2 All staff teaching nursing courses must be registered nurses with a current practising certificate. All staff must demonstrate currency of theory and practice knowledge appropriate to their teaching responsibilities.

3.3 Academic staff* must:
   • hold a relevant master’s degree or have a professional development plan in place to complete a master’s degree within four years
   • have completed a programme in adult teaching and learning within two years of appointment
   • be involved in research and scholarship activities.

Clinical teaching staff* must:
   • hold an undergraduate degree or higher in nursing or related discipline
   • be well prepared and oriented to the teaching role
   • have current theoretical and practice knowledge relevant to the practice setting they are teaching in
   • have knowledge of the curriculum and of the theory component related to the clinical experience and the expected learning outcomes.

3.4 The educational institution describes its staffing model, ensures job descriptions are current and undertakes performance reviews for all staff including clinical teaching staff.
Standard four

Facilities and resources are available to support the achievement of the expected outcomes of the programme.

Criteria*

4.1 The educational institution demonstrates how teaching and learning resources support the school of nursing to achieve the purpose and outcomes of the programme.

4.2 All students have access to simulation learning resources in order to prepare them appropriately for clinical experiences to ensure the safety of health consumers, students and staff.

4.3 The school of nursing identifies the model of clinical teaching and clinical supervision of students that ensures:
   - the ongoing quality of student learning
   - the safety of health consumers, students and staff in the clinical environment
   - support for registered nurses supervising students.

4.4 The educational institution provides justification for the clinical teaching staff allocation and the clinical teaching model.

4.5 Memoranda of understanding exist, and are updated regularly, between the educational institutions and health care agencies providing clinical experiences, and must include:
   - clear pathways for communication between education and clinical staff
   - negotiation and definition of the roles and responsibilities of both parties for teaching/learning and student assessment. This includes collaboration between teaching and clinical staff in student assessment
   - guidelines for learning expectations and student assessment criteria for each clinical experience. This is to be negotiated between teaching and clinical staff to identify the learning expected in the clinical area
   - the assessment and management of any risk within the learning environment to health consumers, students and staff
   - an evaluation process for monitoring and evaluating the quality of the clinical experience for students. There is a mechanism in place for the discussion of feedback between the parties
   - an agreement in principle for grievance procedures for staff, students and health consumers.
Standard five

The environment supports the teaching/learning process.

Criteria*

5.1 Teaching and learning approaches provide opportunities to meet various learning styles and an individual student’s learning needs.

5.2 Provision is made for students to participate in planning their learning experiences.

5.3 There is a formal mechanism for ongoing discussion about student progress between academic staff/clinical teaching staff, the registered nurse and the student in each clinical experience.

5.4 The memorandum of understanding between the educational institution and the health care agency provides written evidence that for each clinical experience students will:

- have access to appropriate resources to achieve the learning outcomes
- be under the supervision* of a registered nurse who is well prepared for their teaching role
- be supernumerary for all clinical experience hours
- have appropriate academic staff/clinical teaching staff supervision.

5.5 The expectations for student learning and assessment are negotiated with clinical staff in each clinical experience and clearly communicated in writing to help guide student learning and assessment.
Standard six

Student performance is assessed against learning outcomes relevant to nursing, and the programme outcomes and assessment processes meet the Council's policies.

Criteria*

6.1 There is a clear, comprehensive assessment process for the programme that demonstrates progression towards the final achievement of the programme outcomes and the Council's Competencies for the registered nurse scope of practice. The assessment process is mapped against the Council's Competencies for the registered nurse scope of practice.

6.2 There is a process for ensuring reliability and validity of student assessment.

6.3 Students undertake a variety of assessments to test the application of nursing knowledge and clinical decision making.

6.4 The school uses academic processes for assessment that:

- meet the Council’s policies concerning repeat of clinical courses and programme completion time
- clearly state the appeal processes and resit policies for students
- include a registered nurse with a current practising certificate on student appeal panels.

6.5 There is a process to ensure the final assessment against the Council’s Competencies for the registered nurse scope of practice will be undertaken collaboratively between registered nurses in the clinical experience and teaching staff.

6.6 The Head of Nursing retains overall responsibility for the student assessment process.
Standard seven

The candidate for registration complies with legislated requirements and the Council's policies and guidelines.

Criteria*

7.1 Candidates put forward to sit the Council’s State Final Examination for registered nurses must:

- have successfully completed all the requirements of a Council-accredited bachelor’s degree in nursing programme
- have been assessed as meeting the Council’s Competencies for the registered nurse scope of practice
- be recommended as fit for registration as a registered nurse under section 16 of the Act by the Head of Nursing
- have disclosed to the Council if they are the subject of any investigation, or disciplinary or criminal proceedings.
Glossary of terms

Academic staff  
All full-time and part-time academic staff employed to teach on the programme.

Clinical teaching staff  
Registered nurses employed for clinical and/or theoretical teaching.

Clinical experience  
Refers to student experiences in health care agencies with registered nurse supervision. Simulation learning hours are not included as clinical experience hours.

Criteria  
Descriptive statements that demonstrate the intent of the programme standard. The criteria must be met in order to achieve the standard.

