

Draft Nursing Education Programme Standards (2025)

Nursing education standards for
all programmes leading to nursing
registration with the Nursing Council



September 2025

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Table of contents

Introduction	2
Te Tiriti o Waitangi and nursing education providers and programmes	3
About these standards	3
Standard one: Te Tiriti o Waitangi partnership obligations	4
Standard two: Safe care for the public	5
Standard three: Academic governance, leadership, and partnership	7
Standard four: Student/ākonga experience	10
Standard five: Student/ākonga assessment	11
Standard six: Programme of study	12
Enrolled nurse schedule.....	13
Registered nurse schedule	15
Registered nurse prescribing schedule.....	17
Nurse practitioner schedule.....	19
Glossary of terms	21

DRAFT

Introduction

Under the Health Practitioners Competence Assurance Act 2003, the Nursing Council (the Council) is responsible for accrediting nursing education providers and programmes to protect public safety. Nursing education providers are required to structure their programmes in accordance with the Council's education standards. The Council, through its quality assurance programme, accredits education providers to ensure the effective delivery of nursing programmes to support safe and competent practitioners. Given the rapidly changing nature of health care and service delivery, the proposed standards are broad and flexible to allow innovation in the education of nurses while at the same time being supportive of safe, quality care for the people of Aotearoa New Zealand.

The standards reflect contemporary and emerging research, policy, and best practice to ensure nurses are suitably educated and qualified to practise in a culturally safe, competent, and ethical manner. There are generic standards for all scopes of practice with separate schedules (standard six) for each scope leading to registration: enrolled nurse, registered nurse, registered nurse prescribing and nurse practitioner.

The standards reflect the Council's commitment to Te Tiriti o Waitangi and the role nurses have in improving health equity for Māori. This is aligned with the Council's [Te Tiriti policy statement](#)¹ and framework.

The Council considers its role in public protection as also encouraging support for diverse learners. Enabling flexible pathways into registered nursing for learners and those with existing qualifications such as enrolled nurses, kaiāwhina, and other professions such as midwives or paramedics, is also encouraged.

1 NCNZ, Te Tiriti o Waitangi Policy Statement (2020)

Te Tiriti o Waitangi and nursing education providers and programmes

The Council carries out its functions within the context of its commitment to Te Tiriti o Waitangi.

The Council's commitment to Te Tiriti o Waitangi has underpinned the content of these standards. The Council has decided to incorporate contemporary requirements related to Te Tiriti o Waitangi, kawa whakaruruhau, cultural safety, and health equity as part of the standards rather than relying on individual nursing education providers to interpret the guidelines.²

The Council recognises nursing education providers and programmes provide a significant and powerful platform for ensuring high-quality nursing practice. This is evident through the acquisition and dissemination of knowledge about Te Tiriti o Waitangi and in their partnership approach to developing, delivering, and reviewing programmes. An understanding of Te Tiriti o Waitangi, kawa whakaruruhau, and cultural safety is fundamental to patient safety.

About these standards

This document has been structured as follows:

- Generic Nursing Council education standards for all programmes leading to registration with the Nursing Council
- Individual schedules that set out standards that must be met by nursing education providers, for the delivery of either the:
 - New Zealand Diploma in Enrolled Nursing
 - Bachelor or Master of Nursing
 - Postgraduate Diploma in Registered Nurse Prescribing
 - Master of Nursing for Nurse Practitioner.

There are six standards:

- Standard one: Te Tiriti o Waitangi partnership obligations
- Standard two: Safe care for the public
- Standard three: Academic governance, leadership, and partnership
- Standard four: Student/ākonga experience
- Standard five: Student/ākonga assessment
- Standard six: Programme of study.

² Nursing Council of New Zealand, Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice, 2011.



Standard one: Te Tiriti o Waitangi partnership obligations

Nursing education providers have a commitment to adhere to Te Tiriti o Waitangi principles and a responsibility to impact positively on health equity for Māori. This requires a focus on how providers demonstrate authentic partnerships and relationships that support co-design, co-delivery, and review with iwi, hapū, and Māori. This will promote the development of kaupapa Māori and mātauranga Māori nursing education programmes that include a Māori world view of health to encourage and support Māori in the nursing workforce.

Standard one recognises iwi and Māori approaches to health and te ao Māori within nursing education programmes. Criteria under other standards also specify actions that support all students/ākonga to achieve outcomes to prepare them to work effectively with Māori. To achieve this, nursing education providers and programmes will need to play a pivotal role.

Criteria

Nursing education providers will:

- 1.1** work in partnership with iwi, hapū, and Māori to meet Te Tiriti o Waitangi obligations.
- 1.2** demonstrate a bicultural approach to design, delivery, and review of nursing education programmes.
- 1.3** have policies and procedures that assist and enable cultural responsiveness to iwi, hapū, and Māori.
- 1.4** have policies and procedures in relation to addressing decolonisation, institutional racism, and bias within their institutions.
- 1.5** have processes to ensure inclusion and protection of te ao Māori (a Māori worldview) and mātauranga Māori (Māori knowledge) within nursing education programmes.
- 1.6** ensure students/ākonga reflect on their experiences of establishing relationships, working in partnership with Māori, and providing culturally responsive care to improve health outcomes and equity.
- 1.7** provide opportunities for educational and clinical learning experiences to support students/ākonga integrate kawa whakaruruhau and cultural safety when working with Māori.

Standard two: Safe care for the public

Nursing education providers prepare nurses to meet the needs of individuals, whānau, communities, and society through a focus on Te Tiriti o Waitangi, equity, professionalism, and the attitudes and skills needed to ensure public safety.

