



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

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, healthcare 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* (December 2007).
3. The programme is implemented by staff who are qualified and well prepared for their role.
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 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 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 *Policy guidelines for the accreditation of institutions seeking to establish a school of nursing* (November 2007) 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 Section 45(4) (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 State Final Examination for registered nurses.

* refer to glossary

- 1.9 Each school must have a recognition of prior learning (RPL) policy that must conform to Council policy. This must include the following:
- 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* (December 2007).

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* (December 2007). The curriculum is mapped against the Council's *Competencies for the registered nurse scope of practice* (December 2007).
- 2.2 The bachelor degree in nursing programme must be equivalent to three year's 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 is congruent with the planning and delivery of the learning experiences, and is based on:
 - an identifiable and integrated nursing focus including nursing theory/concepts. Fifty percent 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* (March 2009); *Code of conduct for nurses* (November 2009); *Direction and delegation* (June 2008)
 - 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* (December 2007). 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 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* (December 2007).
- 2.11 The school maintains a plan for clinical experiences that clearly relate 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* (December 2007) 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 role.

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.

* refer to glossary

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.

* refer to glossary

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* (December 2007). The assessment process is mapped against the Council's *Competencies for the registered nurse scope of practice* (December 2007).
- 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 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 that the final assessment against the Council's *Competencies for the registered nurse scope of practice* (December 2007) 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 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* (December 2007)
- 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, disciplinary or criminal proceedings.

GLOSSARY OF TERMS

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|--------------------------------|---|
| 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. |

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.*

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.*