Simulation  
“Activities that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision making and critical thinking through techniques such as role playing and the use of devices such as interactive videos or mannequins. A simulation may be very detailed and closely simulate reality, or it can be a grouping of components that are combined to provide some semblance of reality” (Jeffries, 2005, p.97).

Supervision  
Student nurses are supervised by registered nurses during their clinical experience. Supervision is a key element in the nursing programme and enables student nurses to develop the knowledge, skills and clinical judgement needed to deliver safe and competent nursing care. The registered nurse, often in collaboration with education staff, uses their clinical judgement to assess the level of supervision required in a given situation based on an assessment of risk to the health consumer and the student.
12 Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.

(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:

(a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class whether in New Zealand or abroad

(b) the successful completion of a degree, course of studies, or programme accredited by the authority

(c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority

(d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority

(e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under section 11.

(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas institution that it accredits for that purpose.

16 Fitness for registration

No applicant for registration may be registered as a health practitioner of a health profession if -

(a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or

(b) he or she does not satisfy the responsible authority that his or her ability to communicate in and or comprehend English is sufficient to protect the health and safety of the public; or

(c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on
his or her fitness to practise as a health practitioner of that profession; or

(d) the responsible authority is satisfied that the applicant is unable to perform the functions for the practice of that profession because of some mental or physical condition;

(e) he or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or

(f) he or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that that investigation reflects adversely on his or her fitness to practise as a health practitioner of that profession; or

(g) he or she-
   (i) is subject to an order of a professional disciplinary tribunal (whether in New Zealand or another country) or to an order of an educational institution accredited under section 12(2)(a) or to an order of an authority or a similar body in another country; and
   (ii) does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or

(h) the responsible authority has reason to believe that the applicant may endanger the health or safety of members of the public.

45 Notification of inability to perform required functions due to mental or physical condition

(4) Subsection (5) applies to a person in charge of an educational programme in New Zealand that includes or consists of a programme of study or training (a course) that is a prescribed qualification for a scope of practice of a health profession.

(5) If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the authority written notice of the circumstances.

118 Functions of authorities

The functions of each authority in respect of the health profession are as follows:

a) to prescribe the qualifications required for the scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

b) to authorise the registration of health practitioners under this Act, and to maintain registers

c) to consider applications for annual practising certificates

d) to review and promote the competence of health practitioners

e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners

f) to receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners
g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public
h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession
i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession
j) to liaise with other authorities appointed under this Act about matters of common interest
k) to promote education and training in the profession
l) to promote public awareness of the responsibilities of the authority
m) to exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under this Act or any other enactment.
Education programme standards for the enrolled nurse scope of practice

April 2010
**Introduction**

Under the Health Practitioners Competence Assurance Act 2003 (the ‘Act’) the Nursing Council of New Zealand’s (‘the Council’) purpose is to protect the health and safety of members of the public by providing mechanisms to ensure health practitioners are competent and fit to practise their professions.

The functions of the Council that relate to education and registration are set out in Sections 12, 16, 45 and 118 of the Act. (see appendix).

The Council prescribes the qualification for the enrolled nurse scope of practice, is responsible for setting the education standards that relate to the enrolled nurse scope of practice and details the requirements for the accreditation of programmes. Applicants for registration as an enrolled nurse must complete a Council-approved programme and meet the competencies for the enrolled nurse scope of practice. The audit tool for accrediting programmes is based on the education programme standards.

**Enrolled nurse scope of practice**

Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the lifespan to health consumers in community, residential or hospital settings. Enrolled nurses contribute to nursing assessments, care planning, implementation and evaluation of care for health consumers and/or families/whānau. The registered nurse maintains overall responsibility for the plan of care. Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers’ conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence.

In acute settings, enrolled nurses must work in a team with a registered nurse who is responsible for directing and delegating nursing interventions. In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse. In some settings, enrolled nurses may work under the direction and delegation of a registered health practitioner*. In these situations the enrolled nurse must have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning. Enrolled nurses are accountable for their nursing actions and practise competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whānau and multidisciplinary teams.

*A person who is registered under the Health Practitioners Competence Assurance Act, e.g. midwife, medical practitioner, occupational therapist.
Overview – structure and background

The programme length will be 1800 hours, with the students required to complete 900 hours of theory and 900 hours of clinical experience.

The programme will consist of four modules that may be broken down into several shorter courses or modules:

<table>
<thead>
<tr>
<th>Module</th>
<th>Focus</th>
<th>Theory hours</th>
<th>Clinical experience/simulation* hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Foundation</td>
<td>600</td>
<td>300</td>
</tr>
<tr>
<td>2</td>
<td>Rehabilitation/long-term care/disability (includes community and care of people who have dementia)</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>3</td>
<td>Acute care/medical/surgical/peri-operative</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>4</td>
<td>Mental health* (includes community)</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>900</td>
<td>900</td>
</tr>
</tbody>
</table>

Module 1 has a general focus and develops the generic knowledge of the role and the knowledge, skills and attitudes required to undertake an enrolled nurse role. Modules 2-4 focus on preparing students to work in a wide range of practice areas including rehabilitation, long-term care, disability, acute care, medical, surgical, mental health and community.