Standard two outlines the requirement for nursing education programmes that prepare nurses to meet the needs of individuals, communities, and society. It also focuses on the development of professionalism and the attitudes and skills needed to keep the public safe. This standard includes criteria related to the safety of the public during clinical learning experiences.

Criteria

Nursing education providers will:

2.1 integrate the following throughout:

- Te Tiriti o Waitangi, its constitutional settings, and what it means for nursing in Aotearoa New Zealand
- The role that nursing practice has in achieving equity of health outcomes for Māori
- Kawa whakaruruhau, cultural safety, and its implications for nurses and nursing practice when working alongside Māori and their whānau
- Te ao Māori (the Māori world, history, and models of health) and the importance of tikanga me te reo Māori.

2.2 ensure students/ākonga development of knowledge, skills, behaviours, values, and attitudes are congruent with:

- Te Tiriti o Waitangi
- a commitment to social justice
- public safety
- current scientific research
- evidence informed practice
- Kawa whakaruruhau framework
- cultural safety and responsiveness
- equity, diversity, and inclusiveness
- respect as determined by the recipient of care
- person and whānau-centred care
- whakapapa-centred care
- trauma informed care
- social determinants of health
- community aspirations for health.

2.3 ensure the programme curriculum incorporates professionalism and ethical practice that protects public safety, informed by, for example, the Code of Conduct for Nurses³, Guideline: Professional Boundaries⁴, NZNO Code of Ethics⁵, Health and Disability Code of Rights⁶, and Guidelines: Social Media and Electronic Communication⁷).

3 Nursing Council of New Zealand, Code of Conduct for Nurses, 2012

4 Nursing Council of New Zealand, Guideline: Professional Boundaries, 2012

5 New Zealand Nurses Organisation Guideline Code of Ethics, 2019

6 The Code of Health and Disability Services Consumer rights, 2004

7 Nursing Council of New Zealand, Guidelines: Social Media and Electronic Communication, 2012.



2.4	ensure admission requirements are fair, equitable, and transparent. All candidates are informed they have to meet the requirements for: <ul style="list-style-type: none"> • the programme of study • the clinical learning environment, for example, students/ākonga' health checks (including vaccination requirements), and rostered and rotating shift work • registration in the designated scope of practice on conclusion of the programme.
2.5	ensure there are strategies to reflect national workforce development initiatives which include processes to support priority learners.
2.6	ensure there are strategies to prioritise increasing a Māori nursing workforce that culturally represents and matches the needs of the Māori population.
2.7	ensure there are strategies to prioritise increasing a Pacific nursing workforce that culturally represents and matches the needs of the Pacific population.
2.8	have a strategy to support a category of alternative admission to the nursing education programme. This may be at the discretion of the head of nursing or programme leader/s.
2.9	have foundation programmes that enable future students/ākonga to meet entry requirements for nursing education programmes.
2.10	have strategies and processes to support international students/ākonga to succeed.
2.11	ensure all students/ākonga have undertaken Ministry of Justice criminal convictions checks, safety checks under the Children's Act 2014, and any other legislative requirements.
2.12	have a policy to assess and support students/ākonga with identified impairments or disabilities to practise safely.
2.13	have a policy for exiting students/ākonga who are not achieving academic, clinical learning or professional outcomes, or who would not meet the requirements of section 16 of the Health Practitioners Competence Assurance Act 2003 (the Act).
2.14	have a process for ensuring all students/ākonga have demonstrated appropriate pre-requisite knowledge, skills, and attitudes before undertaking clinical learning experiences.
2.15	have policies and processes to prevent or remove students/ākonga from clinical learning experiences if the students/ākonga have been deemed a risk to public safety.
2.16	ensure students/ākonga are not given more than two opportunities to enroll in a clinical learning course. Exemptions are made on a case-by-case basis approved by the Nursing Council.
2.17	Candidates put forward to sit the State Final Examination for enrolled or registered nurses must: <ul style="list-style-type: none"> • have successfully completed all the requirements for a Council-accredited pre-registration degree in nursing for registered nurses or a Diploma in Nursing for enrolled nurses • have been assessed as meeting the standards of competence for enrolled or registered nurses • be recommended as fit for registration as an enrolled or 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 that would prevent the student/ākonga from gaining registration with the Nursing Council of New Zealand.
2.18	ensure under the HPCA Act (2003) (section 45), the head of nursing notifies the Chief Executive/ Registrar of the Council in writing if they have reason to believe that a student/ākonga who is completing a nursing education programme would be unable to perform the functions required for the practice of nursing because of a mental or physical condition. This includes a condition or impairment caused by substance or alcohol use disorders.

Standard three: Academic governance, leadership, and partnership

The quality of nursing education is dependent on strong professional governance, leadership, strong relationships with clinical partners and appropriate resourcing.

The Council recognises nursing education providers and programmes provide a significant and powerful platform for ensuring high-quality nursing practice. This is evident through the acquisition and dissemination of knowledge about Te Tiriti o Waitangi and in their partnership approach to developing, delivering, and reviewing programmes. An understanding of Te Tiriti o Waitangi, kawa whakaruruhau, and cultural safety is fundamental to patient safety.

An education institution must be accredited by the Council, as per section 12(2)(a) of the HPCA Act (2003), to provide a programme leading to registration.

