



Education programme standards for the enrolled nurse scope of practice

Introduction

Under the Health Practitioners Competence Assurance Act 2003 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 Health Practitioners Competence Assurance Act 2003 ("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 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.

*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 theory and 900 hours clinical experience.

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

Module	Focus	Theory Hours	Clinical experience/Simulation* Hours
1	Foundation	600	300
2	Rehabilitation/long term care/disability (includes community and care of people who have dementia)	100	200
3	Acute care/ medical/surgical/ peri-operative	100	200
4	Mental health* (includes community)	100	200
Total		900	900

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 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 Council policy guidelines for the accreditation of institutions seeking to establish a school of nursing (NCNZ, 2007) 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 Section 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 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 to 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 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 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 *Competencies for the enrolled nurse scope of practice* and the Council *Code of conduct for nurses* (March 2008). The curriculum is mapped against the Council *Competencies for the enrolled nurse scope of practice*.
- 2.2 The programme 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 Maori Health in Nursing Education and Practice*.
- 2.3 The structure of the programme provides for 1800 hours – 900 hours theory and 900 hours clinical experience. The programme will be an eighteen month diploma in enrolled nursing at level 5 on the New Zealand Qualification Authority - National Qualifications Framework.
- 2.4 The curriculum clearly identifies the means by which students will progress toward, 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*

* Ministry of Health. (2008). *Let's get real: Real skills for people working in mental health and addiction*. Wellington: Ministry of Health

- 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 inter-professional 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 *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, peri-operative
- 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 *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 year 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 demonstrates 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 bachelors' 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 their 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 post graduate 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 toward the final achievement of the programme outcomes and the Council *Competencies for the enrolled nurse scope of practice*. The assessment process is mapped against the Council *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 re-sit 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.
- 6.6 There is a process to ensure that the final assessment against the Council 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.
- 6.7 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 State Examination must:
- have successfully completed all the requirements of a Council accredited programme for enrolled nurse preparation.
 - have been assessed as meeting the Council *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 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 Council if they are the subject of any investigation, disciplinary or criminal proceedings.

**Appendix: Health Practitioners Competence Assurance Act 2003
Sections 12, 16, 45 (4) (5) & 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 else where 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 professional, 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 practitioner 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.*