The clinical experience hours outlined above enable students to develop the knowledge and skills to be registered in the enrolled nurse scope of practice. Clinical experience that uses simulation** shall comprise no more than 200 hours and must be spread throughout modules within the programme.

*Mental health theory and clinical experience encompasses the continuum that includes promotion, prevention, early intervention, treatment and rehabilitation.

**Jeffries (2005, p.97) defines simulation “as activities that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision making and critical thinking through techniques such as role playing and the use of devices such as interactive videos or mannequins. A simulation may be very detailed and closely simulate reality, or it can be a grouping of components that are combined to provide some semblance of reality”.
Education programme standards for the enrolled nurse scope of practice

1. The educational institution and the programme comply with legislated requirements and the Council’s policies and guidelines.

2. The programme has a structured curriculum that enables students to achieve the programme outcomes and the Council’s competencies for the enrolled nurse scope of practice.

3. The curriculum is implemented by staff who are qualified and well prepared for their roles.

4. Facilities and resources are available to support the achievement of the expected outcomes of the programme.

5. The environment supports the teaching/learning process.

6. Student performance is assessed against learning outcomes relevant to the competencies for the enrolled nurse scope of practice.

7. The applicant for registration complies with legislated requirements and the Council’s policies and guidelines.
Standard one

The educational institution and the programme comply with legislated requirements and the Council's policies and guidelines.

Criteria

1.1 The educational institution must be accredited by the Council, as per section 12(2)(a) of the Health Practitioners Competence Assurance Act ('the Act'), to provide a programme leading to registration as a registered nurse programme prior to applying for accreditation to offer a programme leading to registration as an enrolled nurse ('the programme'). (See appendix).

1.2 The educational institution continues to meet the Council's Guidelines for the accreditation of institutions seeking to establish a school of nursing in the provision of the enrolled nurse programme.

1.3 The educational institution and programme meet the requirements specified in the Act, the Council's policies and as contained in these standards.

1.4 The person in charge of the programme will be a registered nurse with a current annual practising certificate (APC).

1.5 The person in charge of the programme or the Head of School will have the authority and responsibility for decision making regarding:

- the entry criteria for student selection in order to meet requirements for fitness for registration in accordance with section 16 of the Act including English language requirements of IELTS 6.5 in all bands
- individual student progress through the programme in order to meet requirements of section 16 of the Act
- delivery and ongoing development of the programme.

1.6 The Head of School must notify the Chief Executive (Registrar) of the Council in writing if he or she has reason to believe that a student who is completing a programme would be unable to perform the functions required for the enrolled nurse scope of practice because of some mental or physical condition as per sections 45(4) and (5) of the Act. (See appendix.)

1.7 Schools must demonstrate a rigorous process for 'exiting' students who are not achieving academic, clinical and professional outcomes, and who would not meet the requirements for registration under sections 16 and 45 of the Act.

1.8 All students are informed of the requirement to provide with their application to sit the Council State Final Examination, consent for the Ministry of Justice to release a copy of evidence of whether they have any convictions to which the Criminal Records (Clean Slate) Act 2004 does not apply.

1.9 Awarding of credit transfer and recognition of prior learning ('RPL') must conform with the Council's policy. RPL that exceeds 25% of the theoretical component of the enrolled nurse programme is required to be submitted to the Council for approval within two months of being granted. It is expected that RPL would not be awarded for practice components of the programme.
1.10 Where the structure of the programme allows for exit or entry points for other qualifications these must be identified and meet the relevant standards and the Council policies.

1.11 The governing body of the educational institution offering the programme sends to Council such information as the Council requires.
Standard two

The programme has a structured curriculum that enables students to achieve the programme outcomes and the Council’s Competencies for the enrolled nurse scope of practice.

Criteria

Structure

2.1 The programme structure has an organised and systematic framework of theoretical and clinical experiences that enable students to meet the programme outcomes and achieve the Council’s Competencies for the enrolled nurse scope of practice and the Council’s Code of conduct for nurses. The curriculum is mapped against the Council’s Competencies for the enrolled nurse scope of practice.

2.2 The programme’s philosophy, values and beliefs are congruent with the planning and delivery of the learning experiences and are based on:

- an identifiable and integrated nursing focus
- current best practice and research-based teaching and learning approaches
- Guidelines for Cultural Safety, the Treaty of Waitangi, and Māori Health in Nursing Education and Practice.

2.3 The structure of the programme provides for 1800 hours – 900 hours of theory and 900 hours of clinical experience. The programme will be an 18 month diploma in enrolled nursing at Level 5 on the New Zealand Qualifications Authority National Qualifications Framework.

2.4 The curriculum clearly identifies the means by which students will progress towards and achieve the competencies for the enrolled nurse scope of practice within three years of initial enrolment on the programme.