To deliver the New Zealand Diploma of Enrolled Nursing programme there must be a formal relationship with a New Zealand institution which offers a Bachelor of Nursing programme. This enables the sharing of knowledge, expertise, and academic resources. This relationship also has the potential to prepare enrolled and registered nurses to work collegially within a healthcare team. The opportunities for strengthened relationships with practice and for articulation between qualifications and staircasing of learning are also enhanced for both the EN and RN programme providers.

To deliver an accredited Postgraduate Diploma for Registered Nurse Prescribing the tertiary education provider must be delivering an accredited master's programme leading to registration as a nurse practitioner (NP).

The Council considers simulation a fundamental element of teaching and learning in programmes leading to registration as an enrolled nurse, registered nurse, registered nurse prescriber or nurse practitioner. Simulation is now used throughout the programme of study to underpin theoretical learning and prepare students/ākonga for the clinical setting. Therefore, the Council expects that simulation facilities will be appropriately resourced and meet contemporary healthcare simulation standards.

The Council accepts the definition of simulation developed by the International Nursing Association for Clinical Simulation and Learning (INACSL)⁸, "any education strategy that creates learning conditions designed to resemble a real-world situation that students/ākonga may encounter." The fidelity of each simulation teaching and learning occurrence needs to reflect learning objectives.

Criteria

3.1 The educational institution must be accredited by the Council, as per section 12(2)(a) of the HPCA Act (2003), to provide a programme leading to registration. To deliver the New Zealand Diploma of Enrolled Nursing programme, there must be a formal relationship with a New Zealand institution which offers a Bachelor of Nursing programme. This relationship is demonstrated through mechanisms such as a memorandum of understanding.

3.2 The nursing education programme is led by a Nursing Council-approved head of nursing who is a nurse in good standing with the Council, holds an annual practising certificate, a relevant degree at master's level or above, is knowledgeable in tikanga, and ensures consistency with the principles of Te Tiriti o Waitangi. The nursing head or lead maintains strong functional relationships with colleagues nationally.

The head of nursing programmes has designated authority, autonomy, and responsibility for:

- professional and academic leadership and staffing of the programmes
- ensuring high-quality teaching and learning for students/ākonga
- managing the design, implementation, evaluation, and resourcing of the programme
- decisions on students/ākonga' entry to the programme
- attending all students/ākonga appeal panels and having authority over professional practice, conduct, fitness for registration requirements, and decisions concerning public safety.

8 INACLS Standards Committee et al. (2025). Healthcare simulation standards of best practice™facilitation. Clinical simulation in nursing.



3.3	There are clearly defined and effective mechanisms by which the head of nursing secures the financial and other resources necessary to ensure operation of the nursing education programme.
3.4	There are clearly defined and effective mechanisms by which the head of nursing advises and consults with the nursing education provider's senior leadership/management team.
3.5	The nursing education provider's academic governance and leadership structures support the curriculum development, implementation, evaluation, and quality assurance of the nursing education programme.
3.6	The nursing education provider has processes to support and develop the head of nursing in their leadership and management roles.
3.7	The nursing education provider has strategic and functioning partnerships with iwi, hapū, and Māori, clinical learning providers, external representatives of the nursing profession, consumers of healthcare, and other relevant stakeholders.
3.8	A nursing education programme offered across multiple geographical sites has a Nursing Council-approved programme leader at each site.
3.9	The nursing education provider ensures lecturers/teachers of kaupapa and mātauranga Māori are supported in their own development and the delivery of their subject matter.
3.10	The nursing education programme is resourced to ensure students/ākonga achieve standards of competence relevant to a scope of practice, by supporting all teaching and learning environments including simulated practice and clinical learning.
3.11	<p>The nursing education provider has appropriately qualified and experienced nurse leaders, academic, clinical, scientific, administrative, and technical staff to manage the programme. The Council's expectation is all academic staff will have a master's degree to meet the legislated requirements.⁹</p> <p>Academic staff:</p> <ul style="list-style-type: none"> • will hold a relevant master's degree in nursing or a related discipline, or have a study plan in place that will identify progression and provide a completion date of a master's degree within five years • will complete a programme in adult teaching and learning within two years of appointment • must have structured orientation to teaching and learning in the simulation environment and ongoing professional development as required • will be actively involved in research and scholarly activities that contribute to the knowledge of the discipline • have continued development in kaupapa Māori, mātauranga Māori, te reo Māori, tikanga, and Te Tiriti o Waitangi. <p>Clinical teaching staff will:</p> <ul style="list-style-type: none"> • be an enrolled nurse, registered nurse, nurse prescriber or nurse practitioner, who holds a current annual practising certificate • hold a post-registration/post-graduate qualification in nursing or a related discipline • be well prepared and orientated to the clinical teaching role • have current theoretical and clinical knowledge relevant to the clinical setting • have knowledge of the curriculum including the theory component related to the clinical learning experience and the expected learning outcomes • have an annual performance appraisal, including continued development in kaupapa Māori, mātauranga Māori, te reo Māori, tikanga, and Te Tiriti o Waitangi.

⁹ [Education and Training Act 2020](#). S 454 (3). New Zealand Qualifications Authority (2025) [Guidelines for listing, approval and maintaining degrees and related qualifications](#)

3.12 The nursing education programme's quality assurance mechanisms incorporate evaluation from a variety of sources and includes:

- risk assessments of students/ākonga' learning environments
- students/ākonga experience evaluations across all teaching and learning environments
- internal moderation and external moderation from another nursing education provider
- clinical learning providers
- evidence-based developments in health professional education
- evidence-based developments in health and health care.