Content

2.5 The content is based on national health priorities, current nursing knowledge and practice trends, and includes:

Theory

- health, wellness, disability and illness across the lifespan
- anatomy and physiology
- palliative care
- mental health and addiction including:
  - psychosocial skills and knowledge
  - recovery-centred approach
  - real skills*

• fairness/equality/self-determination/rights/dignity
• prejudice/stigma/discrimination.
• effective therapeutic and interpersonal communication skills
• professional, legal and ethical responsibilities
• the health consumer in context including:
  • the Treaty of Waitangi
  • cultural safety
  • diversity and difference.
• practice skills and knowledge including:
  • basic life support, CPR and first aid
  • activities of daily living/vital signs/safe health consumer handling/pressure area care
  • contribute to assessment (use of validated screening tools such as falls assessment), top-to-toe assessment, psychosocial assessment, skin assessment
  • recognising abnormal signs/change in condition/care planning
  • wound care
  • infection prevention and control
  • pain management
  • pharmacology/medication management and administration.
• role and scope of the enrolled nurse including:
  • direction and delegation
  • decision making
  • documentation
  • reporting and responding to concerns which are escalating
  • the interprofessional health care team
  • supervision/leadership skills.

2.6 There is a process to ensure the content of the curriculum is up to date and reflects current knowledge and health care practice.

Clinical experience

2.7 The clinical experiences have well formulated learning outcomes, which relate to the Council’s Competencies for the enrolled nurse scope of practice.

2.8 The school maintains a plan for clinical placements that clearly relates to the programme outcomes and provides justification for the timing and duration of student placements.

2.9 The clinical experiences must include:

• community, rehabilitation, long-term care including care of people who have dementia, disability
• acute care, medical, surgical, perioperative
• mental health (encompassing the continuum that includes promotion, prevention, early intervention, treatment and rehabilitation).

2.10 All students must complete 900 hours of clinical experience. Clinical experience that uses simulation shall comprise no more than 200 hours and must be spread throughout the programme.
2.11 An extended clinical experience at Level 5 (NZQA level descriptors, 2004) must be provided to enable the student to meet the Council’s Competencies for the enrolled nurse scope of practice and as preparation for transition to practice.

**Evaluation**

2.12 The curriculum is written and reviewed in consultation with stakeholders including practising registered nurses, practising enrolled nurses, tangata whenua, nursing education staff, employers, professional nursing organisations and members of the public.

2.13 There is ongoing evaluation of the programme and curriculum with at least a five yearly formal review, including content, programme delivery, learning and assessment processes, to ensure the ongoing quality and currency of the programme.

2.14 The educational institution has quality assurance processes to ensure the reliability and validity of the programme including internal and external moderation of courses and assessments.

2.15 The evaluation process includes students, clinical staff, teaching staff and other stakeholders, and the school demonstrates the action taken in response to evaluation feedback.

2.16 The quality of the clinical experience as a learning environment is evaluated and the school and clinical provider demonstrate their response to feedback.
Standard three

The curriculum is implemented by staff* who are qualified and well prepared for their roles.

*Staff includes:

- Academic staff – all full- and part-time academic staff employed to teach on the programme
- Clinical teaching staff – registered nurses employed for clinical and/or theoretical teaching.

Criteria

3.1 The coordinator of the programme and the staff teaching the nursing content must be registered nurses with bachelor degrees in nursing and hold a current APC.

3.2 All nursing staff must have had the equivalent of at least three years’ full-time, post-registration clinical nursing experience and must demonstrate currency of theory and practice knowledge appropriate to their teaching responsibilities.

3.3 Full- and part-time academic staff must:

- have completed a programme in adult teaching and learning within two years of appointment.

Clinical teaching staff must:

- be well prepared and oriented to the teaching role
- have current theoretical and practice knowledge relevant to the practice setting they are teaching in
- have knowledge of the curriculum and of the theory component related to the clinical experience and the expected learning outcomes.

3.4 The educational institution describes its staffing model, ensures job descriptions are current and undertakes performance reviews for all teaching staff including clinical teaching staff.

3.5 The educational institution implements a plan for staff development and support for staff including opportunities for postgraduate study.
Standard four

Facilities and resources are available to support the achievement of the expected outcomes of the programme.

Criteria

4.1 Teaching and learning resources are appropriate to achieve programme outcomes including access to simulation facilities. The educational institution must demonstrate it has local/regional health care agencies’ support to offer an enrolled nurse programme and the necessary resources available to support the enrolled nurse programme outcomes.

4.2 The school identifies the model of clinical teaching and clinical supervision of students that ensures:

- the ongoing quality of student learning
- the safety of health consumers and students in the clinical environment
- support for registered nurses supervising students.

4.3 Memoranda of understanding exist between the educational institution and health care agencies providing clinical experiences, and must cover the following issues:

- clear communication pathways between parties
- agreement of the roles and responsibilities of both parties in the teaching and learning process, and in the assessment of students undertaking the clinical experience
- agreement about the suitability and availability of the clinical experience for achievement of the competencies for the enrolled nurse scope of practice
- a process for registered nurses in the clinical setting and academic staff to reach agreement regarding the expected outcomes of the clinical experience, the assessment processes and the clinical skills to be assessed at the completion of each clinical experience
- an evaluation process for monitoring and evaluating the quality of the clinical experience for students
- an agreement in principle for grievance procedures for staff, students and health consumers.

4.4 The contract between the educational institution and the health care agency provides written evidence that students will have access to appropriate clinical experiences.
Standard five

The environment supports the teaching/learning process.

Criteria

5.1 Various learning styles are acknowledged by the provision of opportunities to meet individual learning needs.

5.2 Provision is made for students to participate in planning their learning experiences and there is an individual plan for each student in the final semester of the programme.