3.13 The nursing education provider provides information required by the Council, including an annual report.

3.14 The simulation facility:

- reflects the learning needs of the students/ākonga throughout all programmes and is connected to the relevant scope of practice
- has contemporary simulation technology to support specific clinical learning
- has dedicated simulation staff to manage the simulation technology and maintain the facility
- has simulation scenarios that are appropriate to student/ākonga learning outcomes.

3.15 Staff teaching in the simulation facility will have undertaken appropriate professional development relevant to simulation teaching and learning.



Standard four: Student/ākonga experience

To provide high-quality student/ākonga experiences, students/ākonga should have mentors and role models who reflect their diversity, be supported to achieve in ways that are culturally safe, and be exposed to a range of learning opportunities. Student/ākonga cohorts should be representative of the Aotearoa New Zealand population.

This standard is aimed at supporting positive student/ākonga learning experiences and to see policies and support for diverse students/ākonga. It aligns with health sector goals to increase the Māori health workforce, including cultural safety for Māori students/ākonga.

Criteria

- 4.1** Nursing education programme information provided to students/ākonga is relevant, timely, transparent, and accessible.

- 4.2** Student/ākonga academic learning needs are identified and supported by the nursing education programme. Academic learning needs for Māori and Pacific peoples' students/ākonga are identified and targeted support is provided.

- 4.3** Nursing education providers have processes to ensure cultural safety for all students/ākonga, including culturally appropriate support, engagement, and processes for Māori and Pacific peoples' students/ākonga to enable success.

- 4.4** Nursing education providers have processes and procedures to ensure students/ākonga can raise and report any issues in relation to clinical learning experiences.

- 4.5** Students/ākonga are informed of, and have access to, grievance and appeals processes.

- 4.6** Students/ākonga are informed of, and have access to, pastoral, cultural, and/or personal wellbeing support services.

- 4.7** Students/ākonga are represented on nursing education programme advisory and decision-making committees.

- 4.8** Equity, diversity, and inclusion principles are observed and promoted in all learning experiences, including clinical learning.

- 4.9** Each nursing education provider has a recognition of prior learning (RPL) policy:
 - Enrolled nursing programme - RPL is not granted for the 240-hour continuous transition to practice course in the final semester
 - Registered nursing programme - RPL is not granted for the 360-hour continuous transition to practice course in the final semester
 - Registered nurse prescribing and nurse practitioner programmes - RPL is at the discretion of the education institution
 - The Council retains the right to seek justification for any credit granted through RPL.

Standard five: Student/ākonga assessment

The public should expect that nursing education programmes have an overall assessment system that is valid and reliable, and provides evidence of student competency and safety.

Competence is defined by the Council as the “combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance as a nurse”. Achieving competence is essential to ensure that safe, professional, and ethically competent enrolled nurses, registered nurses, registered nurse prescribers and nurse practitioners are entered on the register.

Criteria

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| 5.1 | The nursing education programmes' learning outcomes and assessment strategies are aligned. |
| 5.2 | The nursing education programmes' learning outcomes, with associated assessments, are clearly mapped to the relevant standards of competence for enrolled nurses, registered nurses, registered nurse prescribers and nurse practitioners. |
| 5.3 | The integrity of the nursing education programmes' theoretical and clinical learning assessments is ensured through the use of contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes. |
| 5.4 | Providers of nursing education must allow opportunities for Māori ākonga to undertake clinical learning experiences in te ao Māori settings, and, where possible, be preceptored/supervised/mentored by Māori enrolled nurses, registered nurses, registered nurse prescribers and nurse practitioners. |
| 5.5 | The nursing education programme has formative and summative assessments that enhance learning and inform student/ākonga progression. The summative assessment assesses students/ākonga against the standards of competence for enrolled nurses, registered nurses, registered nurse prescribers and nurse practitioners before successful completion of the programme.

The enrolled nurse formative and summative assessments can be signed off as appropriate, by either an enrolled or registered nurse. |



Standard six: Programme of study

The quality of nursing education programmes is dependent on a number of factors, including curriculum design which incorporates mātauranga Māori health and the role nurses have in improving health equity for Māori. The Council recognises nursing education providers and programmes provide a significant and powerful platform for ensuring high-quality nursing practice based on research, policy, and best practice which is fundamental to patient safety.

The Council considers quality clinical learning to be a positive, diverse, and well-planned educational experience. This requires well-prepared preceptors, mentors and supervisors who work consistently with a student/ākonga, to achieve incremental knowledge development through reflective practice, constructive feedback, and active supported participation in person-centred care. This incremental acquisition of knowledge and skills is robustly assessed at the appropriate level by the education provider, in collaboration with the preceptor, mentor or supervisor and the student/ākonga.

The Council is also specifying greater consistency and integration of themes within the curricular to ensure graduates have the required scientific knowledge, take a comprehensive approach to health and wellbeing, and are prepared to practise in a culturally safe way.

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Enrolled nurse schedule

This schedule accompanies the generic Nursing Education Programme Standards (2025) that identifies standards specific to the enrolled nurse programme.