5.3 There is a formal mechanism for ongoing discussion about student progress between staff/clinical teaching staff and the student in each clinical experience.

5.4 The contract between the educational institution and the health care agency provides written evidence that for each clinical experience students will have:

- access to appropriate resources to achieve the learning outcomes
- constant supervision of a registered nurse in the clinical experience. The registered nurses are well prepared for their teaching role and provide role modelling and expertise in the clinical setting
- appropriate academic staff/clinical teaching staff supervision.

5.5 The learning outcomes and assessment processes for each of the clinical experiences are clearly communicated in writing to clinical staff in a format that is user friendly.

5.6 Students are provided with information that links their learning outcomes with educational opportunities when undertaking their clinical experiences.
Standard six

Student performance is assessed against learning outcomes relevant to the competencies for the enrolled nurse scope of practice.

Criteria

6.1 There is a clear comprehensive assessment process for the programme that demonstrates progression towards the final achievement of the programme outcomes and the Council’s Competencies for the enrolled nurse scope of practice. The assessment process is mapped against the Council’s Competencies for the enrolled nurse scope of practice.

6.2 There is a process for ensuring reliability and validity of student assessment.

6.3 Students undertake a variety of assessments to test application of enrolled nurse knowledge and clinical experience judgement.

6.4 Students have the criteria for assessments made available to them and they are adequately prepared to undertake the assessment activities.

6.5 Appeal processes and resit policies are made explicit to students.

6.6 Input from two senior registered nurses, including one registered nurse from a clinical setting, is included on appeal/disciplinary committees for enrolled nurse students.

6.7 There is a process to ensure that the final assessment against the Council’s Competencies for the enrolled nurse scope of practice will be undertaken jointly by registered nurses in the clinical experience and academic staff/clinical teaching staff.

6.8 The educational institution retains overall responsibility for the student assessment process.
Standard seven

The applicant for registration complies with legislated requirements and the Council’s policies and guidelines.

Criteria

7.1 Candidates put forward to sit the Council’s State Final Examination must:

- have successfully completed all the requirements of a Council-accredited programme for enrolled nurse preparation
- have been assessed as meeting the Council’s Competencies for the enrolled nurse scope of practice
- be recommended as fit for registration as an enrolled nurse under section 16 of the HPCA Act 2003 by the Head of School
- have provided with their application to sit the Council’s examination, consent for the Ministry of Justice to release a copy of evidence of whether they have any convictions to which the Criminal Records (Clean Slate) Act 2004 does not apply
- have disclosed to the Council if they are the subject of any investigation, or disciplinary or criminal proceedings.
Appendix: Health Practitioners Competence Assurance Act 2003
Sections 12, 16, 45(4)(5) and 118

12 Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.

(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:
   (a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class whether in New Zealand or abroad
   (b) the successful completion of a degree, course of studies, or programme accredited by the authority
   (c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority
   (d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority
   (e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under section 11.

(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas institution that it accredits for that purpose.

16 Fitness for registration

No applicant for registration may be registered as a health practitioner of a health profession if-
   (a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or
   (b) he or she does not satisfy the responsible authority that his or her ability to communicate in and or comprehend English is sufficient to protect the health and safety of the public; or
   (c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
   (d) the responsible authority is satisfied that the applicant is unable to
perform the functions for the practice of that profession because of some mental or physical condition;

(e) he or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or

(f) he or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that that investigation reflects adversely on his or her fitness to practise as a health practitioner of that profession; or

(g) he or she-

(i) is subject to an order of a professional disciplinary tribunal (whether in New Zealand or another country) or to an order of an educational institution accredited under section 12(2)(a) or to an order of an authority or a similar body in another country; and

(ii) does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or

(h) the responsible authority has reason to believe that the applicant may endanger the health or safety of members of the public.

45 Notification of inability to perform required functions due to mental or physical condition

(4) Subsection (5) applies to a person in charge of an educational programme in New Zealand that includes or consists of a programme of study or training (a course) that is a prescribed qualification for a scope of practice of a health profession.

(5) If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the authority written notice of the circumstances.

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The functions of each authority in respect of the health profession are as follows:
a) to prescribe the qualifications required for the scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

b) to authorise the registration of health practitioners under this Act, and to maintain registers
c) to consider applications for annual practising certificates
d) to review and promote the competence of health practitioners
e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners

f) to receive and act on information from health practitioners employers and the Health and Disability Commissioner about the competence of health practitioners
g) to notify employers, the Accident Compensation Corporation the
Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public

h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession

i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession

j) to liaise with other authorities appointed under this Act about matters of common interest

k) to promote education and training in the profession

l) to promote public awareness of the responsibilities of the authority

m) to exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under this Act or any other enactment.
Section 4: Requirements for changes to approved programmes and provider accreditations

This section outlines and provides guidance on the information and/or evidence required for an application for changes to an approved programme and to maintain provider accreditation following a programme change.

The requirements are outlined for each of:

- approval of programme changes
- maintaining provider accreditation.

The process and templates for submitting applications can be found on the NZQA website.