Criteria	
6.1	The qualification is a level 5 diploma on the New Zealand Qualifications Framework, comprised of 180 credits, of which 30 credits must be at level 6. The programme is delivered by an educational institution accredited by the Council and approved by the New Zealand Qualifications Authority.
6.2	Teaching and learning reflects contemporary practices in nursing, health, and education, including communications technology, digital healthcare delivery, the use of data, e-documentation, technologies, and social media. Online learning must be delivered using current teaching software, and supported by ongoing professional development for staff.
6.3	The nursing education programme's content and learning outcomes include: <ul style="list-style-type: none">• achievement of the competencies for enrolled nurse• te ao Māori health concepts and Te Tiriti o Waitangi• regional, national, and global health priorities• safety and quality standards as they relate to health care• care across the lifespan, including mental health and wellbeing, and across contexts of nursing practice (including primary, secondary, and tertiary care)• Māori health priorities• Pacific peoples' health priorities• Code of Conduct for nurses• principles of intra and interprofessional learning and practice• clinical assessment and clinical decision-making skills• incorporation of pathophysiology knowledge• safe use of medicines and their management• knowledge of rongoā Māori• respect for diversity, inclusiveness, and cultural safety.
6.4	The nursing education programme's content and learning outcomes support the development of skills that include searching for, reviewing, and assessing knowledge to inform practice and clinical decision-making.
6.5	The nursing education programme's structure incorporates an integrated mātauranga Māori health component that includes learning experiences shaped by Māori cultural knowledge and addresses competencies related to Te Tiriti o Waitangi, working effectively with Māori, te ao Māori, te reo and Māori health equity. Educational and clinical learning experiences are provided to support students/ākonga to integrate kawa whakaruruhau and cultural safety into practice when working with Māori.
6.6	The curriculum document articulates nursing and educational philosophies, including concepts from te ao Māori, and their integration into the programme of study. The curriculum is mapped against the competencies for enrolled nurses.



6.7	<p>The nursing education programme includes:</p> <ul style="list-style-type: none"> • simulated learning to enable students/ākonga to develop clinical skills and professional capabilities prior to entering the clinical context • clinical learning experiences undertaken as soon as possible in the first six months of study • all students/ākonga requiring a minimum of 700 hours of quality clinical learning in a variety of settings. This does not include simulation hours. Additional hours must be available if required to support students/ākonga success • all students/ākonga completing a 240-hour (6 weeks) continuous transition to practice course in the final semester of the programme during which they are assessed against the competencies for enrolled nurses • all students/ākonga in clinical learning placements being supernumerary to existing staff. Clinical learning experiences cannot be undertaken in a clinical area where they are employed. Students/ākonga on clinical learning placements cannot be included in the service provider's staffing establishment • students/ākonga having clinical learning experiences across a variety of settings such as te ao Māori, community health, acute care, aged care, mental health, and disability • all students/ākonga must be in a mentoring/preceptorship relationship with an enrolled or registered nurse for all clinical learning experiences • equivalence in all delivery modes in which the programme is offered and all sites where it is delivered.
6.8	<p>The nursing education programme has an evidence-based clinical teaching and learning model which includes staff preparation and resourcing (e.g. a dedicated education unit, community of practice, and/or clinical teaching associate model).</p>
6.9	<p>Preceptors have undertaken formal, structured preparation that includes the content of the curriculum, clinical assessment processes, and formal and informal communication with education providers.</p> <p>Newly employed enrolled and registered nurses must be appropriately orientated and prepared before undertaking a preceptor/mentoring role, and receive ongoing support in practice. This must include cultural safety in practice as required.</p> <p>Education providers must maintain regular communication with clinical managers who provide clinical learning placements for students/ākonga.</p>
6.10	<p>The nursing education provider has contractual arrangements with all clinical learning providers.</p>
6.11	<p>All clinical assessments are undertaken collaboratively between the nursing education provider, clinical learning provider, and students/ākonga. Roles and responsibilities are clearly articulated, and the education provider maintains ultimate responsibility for the assessment process in the clinical learning environment.</p>
6.12	<p>The nursing education provider has sustainability policies and processes which recognises the interdependence of human health and the health of the environment.</p> <p>The role and responsibilities of nurses as change agents and advocates for environmentally sustainable healthcare practices are explored.</p>

Registered nurse schedule

This schedule accompanies the generic Nursing Education Programme Standards (2025) that identifies standards specific to the registered nurse programme.

Criteria	
6.1	The qualification is a minimum of a bachelor degree comprising 360 credits, or a master's degree of no less than 240 credits, delivered by a Wānanga, Te Pūkenga Institute of Skills and Technology or a university approved by the New Zealand Qualifications Authority or the Committee on University Academic Programmes, and is eligible for Tertiary Education Commission funding.
6.2	Teaching and learning reflect contemporary practices in nursing, health, and education, including communications technology, digital healthcare delivery, the use of data, e-documentation, artificial intelligence, and social media. Online learning must be delivered using current teaching software, and supported by ongoing professional development for staff.
6.3	The nursing education programme's content and learning outcomes include: <ul style="list-style-type: none">• achievement of the competencies for registered nurses• te ao Māori health concepts and Te Tiriti o Waitangi• regional, national, and global health priorities• integrated knowledge of safety and quality standards as they relate to health care• care across the lifespan, including mental health and wellbeing, and across contexts of nursing practice (including primary, secondary, and tertiary care)• Māori health priorities• Pacific peoples' health priorities• Code of Conduct for nurses• principles of intra and interprofessional learning and practice• introducing students/ākonga to research to support clinical decision making• comprehensive clinical assessment and clinical decision-making skills supported by evidence• application of pathophysiology knowledge• knowledge of pharmacotherapeutics and safe medicine management• basic knowledge of common laboratory diagnostic tests• knowledge of rongoā Māori• respect for diversity, inclusiveness, and cultural safety.
6.4	The nursing education programme's content and learning outcomes support the development of skills that include searching for and reviewing evidence to inform practice and clinical decision-making.
6.5	The nursing education programme's structure incorporates an integrated mātauranga Māori health component that includes learning experiences shaped by Māori cultural knowledge and addresses competencies related to Te Tiriti o Waitangi, working effectively with Māori, te ao Māori, te reo, and Māori health equity. Educational and clinical learning experiences are provided to support students/ākonga to integrate kawa whakaruruhau and cultural safety into practice when working with Māori.
6.6	The curriculum document articulates nursing and educational philosophies, including concepts from te ao Māori, and their integration into the programme of study. The curriculum is mapped against the competencies for registered nurses.



- 6.7** The nursing education programme includes:
- simulated learning to enable students/ākonga to develop clinical skills and professional capabilities prior to entering the clinical context
 - requiring all students/ākonga to complete a minimum of 1000 hours of quality clinical learning in a variety of settings. This does not include simulation hours. Additional hours must be available if required to support students/ākonga success
 - clinical learning experiences undertaken as soon as practicably possible in the first year of study
 - all students/ākonga completing 150 hours of clinical learning in the first semester of their final year of study
 - all students/ākonga completing a 360-hour continuous transition to practice course in the final semester of the programme during which they are assessed against the competencies for registered nurses
 - all students/ākonga in clinical learning placements being supernumerary to existing staff. Clinical learning experiences cannot be undertaken in a clinical area where they are employed. Students/ākonga on clinical learning placements cannot be included in the service provider's staffing establishment
 - students/ākonga having clinical learning experiences across a variety of settings such as te ao Māori, community health, acute care, aged care, mental health, and disability
 - all students/ākonga must be in a mentoring/preceptorship relationship with a registered nurse for all clinical learning experiences
 - equivalence in all delivery modes in which the programme is offered and all sites where it is delivered.
- 6.8** The nursing education programme has an evidence-based clinical teaching and learning model which includes staff preparation and resourcing (e.g., a dedicated education unit, a community of practice, and/or clinical teaching associate model).
- 6.9** Preceptors have undertaken formal, structured preparation that includes the content of the curriculum, clinical assessment processes, and formal and informal communication with education providers.
- Newly employed registered nurses must be appropriately orientated and prepared before undertaking a preceptor/mentoring role and receive ongoing support in practice. This must include cultural safety in practice as required.
- Education providers must maintain regular communication with clinical managers who provide clinical learning placements for students/ākonga.
- 6.10** The nursing education provider has contractual arrangements with all clinical learning providers.
- 6.11** All clinical assessment is undertaken collaboratively between the nursing education provider, clinical learning provider, and students/ākonga. Roles and responsibilities are clearly articulated, and the education provider maintains ultimate responsibility for the assessment process in the clinical learning environment.
- 6.12** The nursing education provider has sustainability policies and processes which recognises the interdependence of human health and the health of the environment.
- The role and responsibilities of nurses as change agents and advocates for environmentally sustainable healthcare practices are explored.

Registered nurse prescribing schedule

This schedule accompanies the generic Nursing Education Programme Standards (2025) that identifies standards specific to the registered nurse prescribing programme.

Criteria	
6.1	<p>The tertiary education provider is accredited by the Council to provide a PG Dip RN prescribing programme in New Zealand under sections 12(4) and 118(a) of the Act (see Appendix 1).</p> <p>The programme is approved/accredited through the relevant Committee for University Academic Programmes (CUAP) or New Zealand Qualifications Authority (NZQA) approval/accreditation process.</p>
6.2	<p>For entry to the registered nurse prescribing programme of study, students/ākonga must have completed one year working at least 0.8 full-time equivalent in clinical practice in a New Zealand healthcare setting and have a current practising certificate.</p>
6.3	<p>The education provider must ensure the students/ākonga has at least two years working at least 0.8 full-time equivalent in the area of practice they intend to prescribe in, before entry to the register as a registered nurse prescriber.</p>
6.4	<p>The programme lead is an experienced registered nurse prescriber or nurse practitioner with a relevant master's degree, who holds a current practising certificate. The programme lead has authority and responsibility for decision making regarding student/ākonga entry, delivery and quality assurance of the programme. The Council must be notified of changes to the programme lead of the Postgraduate Diploma of Registered Nurse Prescribing.</p>
6.5	<p>The programme lead must be employed at least 0.8 full-time equivalent within the tertiary education provider to ensure the quality and consistency of the programme.</p>
6.6	<p>Academic staff teaching in the programme must have in-depth knowledge and expertise of prescribing practice in New Zealand to provide quality learning experiences.</p>
6.7	<p>Academic mentors are provided for each student/ākonga. Academic mentors are experienced registered nurse prescribers or nurse practitioners.</p>
6.8	<p>Academic staff are actively engaged in research, scholarship and the generation of new knowledge, particularly, but not restricted to nurse prescribing.</p>
6.9	<p>The programme lead is responsible for ensuring the programme is based on the principles of te Tiriti, social justice, equity and community needs. The programme is underpinned by current research and scholarship in nursing, pharmacology, prescribing, education and health.</p>
6.10	<p>Specific requirements for the Postgraduate Diploma in Registered Nurse Prescribing are:</p> <ul style="list-style-type: none">• advanced knowledge of assessment, diagnostic reasoning, pathophysiology and pharmacotherapeutics to inform prescribing practice• provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests• a detailed understanding of the impact of prescribing practice on individuals, and national and international communities (e.g. antimicrobial resistance, cost, access, environmental implications)• achievement of a B average across the three required papers prior to undertaking clinical learning for prescribing• the programme includes legal, regulatory, ethical and policy frameworks for prescribing in Aotearoa New Zealand.