Provider category

The information required in an application takes into account the provider category with the minimum information required from all providers:

- evidence of academic quality assurance approval e.g. Academic Board or equivalent
- agreement to participate in the external quality assurance processes specified as part of the qualification where the programme leads to a New Zealand qualification listed on the NZQF

Additional information is required for providers in:

Category 1
- programme details to meet the NZQA information requirements

Category 2
- full details of changes made to the approved programme and any impacts for accreditation

Category 3
- applications will be considered on a case by case basis and meet the requirements as for category 2 provider

Category 4
- new applications are suspended until quality improvements are demonstrated through the satisfactory completion of the post-external evaluation and review action plan
## APPROVAL OF PROGRAMME CHANGES

### Requirement

The following two types of programme change require application to NZQA for updating programme and component records and/or quality assurance approval.

Type 1 changes relate to one or more components of a programme which do not have an impact on the overall programme and where the qualification to which the programme leads is unchanged. A component means the course, paper, module or assessment standard that make up the programme leading to the qualification. Details of the changes are submitted to NZQA to ensure accurate records are maintained and the criteria for programme approval continue to be met, they do not require NZQA approval.

However, if there are changes to more than one programme component which, when taken together, NZQA considers impact on the overall programme, then NZQA will consider the application as a type 2 change.

Type 2 changes may occur as a result of a review of the qualification which means the programme leading to the qualification consequently needs to be changed to meet the new qualification requirements and require NZQA approval.

Type 2 changes may apply to certificates and diplomas at level 7 which have an integrated qualification and programme.

### Information for inclusion in the application

The application must provide sufficient information to enable NZQA to confirm that the criteria for approval of the programme will continue to be met following implementation of the changes. This includes:

- details of the qualification to which the programme leads
- full details of and the rationale for the changes including confirmation the programme still meets the qualification requirements
- transition arrangements for existing students where applicable

### Guidance

Programme changes following a qualification review

The changes to a programme following a qualifications review may be either type 1 or type 2. This is determined by mapping the existing programme to the new qualification level, credits and outcome statement, in particular the graduate profile.

The application must include relevant information for the type of change.

**Type 1 - Component changes**

Type 1 changes are minor changes to individual programme components which have no impact on the overall programme level, credit and learning outcomes. Examples of type 1 changes include changes to the:

- content of a component
- title of a component
- learning outcomes of a component
- level of a component
- pre- or co-requisites for components within the programme, that do not impact the programme entry requirements
- assessment methodologies within a component
- elective components
Type 1 changes will also identify the title of the qualification the programme leads to following a mandatory or other review.

Type 2 - Programme changes

Type 2 changes include any changes to the programme arising from one of:

- changes to the qualification to which the programme leads such as:
  - qualification type e.g. certificate, diploma
  - title
  - level
  - credit value
  - outcome statement
  - specification
- changes to the programme including:
  - structure of the programme
  - regulations
  - delivery methods e.g. from classroom learning to distance learning
  - components e.g. levels, credits, learning outcomes

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**Reference**

NZQA Guidelines for approval of programmes of study leading to qualifications listed on the New Zealand Qualifications Framework and accreditation of tertiary education providers – Version 1.0 September 2011 pages 25-27.
## Notification to Nursing Council of New Zealand

Credit granted through Recognition of Prior Learning (RPL)

<table>
<thead>
<tr>
<th>Student name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakdown of credit granted through RPL</td>
</tr>
<tr>
<td><strong>Paper / Course</strong></td>
</tr>
</tbody>
</table>

| Breakdown of proposed programme |
**Students with criminal convictions**

Section 16(c) of the Health Practitioners Competence Assurance Act 2003 states that no applicant for registration may be registered as a health practitioner if he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession.

If you have, or acquire during the programme, a criminal conviction (except for minor traffic convictions) you are required to declare this. Most schools of nursing require this at the time of application. It is in your best interests to discuss the nature of the conviction confidentially with the Head of Nursing as soon as you are able, to ensure you fully understand what is required of you, such as being ‘trouble-free’ throughout the three-year programme. The Nursing Council will not make any definitive decisions regarding registration until such time as students with criminal convictions are ready to apply for registration.

If you have declared a criminal conviction, you need to provide details of:
- two referees who are aware of the criminal conviction; and
- the charge(s) upon which you were convicted, any mitigating circumstances, the penalty the offence carried and the actual penalty handed down by the court; and
- any personal information held by the Ministry of Justice about you.

The Registrar / Registration Committee of the Nursing Council considers each student who has declared a criminal conviction. It will take into account the information provided by you, the Head of Nursing and the referees. The Registration Committee may request an interview with you, which means you will be required to attend a meeting in Wellington at your own expense.

If you have more than one drink driving conviction you may be required to provide Nursing Council with a medical report (at your own expense) from a General Practitioner (GP) prior to consideration for registration.

**State Final Examination**

The examination is held on the third Tuesday of March, July and November of each year. It consists of two 90-minute papers, each containing 90 multiple-choice questions. Each question has four answer choices. You will be allowed 10 minutes of reading time before beginning each paper.

To achieve a pass in the examination, you must obtain 60% in each of the four key categories:
- safe/effective environment
- physiological integrity
- psychosocial integrity
- health promotion/maintenance

and 50% in each of the six subcategories:
- ethical/legal safety
- community health nursing
- maternal and child health nursing
- medical nursing
- surgical nursing
- mental health/psychiatric nursing.

Cultural safety is integrated across the examination in a range of settings, and is therefore not assessed as a specific category.

No nursing student may sit the State Final Examination on more than three occasions. Students must sit and pass the examination within one year of completion of their programme.

**Information for students**

Updated August 2017
Role of the Nursing Council

The Nursing Council of New Zealand (‘the Nursing Council’) is a statutory body that functions under, and administers the Health Practitioners Competence Assurance Act 2003.

The Nursing Council’s role is to protect the public interest by being accountable to the public for maintaining standards of registration of nurses. To this end, the Nursing Council has both a statutory legislative role and also a facilitating, guiding role for the profession of nursing.

Requirements for registration

Under the Health Practitioners Competence Assurance Act 2003, students seeking registration as a registered nurse must meet the following requirements:

1. complete the theoretical and clinical experience requirements of an accredited programme in the registered nurse scope of practice.
2. demonstrate competency against the Nursing Council’s Competencies for the registered nurse scope of practice.
3. is deemed to be fit for registration (section 16, Health Practitioners Competence Assurance Act 2003).
4. pass the State Final Examination for registered nurses.

The Nursing Council has a statutory role in determining if students can be registered.

Time requirements

Hours

Students are required to complete a minimum of 1100 hours of clinical experience.

Recognition of prior learning

Any reduction in these hours would be through recognition of prior learning (also known as assessment of prior learning) that has been approved by the school of nursing and where required by the Nursing Council.

Maximum time for completion

Where five years have elapsed since a student’s first enrolment in the programme, approval from the Nursing Council must be sought before any further enrolment.

Taking leave from the programme

Students who take leave from programmes are required to demonstrate current knowledge and competency so the point of re-entry into the programme can be identified. In other words, there are no assurances that you will be able to restart a programme where you left.

Clinical experience requirements

As nursing is a practice-based profession, meeting the prescribed clinical experience requirements is essential for registration. Clinical experience requirements include a mixture of:

- time requirements in designated clinical experience settings
- attainment of knowledge, skills and competencies necessary for practice as a registered nurse
- demonstrating safe practice and professional behaviour at all times
- demonstrating competence throughout the programme.

Restriction on re-enrolling in practice papers

No student is allowed more than two opportunities to enrol in a clinical experience paper. Where extenuating circumstances exist, the Head of Nursing may submit details of the extenuating circumstances to the Nursing Council and seek Nursing Council approval for an individual programme extension.

Competencies

All students applying for registration as a nurse and to sit the State Final Examination must demonstrate they meet the Competencies for the registered nurse scope of practice. This is a safety to practise requirement and where doubts exist about a student’s safety and competency a Head of Nursing may recommend extra time is required to ensure practice is of an acceptable minimum standard – that is, the student meets the Nursing Council’s competencies.

‘Fitness for Registration’ – what does this mean?

Nurses often work with people in vulnerable situations requiring a high level of integrity and trust. Through the process of registration, the Nursing Council undertakes its statutory obligation and responsibility to the public by ensuring all persons placed on the register are ‘fit for registration’.

When applying for registration and to sit the examination, both the student and the Head of Nursing are required to declare that the student (’s):

- is able to communicate effectively in order to practise nursing;
- is able to communicate in and comprehend English sufficiently to protect the health and safety of the public;
- does not have a physical or mental condition that means the student is unable to practise as a registered nurse / enrolled nurse;
- is not the subject of disciplinary proceedings or a disciplinary order in New Zealand or in any other country;
- registration would not endanger public health or safety; and
- the information provided is true and accurate.

The application for registration form also asks students to declare if they have been convicted against the law. The Nursing Council also requires each candidate to provide any information which is held by the Ministry of Justice related to convictions.

Examination misconduct

Examination misconduct is not tolerated. This includes:

- copying from or inappropriate communication with another person during the examination
- possession of any unauthorised material during the examination

If examination misconduct is reported to the Nursing Council, an investigation will be undertaken by the Council. Once the investigation is complete, a candidate may be invited to meet with the Registration Committee of the Nursing Council to determine whether the candidate will be registered.
Students with criminal convictions

Section 16(c) of the Health Practitioners Competence Assurance Act 2003 states that no applicant for registration may be registered as a health practitioner if he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession.

If you have, or acquire during the programme, a criminal conviction (except for minor traffic convictions) you are required to declare this. Most schools of nursing require this at the time of application. It is in your best interests to discuss the nature of the conviction confidentially with the Head of Nursing as soon as you are able, to ensure you fully understand what is required of you, such as being ‘trouble-free’ throughout the programme. The Nursing Council will not make any definitive decisions regarding registration until such time as students with criminal convictions are ready to apply for registration.

If you have declared a criminal conviction, you need to provide details of:
- two referees who are aware of the criminal conviction; and
- the charge(s) upon which you were convicted, any mitigating circumstances, the penalty the offence carried and the actual penalty handed down by the court; and
- any personal information held by the Ministry of Justice about you.

The Registrar / Registration Committee of the Nursing Council considers each student who has declared a criminal conviction. It will take into account the information provided by you, the Head of Nursing and the referees. The Registration Committee may request an interview with you, which means you will be required to attend a meeting in Wellington at your own expense.