6.11 Clinical learning requires:

- the use of contemporary simulation and integrated learning in the clinical setting
- the education provider to have formal agreements with clinical areas that provide clinical learning experiences, including ensuring the student is working in a collaborative team
- the education provider to have formal agreements that detail the expectations of the clinical supervisors (an experienced registered nurse prescriber, nurse practitioner or senior medical practitioner)
- the education provider to ensure that all the above agreements are in place prior to the student commencing
- opportunities to further develop patient consultation and assessment skills, diagnostic reasoning, clinical decision making, prescribing and on-going monitoring and evaluation.

6.12 Successful clinical learning completion is demonstrated through:

- verification of both simulated and supervised clinical learning
- assessment against the registered nurse prescribing standards of competence completed by the prescribing supervisor in collaboration with the academic mentor
- evidence of assessment against the registered nurse prescribing standards of competence including both written and verbal case presentation which identify a diagnosis, appropriate use of diagnostic tools and therapeutic plans of care.

6.13 The education provider is responsible for informing the Nursing Council of registered nurse prescribing students/ākonga who have successfully passed all requirements (as above) and are considered fit to be entered on the register for nurse prescribing.

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Nurse practitioner schedule

This schedule accompanies the generic Nursing Education Programme Standards (2025) that identifies standards specific to the nurse practitioner programme.

Criteria	
6.1	<p>The tertiary education provider is accredited by the Council to provide a master's degree for nurse practitioner registration in New Zealand under sections 12(4) and 118(a) of the Act (see Appendix 1). The Council must be notified of changes to the programme lead of the Master of Nursing for nurse practitioner programmes.</p> <p>The programme is approved/accredited through the relevant Committee for University Academic Programmes (CUAP) or New Zealand Qualifications Authority (NZQA) approval/accreditation process.</p>
6.2	<p>For entry to the programme of study, students/ākonga must have completed one year working at least 0.8 full-time equivalent of clinical practice in a New Zealand healthcare setting and have a current practising certificate.</p>
6.3	<p>The education provider must ensure students/ākonga have at least two years working at least 0.8 full-time equivalent in their chosen area of practice before entry to the register as a nurse practitioner.</p>
6.4	<p>The programme lead must be a registered nurse practitioner who preferably holds a doctoral degree and is actively engaged in the professional advancement of the nurse practitioner role. The Council must be notified of changes to the programme lead of the Master of Nursing for nurse practitioner programmes.</p>
6.5	<p>The programme lead is a registered nurse practitioner with authority and responsibility for decision making regarding student/ākonga entry, delivery and quality assurance of the programme.</p>
6.6	<p>The programme lead must be employed at least 0.8 full-time equivalent within the tertiary education provider to ensure the quality and consistency of the programme.</p>
6.7	<p>Academic staff have extensive knowledge, expertise, and experience at nurse practitioner level to provide quality learning experiences for the student/ākonga.</p>
6.8	<p>Academic mentors are provided for each student/ākonga. Academic mentors are experienced registered nurse practitioners with knowledge and experience of mentoring/supervision.</p>
6.9	<p>Academic staff are actively engaged in research, scholarship and the generation of new knowledge to support and extend the nurse practitioner role. This research can be undertaken in multi-disciplinary research teams nationally or internationally.</p>
6.10	<p>The programme lead is responsible for ensuring the programme is based on the principles of Te Tiriti o Waitangi, social justice, equity and community needs. The programme is underpinned by contemporary research, evidence based practice and scholarship in advanced nursing practice.</p>
6.11	<p>The programme extends the depth and breadth of scientific knowledge to inform the autonomous practice of nurse practitioners in assessment, diagnostic reasoning, critical thinking, and development of therapeutic treatment plans.</p>
6.12	<p>Achievement of a B average across required papers prior to undertaking clinical learning</p>
6.13	<p>Nurse practitioners require:</p> <ul style="list-style-type: none">• a Master of Nursing or equivalent which includes research, health care design, and leadership• The programme includes clinical learning focused on nurse practitioner standards of competence• Graduates of the nurse practitioner programme must complete a minimum of 500 hours clinical learning of which 100 hours must be provided through relevant clinical simulation and 400 hours in a relevant clinical setting.



6.14 Clinical learning:

- integrates advanced scientific knowledge, diagnostic reasoning and critical analysis to develop therapeutic treatment plans, including prescribing
- includes a clinical supervisor (preferably an experienced nurse practitioner), assigned to each student/ākonga to support the development of their knowledge and skills within the clinical setting. In at least one clinical learning experience the supervisor must be a nurse practitioner
- all students/ākonga develop their own clinical learning plan, including outcomes and goals, in discussion with their clinical supervisor and academic mentor
- requires the programme lead to approve clinical learning (including clinical supervisors) for each student/ākonga before commencement of the placement and monitors progress over its duration.

Experience must include:

- completion of a minimum of 400 hours of protected learning in the clinical environment verified by the clinical supervisor
- completion of a minimum of 100 hours of simulation based learning
- summative assessment against the standards of competence completed by both the clinical supervisor and academic mentor.

The education provider is responsible for ensuring:

- the student/ākonga has sufficient clinical and academic knowledge prior to entry into the clinical learning environment
- the student/ākonga has access to more than one clinical practice environment relevant to the student's/ākonga learning needs
- the clinical environment or area is supportive of student/ākonga learning needs
- the student/ākonga will have access to a nurse practitioner clinical supervisor in at least one clinical environment.

Note

The tertiary provider is responsible for establishing any other entry requirements. Admission and progression should be based on the evaluation of documentary evidence, including the academic record, of the applicant's ability to undertake postgraduate study.

6.15 To be entered on the register as a nurse practitioner, the programme provider must provide evidence to the Nursing Council of successful completion of the following:

- meeting the nurse practitioner standards of competence
- passing an objective structured clinical examination (OSCE) of assessment and diagnostic reasoning skills
- undertaking an oral (viva voce) assessment with a Nursing Council approved external examiner and education institute examiner
- passing an assessment in the clinical environment undertaken by a clinical supervisor in collaboration with the academic mentor, against all NP standards of competence.

6.16 The education provider is responsible for informing the Nursing Council of nurse practitioner candidates who have successfully passed the assessment and examination requirements (as above) and are considered fit to be entered on the register in the nurse practitioner scope of practice, and identify the candidate's broad area of practice.

Glossary of terms

Alternative category: This is to attract a range of suitable applicants with broad life experiences, skills, and perspectives to the nursing education programme. This increased diversity will help ensure that each graduating cohort will better mirror and understand contemporary Aotearoa New Zealand society, and be best placed to contribute across the full spectrum of health needs in Aotearoa New Zealand– adapted from University of Otago degree admission guidelines for the Bachelor of Medicine and Bachelor of Surgery.

Clinical teaching model: The clinical teaching model is one of the methods for improving the outcomes of clinical nursing education. In this model, a nurse who is responsible for care delivery assists clinical instructors/academic staff in the provision of clinical learning experiences for students/ākonga.¹⁰

Cultural safety: Cultural safety relates to the experience of the recipient of nursing service and extends beyond cultural awareness and cultural sensitivity. It provides consumers of nursing services with the power to comment on practices and contribute to the achievement of positive health outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service. The Council's definition of cultural safety is: the effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on their own cultural identity and will recognise the impact that their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.¹¹

Dedicated education unit: A dedicated education unit is one floor or unit of a health facility devoted entirely to nursing students/ākonga from a single nursing programme and staffed by a consistent group of nurses who are providing professional development as educators.¹²

Experienced: is a registered nurse prescriber or nurse practitioner with at least three years in practice.

Healthcare simulation: definitions and terms used for healthcare simulation continue to vary with modality (simulation equipment or methodology) and fidelity (degree of realism).¹³ The INACSL¹⁴ does not dictate a level of fidelity but level of realism and the degree to which the simulation replicates the real clinical event; this event includes physical, psychological, and environmental elements. For simulations in which a high degree of realism is desired, the primary goal of the simulation-based learning should be to allow students/ākonga to immerse themselves in experiences that most closely match those encountered in clinical practice.

Kawa whakaruruhau: is primarily focused on the importance of cultural safety, and at its heart are Māori people, their whānau, hapū, and iwi. At its best, kawa whakaruruhau provides for a holistic model of Māori health care that moves beyond an individual patient's treatment and acknowledges the interaction between physical, mental, spiritual, and whānau wellbeing. It reinforces that Māori concepts and epistemologies of health care matter and have a place in today's health system.

Mātauranga Māori: Māori knowledge - the body of knowledge originating from tūpuna Māori (ancestors),

10 Effectiveness of the clinical teaching associate model

11 Nursing Council of New Zealand. 2011. Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice

12 A Practical Guide to developing a dedicated education unit

13 Carey JM, Rossler K. The How When Why of High Fidelity Simulation. 2023 May 1. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. PMID: 32644739.

14 INACSL Standards Committee et al. (2025). Healthcare simulation standards of best practice™ facilitation. Clinical simulation in nursing.



including the Māori worldview and perspectives, Māori creativity, and cultural practices.¹⁵

Nursing education programme: refers to the programme of study including the head of nursing and other staff that lead, manage, and deliver the programme.

Nursing education provider: refers to the educational institution within which the nursing education programme is located.

Oral (Viva voce, meaning 'living voice'): The clinical viva examination is a method of assessing a student's/ākonga ability to use knowledge in a face-to-face examination encounter. Various titles for this assessment approach are used and are derived from two basic models. The 'short case' model focuses on specific skills or sub-skills and can take the form of an objective structured clinical examination (OSCE) or a case presentation on a specific clinical activity. The 'long case' model seeks to examine the student's/ākonga ability to apply knowledge in an actual clinical situation. The long case exam requires the student/ākongā to use professional communications skills to collect, analyse, synthesise and evaluate clinical information, to use differential diagnostic procedure and determine a management plan. The long case model assesses learning outcomes related to deep learning, application and synthesis of knowledge and high-level clinical reasoning.

Preceptor: Preceptors have undertaken formal, structured preparation that include the content of the curriculum, clinical assessment processes, and formal and informal communication with education providers. A nurse preceptor is an experienced and competent nurse formally assigned to guide the professional journey of a student/ākonga, graduate nurse or new staff member joining a workplace. Preceptorship offers the structured support needed to transition knowledge into everyday practice successfully.¹⁶

Te ao Māori: Te ao Māori denotes the Māori world. While simple in definition, it is rich in meaning, and vast in breadth and depth, referring to Māori language, tikanga Māori, and Te Tiriti o Waitangi.¹⁷

Whakapapa-centred care: Whakapapa-centred care is collaborative health care focused on meeting the needs, values, and desired outcomes of individuals, whānau, and future generations. It describes how this is referred to and acknowledges the longer-term, multi-generational impacts, and outcomes (positive and negative) of nursing care and support (Families Commission, 2010; Whānau Strategic Framework, 2009–2012).

15 <https://www.takai.nz/find-resources/articles/matauranga-maori/>

16 <https://anmj.org.au/what-is-a-preceptor/>

17 <https://www.otago.ac.nz/maori/world>

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