If you have more than one drink driving conviction you may be required to provide Nursing Council with a medical report (at your own expense) from a General Practitioner (GP) prior to consideration for registration.

State Final Examination

The examination is held on the third Tuesday of March, July and November of each year. It consists of one 90-minute paper containing 90 multiple-choice questions. Each question has four answer choices. You will be allowed 10 minutes of reading time before beginning the paper.

To achieve a pass in the Examination, you must pass with 60% in each of the:

Four key categories:
- physiological knowledge
- psychosocial / communication
- clinical skills / knowledge
- ethical / legal safety

Cultural safety is integrated across the examination in a range of settings, and is therefore not assessed as a specific category.

No nursing student may sit the State Final Examination on more than three occasions. Students must sit and pass the examination within one year of completion of their programme.
Role of the Nursing Council

The Nursing Council of New Zealand (‘the Nursing Council’) is a statutory body that functions under, and administers the Health Practitioners Competence Assurance Act 2003.

The Nursing Council’s role is to protect the public interest by being accountable to the public for maintaining standards of registration of nurses. To this end, the Nursing Council has both a statutory legislative role and also a facilitating, guiding role for the profession of nursing.

Requirements for registration

Under the Health Practitioners Competence Assurance Act 2003, students seeking registration as an enrolled nurse must meet the following requirements:

1. complete the theoretical and clinical experience requirements of an accredited programme in the enrolled nurse scope of practice.
2. demonstrate competency against the Nursing Council’s Competencies for the enrolled nurse scope of practice.
3. is deemed to be fit for registration (section 16, Health Practitioners Competence Assurance Act 2003).
4. pass the State Final Examination for enrolled nurses.

The Nursing Council has a statutory role in determining if students can be registered.

Time requirements

Students are required to complete a minimum of 900 theory hours and 900 clinical experience hours.

Recognition of prior learning

Any reduction in these hours would be through recognition of prior learning (also known as assessment of prior learning) that has been approved by the nursing school/department, and where required by the Nursing Council.

Maximum time for completion

Where three years have elapsed since a student’s first enrolment in the programme, approval from the Nursing Council must be sought before any further enrolment.

Taking leave from the programme

Students who take leave from programmes are required to demonstrate current knowledge and competency so the point of re-entry into the programme can be identified. In other words, there are no assurances that you will be able restart a programme where you left.

Clinical experience requirements

As nursing is a practice-based profession, meeting the prescribed clinical experience requirements is essential for registration. Clinical experience requirements include a mixture of:

- time requirements in designated clinical experience settings
- attainment of knowledge, skills and competencies necessary for practice as an enrolled nurse
- demonstrating safe practice and professional behaviour at all times
- demonstrating competence throughout the programme.

Restriction on re-enrolling in practice papers

No student is allowed more than two opportunities to enrol in a clinical experience paper. Where extenuating circumstances exist, the Head of Nursing may submit details of the extenuating circumstances to the Nursing Council and seek Nursing Council approval of an individual programme extension.

Competencies

All students applying for registration as a nurse and to sit the State Final Examination must demonstrate they meet the Competencies for the enrolled nurse scope of practice. This is a safety to practise requirement and where doubts exist about a student’s safety and competency a Head of Nursing may recommend extra time is required to ensure practice is of an acceptable minimum standard – that is, the student meets the Nursing Council’s competencies.

‘Fitness for Registration’ – what does this mean?

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When applying for registration and to sit the examination, both the student and the Head of Nursing are required to declare that the student(s):

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## 2014 Fees for Pre-registration Programmes

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation and monitoring audit of programme leading to registration as a registered nurse</td>
<td>$13,900.00</td>
</tr>
<tr>
<td>Accreditation and monitoring audit of programme leading to registration as an enrolled nurse</td>
<td>$8700.00</td>
</tr>
<tr>
<td><strong>Examination / Registration Fees</strong></td>
<td></td>
</tr>
<tr>
<td>Registered Nurse/Enrolled Nurse first time sitting</td>
<td>$240</td>
</tr>
<tr>
<td>(made up $165 examination fee and $75 registration fee)</td>
<td></td>
</tr>
<tr>
<td>Nurses already registered with the Nursing Council</td>
<td>$165</td>
</tr>
<tr>
<td>EN transitioning / EN completing RN</td>
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</tr>
<tr>
<td>If resitting examination</td>
<td>$165</td>
</tr>
<tr>
<td>Registered Nurse – No Mental Health</td>
<td>$51</td>
</tr>
<tr>
<td>Registered Nurse – Mental Health</td>
<td>$51</td>
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<tr>
<td>Subject to a Change of Condition application</td>
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<tr>
<td>Analysis of failed examination</td>
<td>$79</td>
</tr>
<tr>
<td>Fee for application for extra time in the State Final Examination</td>
<td>$10</td>
</tr>
<tr>
<td>Fee for cost of administering examination at a separate venue</td>
<td>$200 or the actual costs incurred (if greater than $200)</td>
</tr>
<tr>
<td>Fees for late transcripts</td>
<td>$102 per candidate or minimum costs of registering candidates</td>
</tr>
</tbody>
</table>

Please note these fees are published in the *New Zealand Gazette* and are subject to change.